

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00000		00001		00000		00001
15 INCARCERATED	00060		00018		00017		00095
30 LOSS OF PROGRAM ELIGIBILITY	00049		00034		00004		00087
31 LOST MEDICAID ELIGIBILITY	00088		00046		00014		00148
34 PERMANENT PLACEMENT IN NURSING HOME	00002		00000		00000		00002
36 PLAN CHANGE	00018		00004		00001		00023
37 PROGRAM CHANGE	00017		00012		00004		00033
PROGRAM TOTAL:	00234	60.2%	00115	29.6%	00040	10.3%	00389

PROGRAM : RITE CARE							
01 DEATH	00001		00001		00000		00002
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00382		00163		00079		00624
15 OTHER	00057		00028		00020		00105
17 CHANGE IN ELIGIBILITY ONLY	01977		00896		00187		03060
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00000		00000		00000
19 LOSS OF MANAGED CARE ELIGIBILITY	00318		00181		00016		00515
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00020		00016		00002		00038
42 90 DAY PLAN CHANGE	00012		00001		00021		00034
PROGRAM TOTAL:	02767	63.2%	01286	29.4%	00325	7.4%	04378

PROGRAM : RITESMILES							
01 DEATH	00000		00000		00000		00000
02 NON-RI ADDRESS FOUND	00000		00217		00000		00217
10 TPL DENTAL COVERAGE ACQUIRED	00000		00030		00000		00030
15 INCARCERATED	00000		00004		00000		00004
30 CANCELLED DENTAL PLAN	00000		00000		00000		00000
31 NO MA ELIGIBILITY FOUND	00000		00382		00000		00382
36 NO RS AID CATEGORY	00000		00000		00000		00000
PROGRAM TOTAL:	00000	0.0%	00633	100.0%	00000	0.0%	00633
PLAN GRAND TOTAL	03001		02034		00365		05400

***** PROGRAM : TRANSPORTATION BROKER							
	MTM COUNT	%					
01 DOD IS APPLIED	00018		00000		00000		00018
14 AID CATEGORY CODE NOT APPROVED	00024		00000		00000		00024
15 INCARCERATED	00138		00000		00000		00138
31 LOST MEDICAID ELIGIBILITY	01035		00000		00000		01035
36 ACQUIRED NEW AID CATEGORY	01492		00000		00000		01492
37 ACQUIRED PACE	00005		00000		00000		00005
TRANSPORTATION BROKER PROGRAM TOTAL:	02712	100.0%	00000	0.0%	00000	0.0%	02712

 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