TRANSMITTAL AND NOTICE OF APPROVAL OF		
	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-012	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	December 31, 2	2010
DEPARTMENT OF HEALTH AND HUMAN SERVICES	ĺ	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a)(42)(B)(i) and 1902(a)(42)(B)(ii) of the Social Security Act Section 6411(a)(2)(A) of the Affordable Care Act	\$135,000 \$0 for FFY 2011 \$0 for FFY 2012	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Section 4.5b, pp. 36b, 36c		
10. SUBJECT OF AMENDMENT:		
Expands the Recovery Audit Contractor Program		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	🛛 OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
1 12. SIGNATURE OF STATE AGENCY OFFICIAL.	I I DETIIDNITO.	
4	16. RETURN TO:	
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Mario	Christine Goldberg	
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13. TYPED NAME:	Christine Goldberg 801 E. Jefferson, MD#4200	
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13. TYPED NAME: Monica Coury 14. TITLE: Assistant Director 15. DATE SUBMITTED: February 18, 2011	Christine Goldberg 801 E. Jefferson, MD#4200	
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13. TYPED NAME: Monica Coury 14. TITLE: Assistant Director 15. DATE SUBMITTED: February 18, 2011 TORREGIONALO 17. DATE RECEIVED: Describer 21, 2010 19. EFFECTIVE DATE OF APPROVED MATERIAL: Describer 3, 2018 21. TYPED NAME: Gloss Name 21. TYPED NAME: Gloss Name 23. REMARKS * (Eestings being on similar project congleted in 2028) Box 7 - Charges to estimates made by State one 222 2011 per CAS and	Christine Goldberg 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	CCIAL COLOR CO