

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00000		00001		00000		00001
15 INCARCERATED	00044		00018		00008		00070
30 LOSS OF PROGRAM ELIGIBILITY	00050		00026		00002		00078
31 LOST MEDICAID ELIGIBILITY	00043		00051		00007		00101
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00018		00003		00002		00023
37 PROGRAM CHANGE	00013		00011		00003		00027
PROGRAM TOTAL:	00168	56.0%	00110	36.7%	00022	7.3%	00300
PROGRAM : RITE CARE							
01 DEATH	00001		00003		00000		00004
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00227		00144		00047		00418
15 OTHER	00105		00073		00020		00198
17 CHANGE IN ELIGIBILITY ONLY	02514		01040		00158		03712
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00004		00004
19 LOSS OF MANAGED CARE ELIGIBILITY	00309		00182		00017		00508
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00041		00028		00001		00070
42 90 DAY PLAN CHANGE	00014		00001		00007		00022
PROGRAM TOTAL:	03211	65.1%	01471	29.8%	00254	5.1%	04936
PLAN GRAND TOTAL	03379		01581		00276		05236

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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