

	NHP		UHP		THP		TOTAL
	COUNT	%	COUNT	%	COUNT	%	COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00000		00000		00001
15 INCARCERATED	00040		00014		00002		00056
30 LOSS OF PROGRAM ELIGIBILITY	00078		00045		00007		00130
31 LOST MEDICAID ELIGIBILITY	00113		00045		00017		00175
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00011		00010		00001		00022
37 PROGRAM CHANGE	00058		00017		00005		00080
PROGRAM TOTAL:	00301	64.9%	00131	28.2%	00032	6.9%	00464
PROGRAM : RITE CARE							
01 DEATH	00003		00001		00000		00004
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00374		00196		00067		00637
15 OTHER	00079		00046		00004		00129
17 CHANGE IN ELIGIBILITY ONLY	02294		00964		00161		03419
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00003		00000		00000		00003
19 LOSS OF MANAGED CARE ELIGIBILITY	00266		00167		00014		00447
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00022		00015		00003		00040
42 90 DAY PLAN CHANGE	00013		00009		00012		00034
PROGRAM TOTAL:	03054	64.8%	01398	29.7%	00261	5.5%	04713
PLAN GRAND TOTAL	03355		01529		00293		05177

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