

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00001		00001		00003
15 INCARCERATED	00047		00023		00006		00076
30 LOSS OF PROGRAM ELIGIBILITY	00054		00032		00005		00091
31 LOST MEDICAID ELIGIBILITY	00089		00082		00176		00347
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00015		00012		00002		00029
37 PROGRAM CHANGE	00023		00011		00002		00036
PROGRAM TOTAL:	00229	39.3%	00161	27.7%	00192	33.0%	00582
PROGRAM : RITE CARE							
01 DEATH	00000		00000		00001		00001
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00239		00151		00064		00454
15 OTHER	00129		00077		00020		00226
17 CHANGE IN ELIGIBILITY ONLY	02711		01162		00231		04104
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00000		00000
19 LOSS OF MANAGED CARE ELIGIBILITY	00327		00169		00017		00513
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00039		00016		00000		00055
42 90 DAY PLAN CHANGE	00001		00010		00016		00027
PROGRAM TOTAL:	03446	64.1%	01585	29.5%	00349	6.5%	05380
PLAN GRAND TOTAL	03675		01746		00541		05962

 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