Revision: HCFA-PM-91-8 (MB) October1991

• . -

ATTACHMENT 4.22-C Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ____Arizona

Citation	Condition or Requirement
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans

(NOT APPLICABLE)

TN No. <u>91-22</u> Supersedes Approval Date 3/9/92 Effective Date July 1, 1991 TN No. None

HCFA ID: 7985E

4 U.S. Government Printing Office : 1991 - 312-149/40352