Schedule 6
Change Request for FY 05-06

Department:	Health Care Policy and Financing	**Dept. Approval by:**	Lisa Esgar	**Date:**	November 1, 2004
Priority Number:	DI-1	**OSPB Approval:**		**Date:**	
Program:	Medical Assistance Office	**Statutory Citation:**	26-4-104 (1), and 26-4-201 (1), C.R.S. (2004)		
Request Title:	Funding for Medical Services Premiums				

	Fund	1 Prior-Year Actual FY 03-04	2 Appropriation FY 04-05	3 Supplemental Request FY 04-05	4 Total Revised Request FY 04-05	5 Base Request FY 05-06	6 Decision/ Base Reduction FY 05-06	7 November 1 Request FY 05-06	8 Budget Amendment FY 05-06	9 Total Revised Request FY 05-06	10 Change from Base in Out Year FY 06-07
Total of All Line Items	**Total**	1,868,658,515	1,934,644,559	0	1,934,644,559	1,934,334,218	220,022,390	2,154,356,608	0	2,154,356,608	220,022,390
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	GF	855,002,797	936,641,159	0	936,641,159	936,172,614	111,823,155	1,047,995,769	0	1,047,995,769	111,823,155
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	72,180	0	72,180	72,180	4,331	76,511	0	76,511	4,331
	CFE	27,852,232	30,181,738	0	30,181,738	30,495,113	42,729	30,537,842	0	30,537,842	42,729
	FF	985,803,486	967,749,482	0	967,749,482	967,594,311	108,152,175	1,075,746,486	0	1,075,746,486	108,152,175
(2) Medical Services Premiums	**Total**	1,868,658,515	1,934,644,559	0	1,934,644,559	1,934,334,218	220,022,390	2,154,356,608	0	2,154,356,608	220,022,390
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	GF	855,002,797	936,641,159	0	936,641,159	936,172,614	111,823,155	1,047,995,769	0	1,047,995,769	111,823,155
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	72,180	0	72,180	72,180	4,331	76,511	0	76,511	4,331
	CFE	27,852,232	30,181,738	0	30,181,738	30,495,113	42,729	30,537,842	0	30,537,842	42,729
	FF	985,803,486	967,749,482	0	967,749,482	967,594,311	108,152,175	1,075,746,486	0	1,075,746,486	108,152,175

Letter Notation:
Cash Fund name/Number, Federal Fund Grant Name: CF: Provider Fees and Service Fees Fund. FF: Title XIX CFE: Certified Public Expenditures and Breast and Cervical Cancer Prevention and Treatm

IT Request: o Yes X **No (If yes and request includes more than 500 programming hours, attach IT Project Plan)**
Request for New or Replacement Vehicles: ☐ **Yes** X **No**
Request Affects Other Departments: o Yes X **No** (If Yes, List Other Departments Here:)