# Schedule 13
## Funding Request for the 2013-14 Budget Cycle

**Department:** Health Care Policy and Financing

**Request Title:** Medical Services Premiums Request

**Priority Number:** S-1A, BA-1

**Dept. Approval by:** Josh Block 2/15/15 Date

**OSPB Approval by:** 2/15/15 Date

- ☐ Decision Item FY 2013-14
- ☐ Base Reduction Item FY 2013-14
- ☑ Supplemental FY 2012-13
- ☑ Budget Amendment FY 2013-14

| Line Item Information | | FY 2012-13 | | FY 2013-14 | | FY 2014-15 |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| | Fund | Appropriation FY 2012-13 | Supplemental Request FY 2012-13 | Base Request FY 2013-14 | Funding Change Request FY 2013-14 | Continuation Amount FY 2014-15 |
| **Total of All Line Items** | **Total** | $3,985,613,386 | ($53,808,380) | $4,026,532,673 | $8,114,774 | ($25,455,574) |
| | **FTE** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | **GF** | $1,050,603,677 | ($5,384,036) | $1,092,869,207 | ($5,045,396) | ($12,513,256) |
| | **GFE** | $312,202,624 | $0 | $312,202,624 | $0 | $0 |
| | **CF** | $651,181,857 | ($23,215,618) | $626,082,971 | ($11,814,337) | ($39,816,978) |
| | **RF** | $3,215,340 | $0 | $1,215,340 | $0 | $0 |
| | **FF** | $1,968,409,888 | ($25,208,726) | $1,994,162,531 | $24,974,507 | $26,874,660 |
| **(2) Medical Services Premiums** | **Total** | $3,985,613,386 | ($53,808,380) | $4,026,532,673 | $8,114,774 | ($25,455,574) |
| | **FTE** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | **GF** | $1,050,603,677 | ($5,384,036) | $1,092,869,207 | ($5,045,396) | ($12,513,256) |
| | **GFE** | $312,202,624 | $0 | $312,202,624 | $0 | $0 |
| | **CF** | $651,181,857 | ($23,215,618) | $626,082,971 | ($11,814,337) | ($39,816,978) |
| | **RF** | $3,215,340 | $0 | $1,215,340 | $0 | $0 |
| | **FF** | $1,968,409,888 | ($25,208,726) | $1,994,162,531 | $24,974,507 | $26,874,660 |

**Letternote Text Revision Required?** Yes: ☑ No: ☐ **If yes, describe the Letternote Text Revision:** See Exhibit D.

**Cash or Federal Fund Name and COFRS Fund Number:** Multiple. See Exhibit D.

**Reappropriated Funds Source, by Department and Line Item Name:** Multiple. See Exhibit D.

**Approval by OIT?** Yes: ☐ No: ☐ **Not Required:** ☑

**Schedule 13s from Affected Departments:** N/A

**Other Information:** N/A