# Schedule 13

## Funding Request for the FY 2015-16 Budget Cycle

**Department of Health Care Policy and Financing**

PB Request Number S-01

**Request Titles**

S-01 Medical Services Premiums

Dept. Approval By: Josh Block

OSPB Approval By:

| | |
|---|---|
| X | **Supplemental FY 2014-15** |
| | **Change Request FY 2015-16** |
| | **Base Reduction FY 2015-16** |
| | **Budget Amendment FY 2015-16** |

| Line Item Information | Fund | FY 2014-15 Appropriation | FY 2014-15 Supplemental Request | FY 2015-16 Base Request | FY 2015-16 Governor's Revised Request | FY 2016-17 Budget Amendment |
|---|---|---|---|---|---|---|
| Total of All Line Items | **Total** | **$5,724,352,770** | **$141,891,780** | **$5,768,568,225** | **$0** | **$0** |
| | FTE | - | - | - | - | - |
| | GF | $1,608,812,454 | $83,683,422 | $1,654,584,623 | $0 | $0 |
| | CF | $622,898,368 | $25,167,600 | $628,705,349 | $0 | $0 |
| | RF | $0 | $0 | $0 | $0 | $0 |
| | FF | $3,492,641,948 | $33,040,758 | $3,485,278,253 | $0 | $0 |

| Line Item Information | Fund | FY 2014-15 Appropriation | FY 2014-15 Supplemental Request | FY 2015-16 Base Request | FY 2015-16 Governor's Revised Request | FY 2016-17 Budget Amendment |
|---|---|---|---|---|---|---|
| 02. Medical Services Premiums - Medical and LT Care Services for Medicaid Eligible Indvdls | **Total** | **$5,724,352,770** | **$141,891,780** | **$5,768,568,225** | **$0** | **$0** |
| | CF | $622,898,368 | $25,167,600 | $628,705,349 | $0 | $0 |
| | FF | $3,492,641,948 | $33,040,758 | $3,485,278,253 | $0 | $0 |
| | GF | $1,608,812,454 | $83,683,422 | $1,654,584,623 | $0 | $0 |

Letternote Text Revision Required? Yes X No ____

**If Yes, describe the Letternote Text Revision: See Exhibit D**

Cash or Federal Fund Name and CORE Fund Number: See Exhibit D

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

Approval by OIT? Yes ____ No X **Not Required:** ____

Schedule 13s from Affected Departments: N/A

Other Information: N/A