

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00000		00000		00000		00000
15 INCARCERATED	00053		00018		00013		00084
30 LOSS OF PROGRAM ELIGIBILITY	00045		00025		00005		00075
31 LOST MEDICAID ELIGIBILITY	00073		00051		00021		00145
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00029		00011		00001		00041
37 PROGRAM CHANGE	00028		00014		00001		00043
PROGRAM TOTAL:	00228	58.8%	00119	30.7%	00041	10.6%	00388
PROGRAM : RITE CARE							
01 DEATH	00001		00000		00000		00001
05 ELIGIBILITY DETERMINATION ERROR	00011		00002		00001		00014
14 LOSS OF ELIGIBILITY	01416		00822		00183		02421
15 OTHER	00093		00038		00014		00145
17 CHANGE IN ELIGIBILITY ONLY	02385		00965		00149		03499
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00002		00000		00001		00003
19 LOSS OF MANAGED CARE ELIGIBILITY	00294		00133		00019		00446
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00026		00024		00000		00050
42 90 DAY PLAN CHANGE	00001		00001		00002		00004
PROGRAM TOTAL:	04229	64.2%	01985	30.2%	00369	5.6%	06583
PLAN	04457		02104		00410		06971
GRAND							
TOTAL							

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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