

*“Developing Realistic Strategies and Viable Options to Provide  
Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”*

| <b>Models Development Workgroup<br/>Data Request Form</b>              |  |   |   |  |
|--|--|---|---|--|
| <b><u>Request Date:</u></b>  | <b><u>Requesting Workgroup:</u></b>  | <b><u>Name of Contact:</u></b>          | <b><u>Contact's Telephone Number:</u></b>       | <b><u>Contact's Email Address:</u></b>               |
| 10/6/05  | Basic Coverage   | Sheryl Lowe                             | (248) 448-7501                                  | <a href="mailto:slowe@bcbsm.com">slowe@bcbsm.com</a> |
| <b>Request Title<br/>(Short Title)</b>                                 | Individuals Eligible, but Not Enrolled Medicaid or MICHild                                     |   |   |  |
| <b>Data Request Description</b>  | How many Michigan residents are eligible for, but not enrolled in, either Medicaid or MICHild? |   |   |  |
| <b>Why is the Data Needed?</b>   |  |   |   |  |
| <b>How will the Data be Used?</b>                                      |  |   |   |  |
| <b>How will Use of this Data Further SPG Project Goals?</b>            |  |   |   |  |
| <b>When is the Data Needed?</b>  |  |   |   |  |
| <b>What Potential Sources for this Data has Your Group Identified?</b> |  |   |   |  |
| <i>-----For MDCH Processing Only-----</i>                              |  |   |   |  |
| <b><u>Date Received</u></b>  | <b><u>Log Number Assigned</u></b>  | <b><u>Date Receipt Acknowledged</u></b> | <b><u>Date Sent for Data Request Review</u></b> | <b><u>Original Reviewers</u></b>                     |
| 10/6/05  | 100605-1   | 10/6/05                                 | 10/20/05  |  |