

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00001		00001		00003
15 INCARCERATED	00063		00024		00010		00097
30 LOSS OF PROGRAM ELIGIBILITY	00065		00033		00009		00107
31 LOST MEDICAID ELIGIBILITY	00057		00057		00012		00126
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00006		00006		00002		00014
37 PROGRAM CHANGE	00022		00009		00001		00032
PROGRAM TOTAL:	00214	56.5%	00130	34.3%	00035	9.2%	00379
PROGRAM : RITE CARE							
01 DEATH	00004		00000		00000		00004
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00476		00203		00059		00738
15 OTHER	00056		00045		00015		00116
17 CHANGE IN ELIGIBILITY ONLY	01835		00877		00173		02885
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00001		00001
19 LOSS OF MANAGED CARE ELIGIBILITY	00314		00161		00009		00484
20 CLOSURE DUE TO CHANGE IN MID	00001		00000		00000		00001
22 DETERMINED RITE SHARE ELIGIBLE	00024		00021		00000		00045
42 90 DAY PLAN CHANGE	00004		00001		00019		00024
PROGRAM TOTAL:	02714	63.1%	01308	30.4%	00276	6.4%	04298
PLAN GRAND TOTAL	02928		01438		00311		04677

 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