



MISSISSIPPI DIVISION OF
MEDICAID

Legislative Budget Office (LBO) Report

June 2025



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The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

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MONTHLY EXPENDITURE OVERVIEW

Expenditure amounts are presented on a cash basis. Medical service and administrative expenditures reflect the date of payment rather than the date goods or services are received.

See **Appendices A-D** for more detail on expenditures.

YTD Medicaid Expenditures

FY25: \$5,744,241,047

FY24: \$5,505,507,905

\$238,733,141

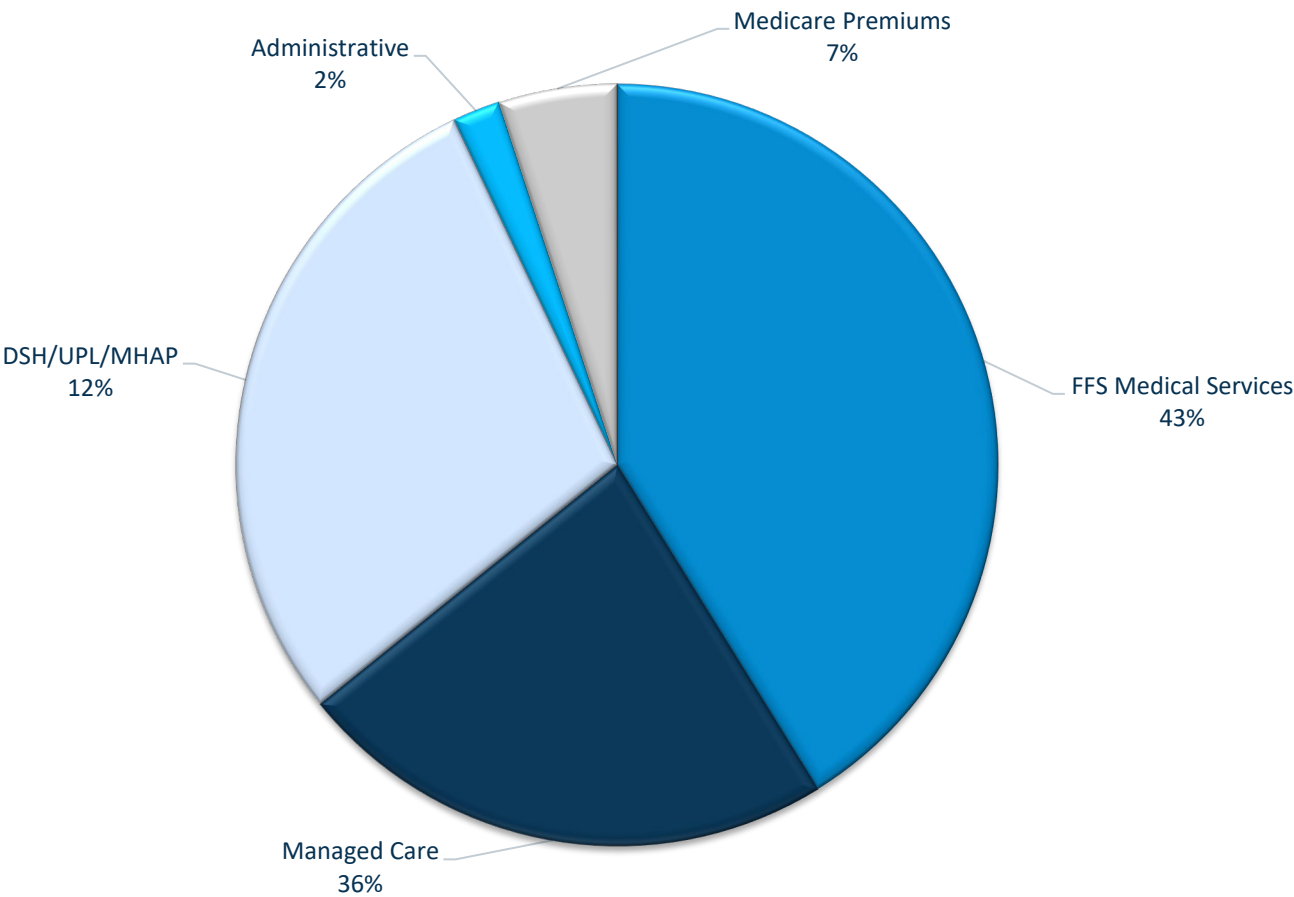
Medicaid Beneficiaries

June 2025: 649,345

June 2024: 666,722

- 17,377

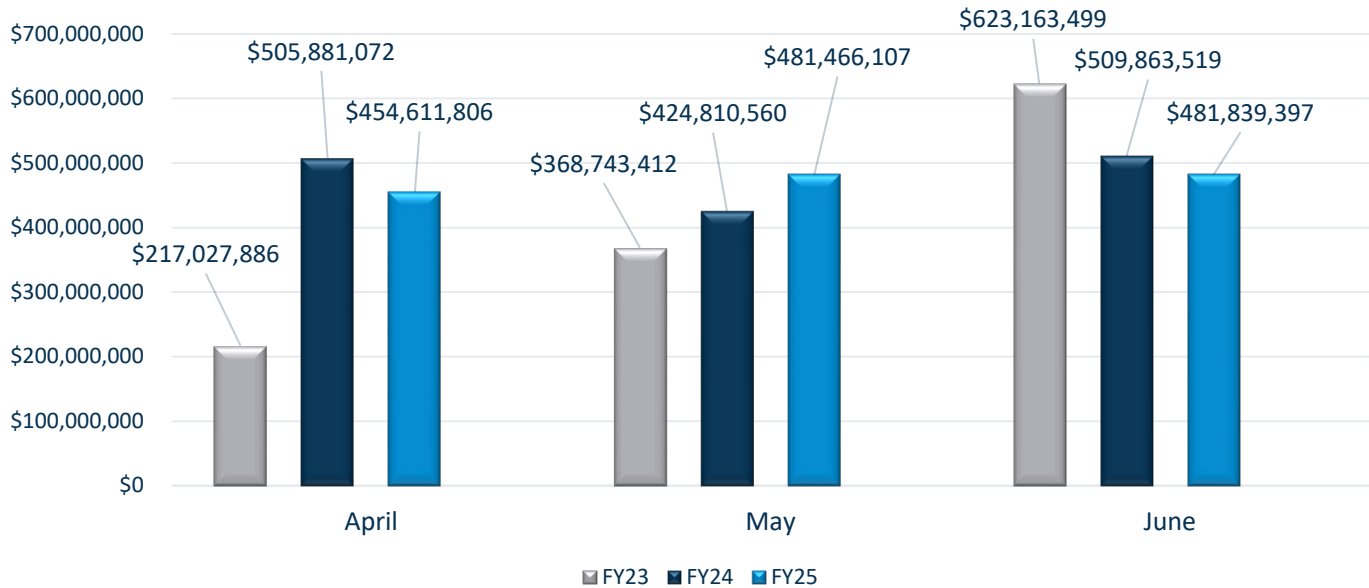
June Expenditure Summary



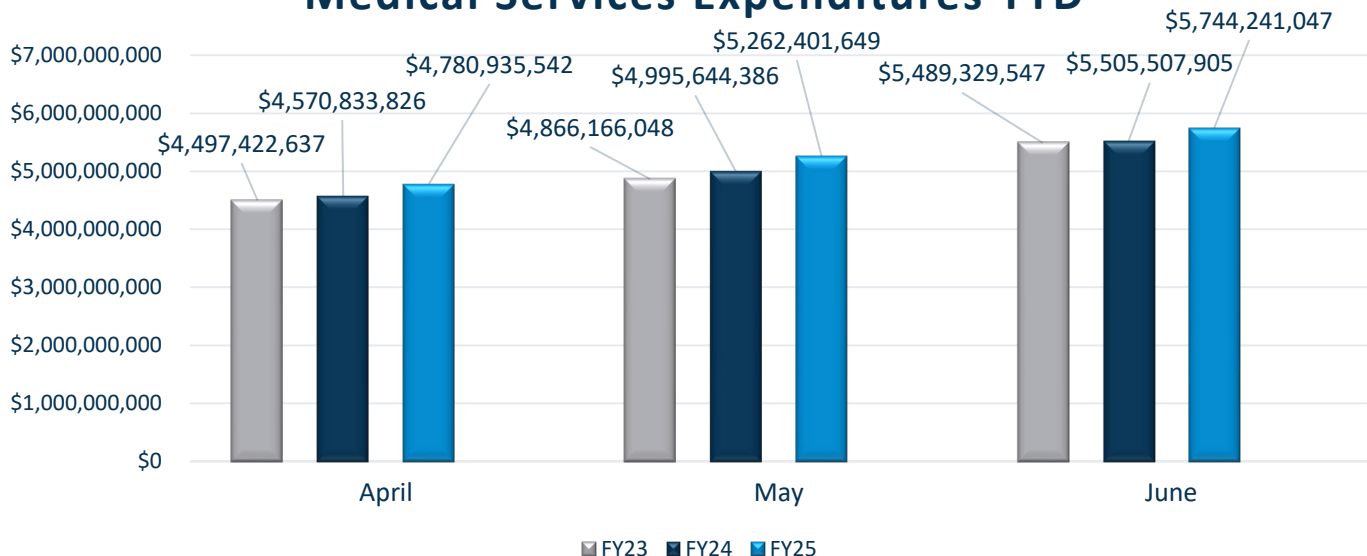
MEDICAL SERVICE EXPENDITURES

The bar graphs below compare just the medical service expenditures compared to the previous three fiscal years, and in relation to the two preceding months, by month to date (MTD) and year to date (YTD).

