TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL 1. TRANSMITTAL NUMBER: 09-003- B 2. STATE A FOR: Centers for Medicare and Medicaid Services 3. PROGRAM IDENTIFICATION: TITLE XIX OF SOCIAL SECURITY ACT (MEDICAID) TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 4. PROPOSED EFFECTIVE DATE October 1, 2009 S. TYPE OF PLAN MATERIAL (Check One): 0. SUBJECT OF AMENDMENT TO BE CONSIDERED AS NEW PLAN A MENDMENT TO BE CONSIDERED AS NEW PLAN 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: (\$7.73) million in 2010 (*7.73) million in 2010 42 CFR 447, Subpart F; 42 CFR 440.17; 42 CFR 440.167 9. PAGE NUMBER OF THE SUPERSEDED PLAY OR ATTACHMENT (If Applicable): Page 2; Attachment 4.19-B Same 10. SUBJECT OF AMENDMENT: 10. SUBJECT OF AMENDMENT:	F THE ENDMENT
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An update of the outpatient hospital reimbursement rates for rate year beginning October 1, 2009 to Septe 2010 to reflect a rate freeze such that inflation factors would not be applied.	ember 30,
11. GOVERNOR'S REVIEW (Check One): □ □ GOVERNOR'S OFFICE REPORTED NO COMMENT □ □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED □ □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL □	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO:	
A	
Monica Coury	
801 E. Jefferson, MD#4200 Rhoenin Arizona 85034	
13. TYPED NAME: Phoenix, Arizona 85034	
Monica Coury 14. TITLE:	
Assistant Director	
15. DATE SUBMITTED:	
September 15, 2009	
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: DFC. 0.4 2000	
17. DATE RECEIVED: 18. DATE APPROVED: DEC 0 4 2009 September 15, 2009	
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: 22. TITLE:	
Gloria Nagle, Ph.D., M.P.A. Associate Regional Administrator Division of Medicaid & Children's Health Operation	ons
23. REMARKS:	
Pen & ink request to change Box 7 received on 10/2/09 via email from State.	