

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00002		00000		00000		00002
15 INCARCERATED	00081		00030		00018		00129
30 LOSS OF PROGRAM ELIGIBILITY	00045		00035		00007		00087
31 LOST MEDICAID ELIGIBILITY	00084		00059		00016		00159
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00018		00003		00002		00023
37 PROGRAM CHANGE	00019		00012		00001		00032
PROGRAM TOTAL:	00249	57.6%	00139	32.2%	00044	10.2%	00432
PROGRAM : RITE CARE							
01 DEATH	00000		00000		00000		00000
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00336		00160		00092		00588
15 OTHER	00089		00070		00020		00179
17 CHANGE IN ELIGIBILITY ONLY	02087		00952		00129		03168
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00000		00000
19 LOSS OF MANAGED CARE ELIGIBILITY	00328		00180		00018		00526
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00072		00027		00000		00099
42 90 DAY PLAN CHANGE	00000		00000		00005		00005
PROGRAM TOTAL:	02912	63.8%	01389	30.4%	00264	5.8%	04565
PLAN GRAND TOTAL	03161		01528		00308		04997

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