Medical Services Expenditures MTD



Medical Services Expenditures YTD



Weekly medical claims cycles are reported each Monday. Months that include five Mondays include an extra claims cycle which will inflate medical service expenditures for these months.

MONTHLY MEDICAID ENROLLMENT

The line graph below highlights the monthly enrollment of Medicaid beneficiaries (excluding CHIP) over the past 12-month period from July 2024 to June 2025. See **Appendix E** for more details.

Medicaid Beneficiaries

June 2025: 649,345

June 2024: 666,722

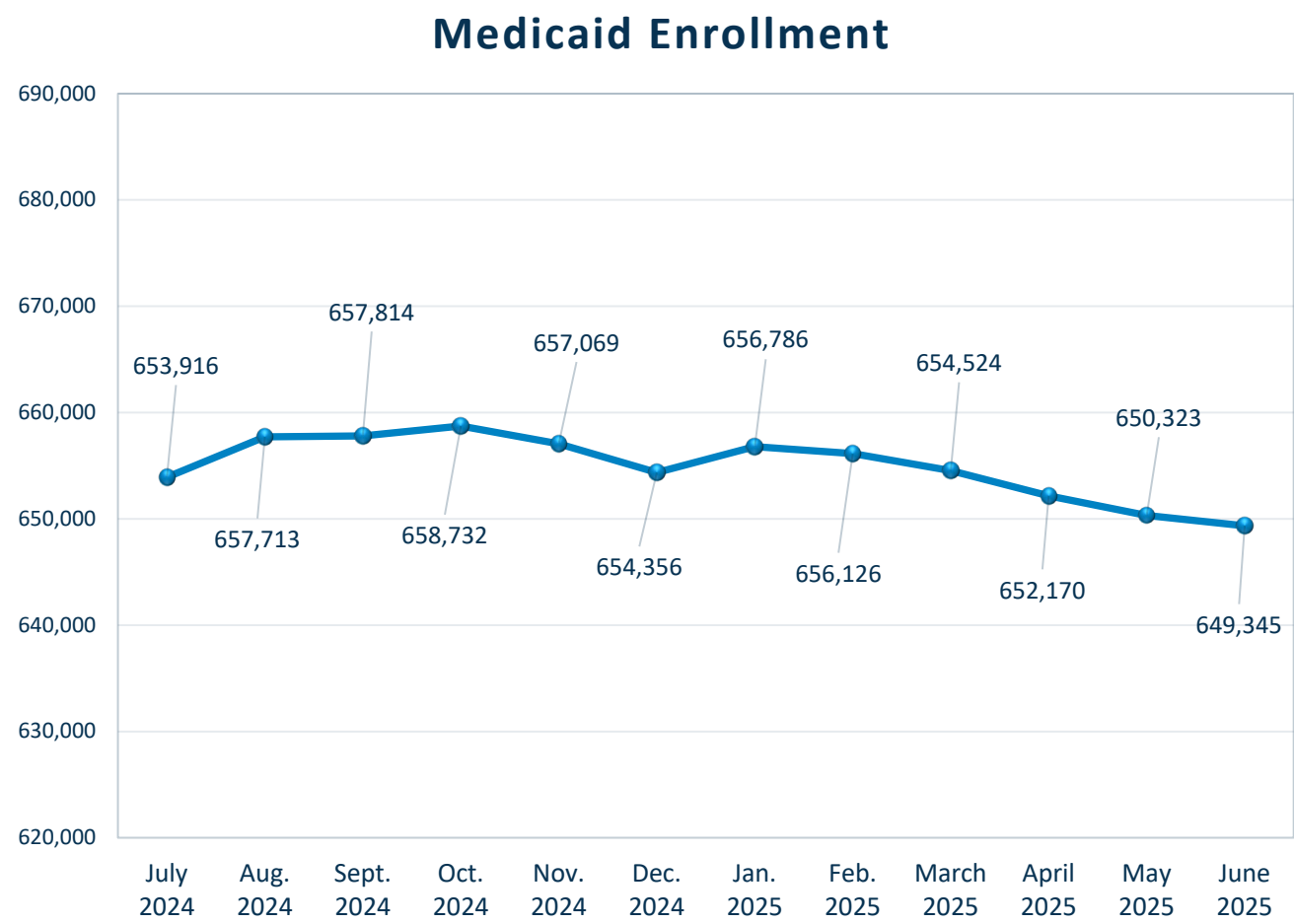
- 17,377

Medicaid & CHIP Beneficiaries

June 2025: 702,143

June 2024: 718,028

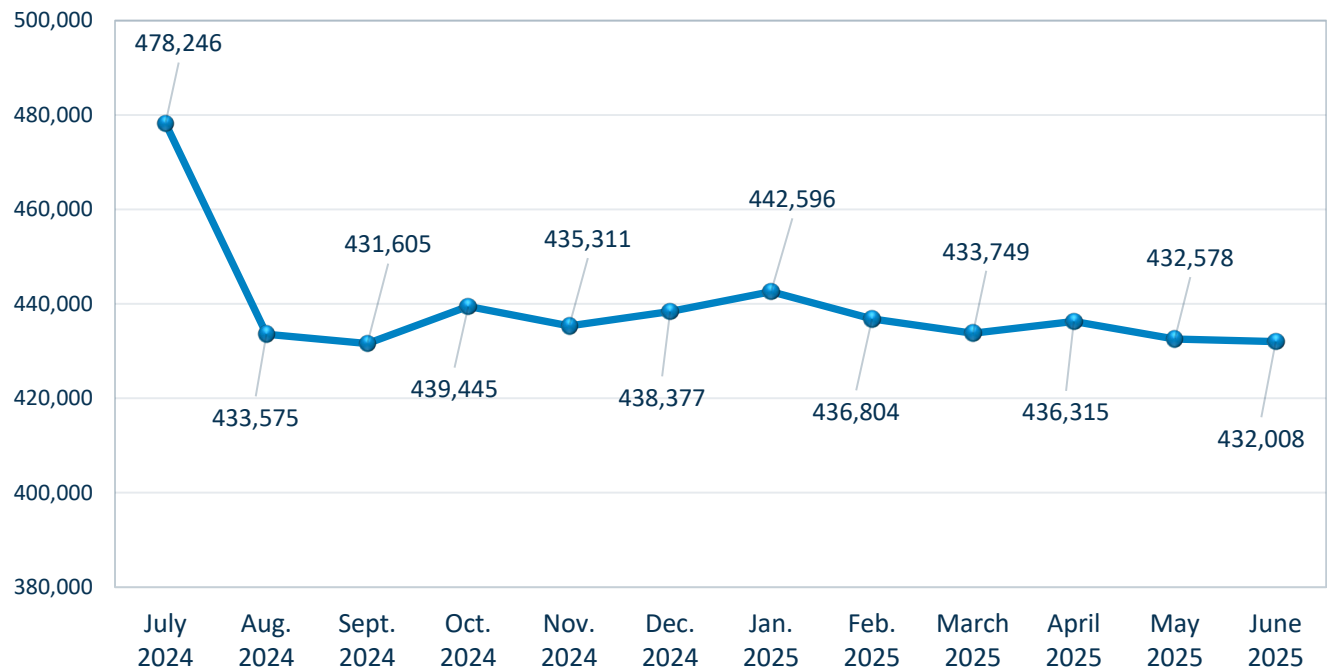
- 15,885



