

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00001		00001		00003
15 INCARCERATED	00049		00033		00012		00094
30 LOSS OF PROGRAM ELIGIBILITY	00039		00032		00006		00077
31 LOST MEDICAID ELIGIBILITY	00061		00054		00008		00123
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00019		00006		00005		00030
37 PROGRAM CHANGE	00014		00017		00002		00033
PROGRAM TOTAL:	00183	50.8%	00143	39.7%	00034	9.4%	00360

PROGRAM : RITE CARE

01 DEATH	00003		00001		00000		00004
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00224		00134		00058		00416
15 OTHER	00085		00056		00016		00157
17 CHANGE IN ELIGIBILITY ONLY	02425		01092		00170		03687
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00001		00001		00002
19 LOSS OF MANAGED CARE ELIGIBILITY	00328		00182		00018		00528
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00013		00012		00005		00030
42 90 DAY PLAN CHANGE	00005		00003		00018		00026
PROGRAM TOTAL:	03083	63.6%	01481	30.5%	00286	5.9%	04850

PLAN	GRAND	TOTAL	03266	01624	00320	05210
------	-------	-------	-------	-------	-------	-------

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