

**Exhibit 4: MSP Quarterly Report Form**

**Provider:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_

**C**

**NEW MSP ENROLLEES**

(Age by Ethnicity)

<b>AGE:</b>	<b>&lt; 15</b>	<b>16-18</b>	<b>19-25</b>	<b>26-34</b>	<b>&gt; 35</b>	<b>Unknown</b>
Black/African American*						
White*						
Asian*						
Hispanic**						
Other						
<b>TOTAL</b>						

*\*Non Hispanic      \*\*All Hispanic/Latina Regardless of Race*

**TRIMESTER OF ENROLLMENT**

(by Age)

<b>AGE:</b>	<b>&lt; 15</b>	<b>16-18</b>	<b>19-25</b>	<b>26-34</b>	<b>&gt; 35</b>	<b>Unknown</b>
First						
Second						
Third						
Unknown						
<b>TOTAL</b>						

<b>Reason for MA Denial</b>	<b>Number of Women</b>	<b>Total Women YTD</b>	<b># Enrolled at Health Center</b>	<b># Enrolled at Hospital</b>	<b>Type of Client</b>
Non-U.S. Citizen					Total non-Hispanic served
Receiving Unemployment Comp.					Total Hispanic served
Teen					<b>If Hispanic, Indicate</b>
No Follow-Through					Number from Puerto Rico
Other*					Number from Mexico
-----					Number from Cuba
-----					Number from Central America
<b>TOTAL</b>					Unknown/Other (identify)

*\*Please specify other reason for MA denial*