

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00003		00001		00000		00004
15 INCARCERATED	00047		00023		00008		00078
30 LOSS OF PROGRAM ELIGIBILITY	00069		00052		00009		00130
31 LOST MEDICAID ELIGIBILITY	00083		00047		00020		00150
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00029		00009		00001		00039
37 PROGRAM CHANGE	00019		00012		00002		00033
PROGRAM TOTAL:	00250	57.6%	00144	33.2%	00040	9.2%	00434
PROGRAM : RITE CARE							
01 DEATH	00000		00000		00000		00000
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00610		00255		00073		00938
15 OTHER	00079		00052		00021		00152
17 CHANGE IN ELIGIBILITY ONLY	02470		01112		00212		03794
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00001		00001		00002		00004
19 LOSS OF MANAGED CARE ELIGIBILITY	00347		00169		00019		00535
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00031		00010		00004		00045
42 90 DAY PLAN CHANGE	00006		00003		00020		00029
PROGRAM TOTAL:	03544	64.5%	01602	29.1%	00351	6.4%	05497
PLAN GRAND TOTAL	03794		01746		00391		05931

 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