SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below. *Note: This reporting period = Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02).*

COST OF APPROVED SCHIP PLAN

Benefit Costs	Reporting Period	Next Fiscal Year	Following Fiscal Year
Insurance payments			
Managed Care	58,354,605	67,545,791	77,570,999
Per member/Per month rate @ # of eligibles	89.82		
Fee for Service	1,992,722	1,642,100	1,756,400
Total Benefit Costs	60,347,327	**69,187,891**	**79,327,399**
(Offsetting beneficiary cost sharing payments)	(2,071,755)	(2,119,291)	(2,345,999)
Net Benefit Costs	$58,275,572	**$67,068,600**	**$76,981,400**

Administration Costs			
Personnel	4,830,415	2,441,230	2,822,365
General Administration	1,477,496	2,156,789	2,493,515
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other	167,153	37,087	42,878
Total Administration Costs	6,475,064	**4,635,106**	**5,358,758**
10% Administrative Cap (net benefit costs ÷ 9)	6,475,064	**7,452,067**	**8,553,489**

Federal Title XXI Share	48,870,942	**55,269,140**	**63,467,831**
State Share	15,879,694	**16,434,566**	**18,872,327**

TOTAL COSTS OF APPROVED SCHIP PLAN	64,750,636	**71,703,706**	**82,340,158**

2. **What were the sources of non-Federal funding used for State match during the reporting period?**

_____ **State appropriations**
_____ **County/local funds**
_____ **Employer contributions**
_____ **Foundation grants**
_____ **Private donations (such as United Way, sponsorship)**
X **Other (specify)** Tobacco Tax