

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00000		00000		00000		00000
15 INCARCERATED	00041		00025		00005		00071
30 LOSS OF PROGRAM ELIGIBILITY	00058		00025		00002		00085
31 LOST MEDICAID ELIGIBILITY	00103		00099		00109		00311
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00011		00005		00001		00017
37 PROGRAM CHANGE	00013		00010		00002		00025
PROGRAM TOTAL:	00226	44.4%	00164	32.2%	00119	23.4%	00509
PROGRAM : RITE CARE							
01 DEATH	00001		00001		00000		00002
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00314		00200		00076		00590
15 OTHER	00072		00065		00016		00153
17 CHANGE IN ELIGIBILITY ONLY	02161		00885		00192		03238
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00000		00000
19 LOSS OF MANAGED CARE ELIGIBILITY	00302		00187		00016		00505
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00045		00026		00000		00071
42 90 DAY PLAN CHANGE	00012		00007		00019		00038
PROGRAM TOTAL:	02907	63.2%	01371	29.8%	00319	6.9%	04597
PLAN GRAND TOTAL	03133		01535		00438		05106

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