

**Schedule 13**

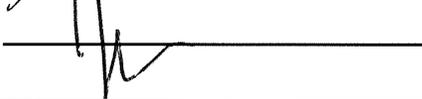
**Funding Request for the FY 2018-19 Budget Cycle**

**Department of Health Care Policy and Financing**

**Request Title**

**S-04 Medicare Modernization Act State Contribution**

Dept. Approval By:  1/2/18  **Supplemental FY 2017-18**

OSPB Approval By:   **Budget Amendment FY 2018-19**

Summary Information	Fund	FY 2017-18		FY 2018-19		FY 2019-20
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Request
<b>Total</b>		\$148,950,319	(\$2,314,420)	\$148,950,319	\$0	\$0
FTE		0.0	0.0	0.0	0.0	0.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$148,950,319	(\$2,314,420)	\$148,950,319	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2017-18		FY 2018-19		FY 2019-20
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Request
<b>Total</b>		\$148,950,319	(\$2,314,420)	\$148,950,319	\$0	\$0
FTE		0.0	0.0	0.0	0.0	0.0
06. Other Medical Services - Medicare Modernization Act State Contribution Payment	GF	\$148,950,319	(\$2,314,420)	\$148,950,319	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>If Yes, see attached fund source detail for Schedule 11.</b>
RF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Type of Request?	Department of Health Care Policy and Financing Prioritized Request		
Interagency Approval or Related Schedule 13s:	None		