

## TABLE 4 – SELECTED PATIENT CHARACTERISTICS

CHARACTERISTIC		NUMBER OF PATIENTS ( a )				
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	<b>TOTAL (SUM LINES 1 – 5)</b>					
<b>PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE</b>		<b>0-17 YEARS OLD ( a )</b>		<b>18 AND OLDER ( b )</b>		
7.	<b>None/ Uninsured</b>					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	<b>TOTAL MEDICAID (LINE 8A + 8B)</b>					
9.	<b>MEDICARE (TITLE XVIII)</b>					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	<b>TOTAL PUBLIC INSURANCE (LINE 10a + 10b)</b>					
11.	<b>PRIVATE INSURANCE</b>					
12.	<b>TOTAL (SUM LINES 7 + 8 + 9 +10 +11)</b>					
<b>MANAGED CARE UTILIZATION</b>						
Payor Category		MEDICAID ( a )	MEDICARE ( b )	OTHER PUBLIC INCLUDING NON- MEDICAID CHIP ( c )	PRIVATE ( d )	TOTAL ( e )
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	<b>TOTAL MEMBER MONTHS ( 13a + 13b)</b>					
<b>CHARACTERISTICS – SPECIAL POPULATIONS</b>				<b>NUMBER OF PATIENTS -- (a)</b>		
14.	Migratory	(330g grantees only)				
15.	Seasonal	(330g grantees only)				
16.	<b>TOTAL AGRICULTURAL WORKERS OR DEPENDENTS (ALL GRANTEE REPORT THIS LINE)</b>					
17.	Homeless Shelter	(330h grantees only)				
18.	Transitional	(330h grantees only)				
19.	Doubling Up	(330h grantees only)				
20.	Street	(330h grantees only)				
21.	Other	(330h grantees only)				
22.	Unknown	(330h grantees only)				
23.	<b>TOTAL HOMELESS (ALL GRANTEE REPORT THIS LINE)</b>					
26.	<b>PUBLIC HOUSING PATIENTS (ALL GRANTEE REPORT THIS LINE)</b>					
24.	<b>TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEE REPORT THIS LINE)</b>					
25.	<b>TOTAL VETERANS (ALL GRANTEE REPORT THIS LINE)</b>					