

	NHP COUNT	%	UHP COUNT	%	THP COUNT	%	TOTAL COUNT
PROGRAM : MEDICAID EXPANSION							
01 DEATH	00001		00000		00000		00001
15 INCARCERATED	00074		00026		00007		00107
30 LOSS OF PROGRAM ELIGIBILITY	00069		00040		00008		00117
31 LOST MEDICAID ELIGIBILITY	00107		00079		00012		00198
34 PERMANENT PLACEMENT IN NURSING HOME	00000		00000		00000		00000
36 PLAN CHANGE	00039		00019		00005		00063
37 PROGRAM CHANGE	00036		00016		00001		00053
PROGRAM TOTAL:	00326	60.5%	00180	33.4%	00033	6.1%	00539
PROGRAM : RITE CARE							
01 DEATH	00001		00000		00000		00001
05 ELIGIBILITY DETERMINATION ERROR	00000		00000		00000		00000
14 LOSS OF ELIGIBILITY	00468		00188		00051		00707
15 OTHER	00111		00046		00017		00174
17 CHANGE IN ELIGIBILITY ONLY	02780		01288		00237		04305
18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE	00000		00001		00000		00001
19 LOSS OF MANAGED CARE ELIGIBILITY	00294		00157		00022		00473
20 CLOSURE DUE TO CHANGE IN MID	00000		00000		00000		00000
22 DETERMINED RITE SHARE ELIGIBLE	00019		00001		00000		00020
42 90 DAY PLAN CHANGE	00015		00025		00004		00044
PROGRAM TOTAL:	03688	64.4%	01706	29.8%	00331	5.8%	05729
PROGRAM : RITESMILES							
01 DEATH	00000		00000		00000		00000
02 NON-RI ADDRESS FOUND	00000		00215		00000		00215
10 TPL DENTAL COVERAGE ACQUIRED	00000		00056		00000		00056
15 INCARCERATED	00000		00009		00000		00009
30 CANCELLED DENTAL PLAN	00000		00000		00000		00000
31 NO MA ELIGIBILITY FOUND	00000		00422		00000		00422
36 NO RS AID CATEGORY	00000		00000		00000		00000
PROGRAM TOTAL:	00000	0.0%	00702	100.0%	00000	0.0%	00702
PLAN GRAND TOTAL	04014		02588		00364		06970

PROGRAM : TRANSPORTATION BROKER	MTM COUNT	%					
01 DOD IS APPLIED	00016		00000		00000		00016
14 AID CATEGORY CODE NOT APPROVED	00028		00000		00000		00028
15 INCARCERATED	00130		00000		00000		00130
31 LOST MEDICAID ELIGIBILITY	01238		00000		00000		01238
36 ACQUIRED NEW AID CATEGORY	01762		00000		00000		01762
37 ACQUIRED PACE	00012		00000		00000		00012
TRANSPORTATION BROKER PROGRAM TOTAL:	03186	100.0%	00000	0.0%	00000	0.0%	03186

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