Schedule 6
Change Request for FY 06-07

Department: Health Care Policy and Financing **Dept. Approval by:** John Bartholomew **Date:** November 15, 2005
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. (2005)
Request Title: Request for FY 06-07 Medical Services Premiums

	Fund	1 Prior-Year Actual FY 04-05	2 Appropriation FY 05-06	3 Supplemental Request FY 05-06	4 Total Revised Request FY 05-06	5 Base Request FY 06-07	6 Decision/ Base Reduction FY 06-07	7 November 15 Request FY 06-07	8 Budget Amendment FY 06-07	9 Total Revised Request FY 06-07	10 Change from Base in Out Year FY 07-08
Total of All Line Items	**Total**	$1,920,474,771	$2,178,221,370	$0	$2,178,221,370	$2,177,202,148	$69,348,101	$2,246,550,249	$0	$2,246,550,249	$69,348,101
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	GF	$935,078,890	$1,042,362,634	$0	$1,042,362,634	$1,038,134,760	$35,346,629	$1,073,481,389	$0	$1,073,481,389	$35,346,629
	GFE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	CF	$0	$76,512	$0	$76,512	$76,512	$0	$76,512	$0	$76,512	$0
	CFE	$30,699,080	$66,834,649	$0	$66,834,649	$85,146,310	($1,527,603)	$83,618,707	$0	$83,618,707	($1,527,603)
	FF	$954,696,801	$1,089,373,641	$0	$1,089,373,641	$1,053,844,566	$35,529,075	$1,089,373,641	$0	$1,089,373,641	$35,529,075
(2) Medical Services Premiums	**Total**	$1,920,474,771	$2,178,221,370	$0	$2,178,221,370	$2,177,202,148	$69,348,101	$2,246,550,249	$0	$2,246,550,249	$69,348,101
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	GF	$935,078,890	$1,042,362,634	$0	$1,042,362,634	$1,038,134,760	$35,346,629	$1,073,481,389	$0	$1,073,481,389	$35,346,629
	GFE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	CF	$0	$76,512	$0	$76,512	$76,512	$0	$76,512	$0	$76,512	$0
	CFE	$30,699,080	$66,834,649	$0	$66,834,649	$85,146,310	($1,527,603)	$83,618,707	$0	$83,618,707	($1,527,603)
	FF	$954,696,801	$1,089,373,641	$0	$1,089,373,641	$1,053,844,566	$35,529,075	$1,089,373,641	$0	$1,089,373,641	$35,529,075

*Column 2, 4, and 5 include Clawback payment.

Letter Notation:

Cash Fund name/Number, Federal Fund Grant Name: CF: Provider Fees and Service Fees CFE: Certified Public Expenditures, Breast and Cervical Cancer Prevention and Treatment Fund, Health Expansion Fund, and Prevention, Early Detection, and Treatment Fund (Transferred from the Department of Public Health and Environment). FF: Title XIX

IT Request: o Yes X **No (If yes and request includes more than 500 programming hours, attach IT Project Plan)**

Request Affects Other Departments: o Yes X **No** (If Yes, List Other Departments Here:)