

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00004		00002		00001		00007
15 INCARCERATED	00040		00019		00005		00064
30 LOSS OF PROGRAM ELIGIBILITY	00058		00021		00005		00084
31 LOST MEDICAID ELIGIBILITY	00097		00059		00019		00175
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00009		00003		00002		00014
37 PROGRAM CHANGE	00029		00011		00000		00040
PROGRAM TOTAL:	00237	61.7%	00115	29.9%	00032	8.3%	00384
PROGRAM : RITE CARE							
01 DEATH	00000		00001		00000		00001
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00562		00373		00122		01057
15 OTHER	00177		00129		00023		00329
17 CHANGE IN ELIGIBILITY ONLY	01820		00854		00124		02798
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00000		00000
19 LOSS OF MANAGED CARE ELIGIBILITY	00277		00135		00016		00428
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00016		00012		00003		00031
42 90 DAY PLAN CHANGE	00011		00004		00009		00024
PROGRAM TOTAL:	02863	61.3%	01508	32.3%	00297	6.4%	04669
PLAN GRAND TOTAL	03100		01623		00329		05053

 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