

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00001		00000		00002
15 INCARCERATED	00048		00017		00007		00072
30 LOSS OF PROGRAM ELIGIBILITY	00045		00027		00004		00076
31 LOST MEDICAID ELIGIBILITY	00078		00048		00020		00146
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00012		00010		00003		00025
37 PROGRAM CHANGE	00015		00012		00001		00028
PROGRAM TOTAL:	00199	57.0%	00115	33.0%	00035	10.0%	00349
PROGRAM : RITE CARE							
01 DEATH	00003		00001		00001		00005
05 ELIGIBILITY DETERMINATION ERROR	00010		00039		00006		00055
14 LOSS OF ELIGIBILITY	00380		00180		00069		00629
15 OTHER	00084		00059		00010		00153
17 CHANGE IN ELIGIBILITY ONLY	02188		00886		00167		03241
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00001		00000		00000		00001
19 LOSS OF MANAGED CARE ELIGIBILITY	00278		00170		00010		00458
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00037		00017		00007		00061
42 90 DAY PLAN CHANGE	00000		00000		00000		00000
PROGRAM TOTAL:	02981	64.8%	01352	29.4%	00270	5.9%	04603
PLAN GRAND TOTAL	03180		01467		00305		04952

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