

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00002		00000		00003
15 INCARCERATED	00035		00016		00007		00058
30 LOSS OF PROGRAM ELIGIBILITY	00079		00041		00013		00133
31 LOST MEDICAID ELIGIBILITY	00084		00068		00019		00171
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00001		00001
36 PLAN CHANGE	00015		00005		00003		00023
37 PROGRAM CHANGE	00019		00009		00003		00031
PROGRAM TOTAL:	00233	55.5%	00141	33.6%	00046	11.0%	00420
PROGRAM : RITE CARE							
01 DEATH	00001		00001		00000		00002
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00258		00158		00061		00477
15 OTHER	00149		00089		00030		00268
17 CHANGE IN ELIGIBILITY ONLY	05020		02317		00304		07641
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00002		00000		00000		00002
19 LOSS OF MANAGED CARE ELIGIBILITY	00444		00221		00026		00691
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00041		00019		00003		00063
42 90 DAY PLAN CHANGE	00006		00000		00017		00023
PROGRAM TOTAL:	05921	64.6%	02805	30.6%	00441	4.8%	09167
PLAN GRAND TOTAL	06154		02946		00487		09587

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 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