

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00001		00000		00002
15 INCARCERATED	00045		00019		00006		00070
30 LOSS OF PROGRAM ELIGIBILITY	00267		00173		00023		00463
31 LOST MEDICAID ELIGIBILITY	00016		00023		00003		00042
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00006		00002		00002		00010
37 PROGRAM CHANGE	00017		00009		00004		00030
PROGRAM TOTAL:	00352	57.1%	00227	36.8%	00038	6.2%	00617

PROGRAM : RITE CARE							
01 DEATH	00003		00002		00000		00005
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00097		00050		00013		00160
15 OTHER	00313		00151		00044		00508
17 CHANGE IN ELIGIBILITY ONLY	02355		01045		00176		03576
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00002		00000		00002
19 LOSS OF MANAGED CARE ELIGIBILITY	00369		00170		00015		00554
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00023		00012		00000		00035
42 90 DAY PLAN CHANGE	00025		00003		00020		00048
PROGRAM TOTAL:	03185	65.2%	01435	29.4%	00268	5.5%	04888

PLAN	GRAND	TOTAL	03537	01662	00306	05505
------	-------	-------	-------	-------	-------	-------

\*\*\*\*\*  
 NOTE:

\*\*REPORT IS REFLECTING ALL TERMINATION TRANSACTIONS RECORDED DURING THE INDICATED PERIOD:  
 TERMINATIONS EFFECTIVE ANY DAY OF THE REPORT RUN MONTH.

\*\*THIS REPORT WILL POPULATE ONLY THE TOP REASON CODES; THEREFORE, THE TOTAL NUMBER OF TERMINATIONS  
 MAY NOT ALIGN WITH OTHER REPORTING. PER PRIOR AGREEMENT WITH THE STATE, ALL REASON CODES ARE NOT  
 LISTED IN THIS REPORT.

END OF REPORT