

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-009-A

2. STATE  
Arizona

FOR: Centers for Medicare and Medicaid Services

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
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, 2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 447, Subpart C

7. FEDERAL BUDGET IMPACT:  
\$ ~~(36,956,400)~~ \$(4,918,600)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 8, 10, and 11(a) of Attachment 4.19-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

N/A Pages 8, 10, and 11(a) of Attachment 4.19-A

10. SUBJECT OF AMENDMENT:

An update of the inpatient hospital reimbursement rates beginning October 1, 2011 to September 30, 2012, to reflect a rate reduction of 5%.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Monica Coury  
801 E. Jefferson, MD#4200  
Phoenix, Arizona 85034

13. TYPED NAME:

Monica Coury

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

June 23, 2011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

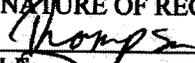
**NOV 18 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**OCT - 1 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

**Penny Thompson**

22. TITLE:

**Deputy Director, CMCS**

23. REMARKS: Regional Office made changes to Boxes 7, 8 and 9 with State concurrence.