

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCING ADMINISTRATION

CHILDREN'S HEALTH INSURANCE PROGRAM					STATE	
NUMBER OF CHILDREN SERVED					AGENCY	
					QUARTER ENDED	
NAME OF PROGRAM _____	AGE				FEDERAL POVERTY	
	CHILDREN					
	UNDER 1	1-5	6-12	13-18	<100%	100-150%
1. NUMBER OF UNDUPLICATED CHILDREN EVER ENROLLED IN THE QUARTER						
A. FEE-FOR-SERVICE PLANS						
B. MANAGED CARE ARRANGEMENTS						
2. NUMBER OF UNDUPLICATED NEW ENROLLEES IN THE QUARTER						
A. FEE-FOR-SERVICE PLANS						
B. MANAGED CARE ARRANGEMENTS						
3. NUMBER OF DISENROLLEES IN THE QUARTER						
A. FEE-FOR-SERVICE PLANS						
B. MANAGED CARE ARRANGEMENTS						
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER						
A. FEE-FOR-SERVICE PLANS						
B. MANAGED CARE ARRANGEMENTS						
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE 4 DIVIDED BY LINE 1)						
A. FEE-FOR-SERVICE PLANS						
B. MANAGED CARE ARRANGEMENTS						

FORM HCFA-21E

