

| | NHP COUNT | % | UHP COUNT | % | THP COUNT | % | TOTAL COUNT |
|--|--------------|-------|--------------|--------|--------------|-------|----------------|
| PROGRAM : MEDICAID EXPANSION | | | | | | | |
| 01 DEATH | 00003 | | 00002 | | 00000 | | 00005 |
| 15 INCARCERATED | 00071 | | 00023 | | 00016 | | 00110 |
| 30 LOSS OF PROGRAM ELIGIBILITY | 00058 | | 00031 | | 00007 | | 00096 |
| 31 LOST MEDICAID ELIGIBILITY | 00837 | | 00552 | | 00177 | | 01566 |
| 34 PERMANENT PLACEMENT IN NURSING HOME | 00000 | | 00000 | | 00000 | | 00000 |
| 36 PLAN CHANGE | 00034 | | 00026 | | 00001 | | 00061 |
| 37 PROGRAM CHANGE | 00046 | | 00022 | | 00002 | | 00070 |
| PROGRAM TOTAL: | 01049 | 55.0% | 00656 | 34.4% | 00203 | 10.6% | 01908 |
| PROGRAM : RITE CARE | | | | | | | |
| 01 DEATH | 00003 | | 00002 | | 00001 | | 00006 |
| 05 ELIGIBILITY DETERMINATION ERROR | 00000 | | 00000 | | 00000 | | 00000 |
| 14 LOSS OF ELIGIBILITY | 00411 | | 00168 | | 00071 | | 00650 |
| 15 OTHER | 01580 | | 00913 | | 00158 | | 02651 |
| 17 CHANGE IN ELIGIBILITY ONLY | 02802 | | 01132 | | 00238 | | 04172 |
| 18 REDETERMINATION OF ELIG DURING 6 MO GUARANTEE | 00000 | | 00000 | | 00000 | | 00000 |
| 19 LOSS OF MANAGED CARE ELIGIBILITY | 00329 | | 00171 | | 00024 | | 00524 |
| 20 CLOSURE DUE TO CHANGE IN MID | 00001 | | 00000 | | 00000 | | 00001 |
| 22 DETERMINED RITE SHARE ELIGIBLE | 00004 | | 00002 | | 00000 | | 00006 |
| 42 90 DAY PLAN CHANGE | 00008 | | 00021 | | 00002 | | 00031 |
| PROGRAM TOTAL: | 05138 | 63.9% | 02409 | 30.0% | 00494 | 6.1% | 08042 |
| PROGRAM : RITESMILES | | | | | | | |
| 01 DEATH | 00000 | | 00005 | | 00000 | | 00005 |
| 02 NON-RI ADDRESS FOUND | 00000 | | 00173 | | 00000 | | 00173 |
| 10 TPL DENTAL COVERAGE ACQUIRED | 00000 | | 00103 | | 00000 | | 00103 |
| 15 INCARCERATED | 00000 | | 00006 | | 00000 | | 00006 |
| 30 CANCELLED DENTAL PLAN | 00000 | | 00000 | | 00000 | | 00000 |
| 31 NO MA ELIGIBILITY FOUND | 00000 | | 00448 | | 00000 | | 00448 |
| 36 NO RS AID CATEGORY | 00000 | | 00000 | | 00000 | | 00000 |
| PROGRAM TOTAL: | 00000 | 0.0% | 00735 | 100.0% | 00000 | 0.0% | 00735 |
| PLAN GRAND TOTAL | 06187 | | 03800 | | 00697 | | 10685 |

| PROGRAM : TRANSPORTATION BROKER | MTM COUNT | % | | | | | |
|--------------------------------------|--------------|--------|-------|------|-------|------|-------|
| 01 DOD IS APPLIED | 00015 | | 00000 | | 00000 | | 00015 |
| 14 AID CATEGORY CODE NOT APPROVED | 00036 | | 00000 | | 00000 | | 00036 |
| 15 INCARCERATED | 00157 | | 00000 | | 00000 | | 00157 |
| 31 LOST MEDICAID ELIGIBILITY | 02722 | | 00000 | | 00000 | | 02722 |
| 36 ACQUIRED NEW AID CATEGORY | 03345 | | 00000 | | 00000 | | 03345 |
| 37 ACQUIRED PACE | 00005 | | 00000 | | 00000 | | 00005 |
| TRANSPORTATION BROKER PROGRAM TOTAL: | 06280 | 100.0% | 00000 | 0.0% | 00000 | 0.0% | 06280 |

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