

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00000		00001		00000		00001
15 INCARCERATED	00036		00021		00005		00062
30 LOSS OF PROGRAM ELIGIBILITY	00048		00020		00009		00077
31 LOST MEDICAID ELIGIBILITY	00057		00039		00010		00106
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00009		00006		00003		00018
37 PROGRAM CHANGE	00032		00029		00002		00063
PROGRAM TOTAL:	00182	55.7%	00116	35.5%	00029	8.9%	00327

PROGRAM : RITE CARE

01 DEATH	00000		00001		00000		00001
05 ELIGIBILITY DETERMINATION ERROR	00000		00001		00000		00001
14 LOSS OF ELIGIBILITY	00225		00154		00051		00430
15 OTHER	00100		00084		00009		00193
17 CHANGE IN ELIGIBILITY ONLY	02012		00917		00144		03073
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00001		00000		00000		00001
19 LOSS OF MANAGED CARE ELIGIBILITY	00291		00175		00012		00478
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00063		00014		00004		00081
42 90 DAY PLAN CHANGE	00008		00002		00004		00014
PROGRAM TOTAL:	02700	63.2%	01348	31.6%	00224	5.2%	04272

PLAN	GRAND	TOTAL	02882	01464	00253	04599
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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