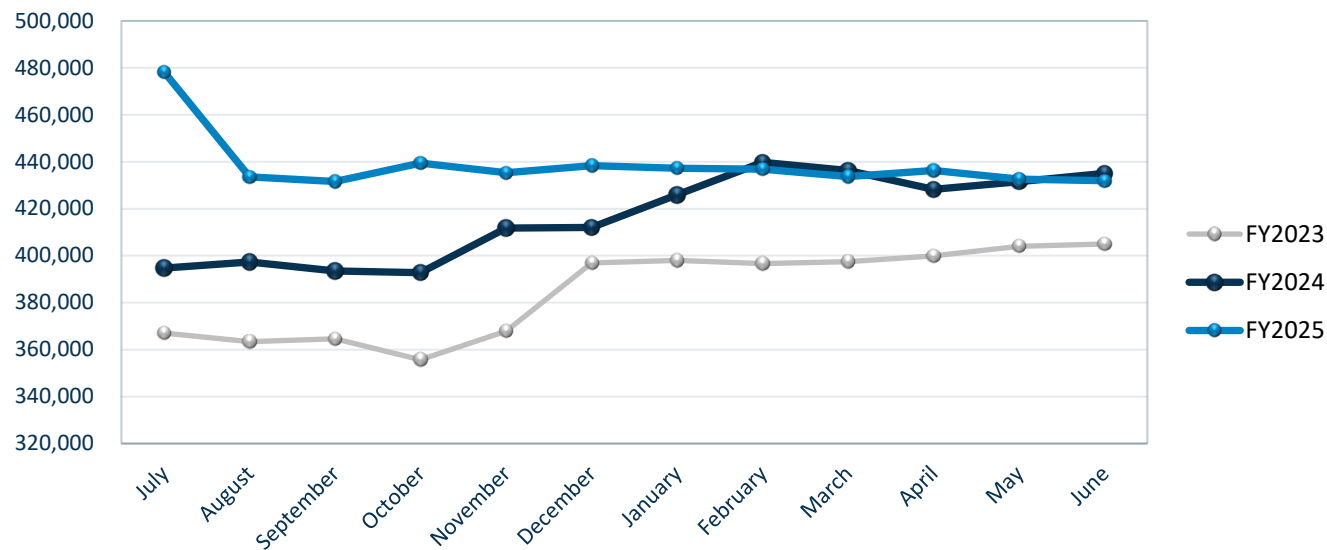
MISSISSIPPICAN OVERVIEW

The line graph below highlights the monthly enrollment of MSCAN beneficiaries over the past 12-month period. See **Appendix G** for data on capitation payments and provider expenditures.

MississippiCAN Population



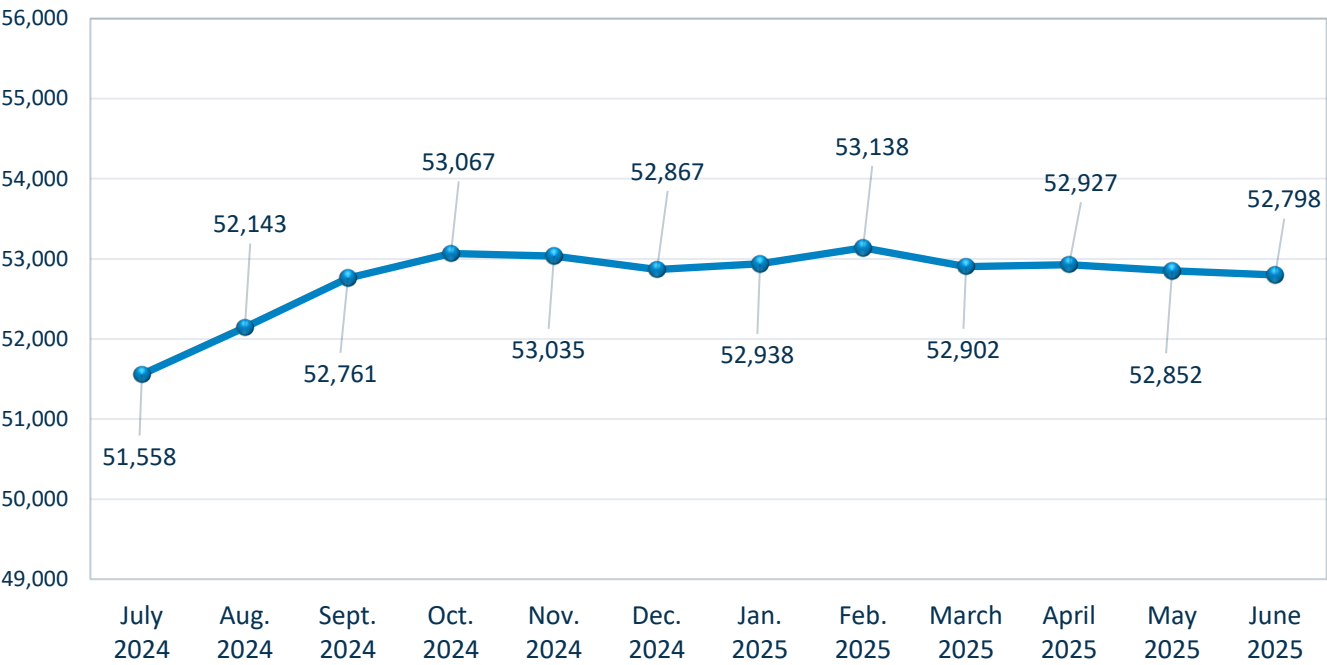
MississippiCAN Population by Fiscal Year



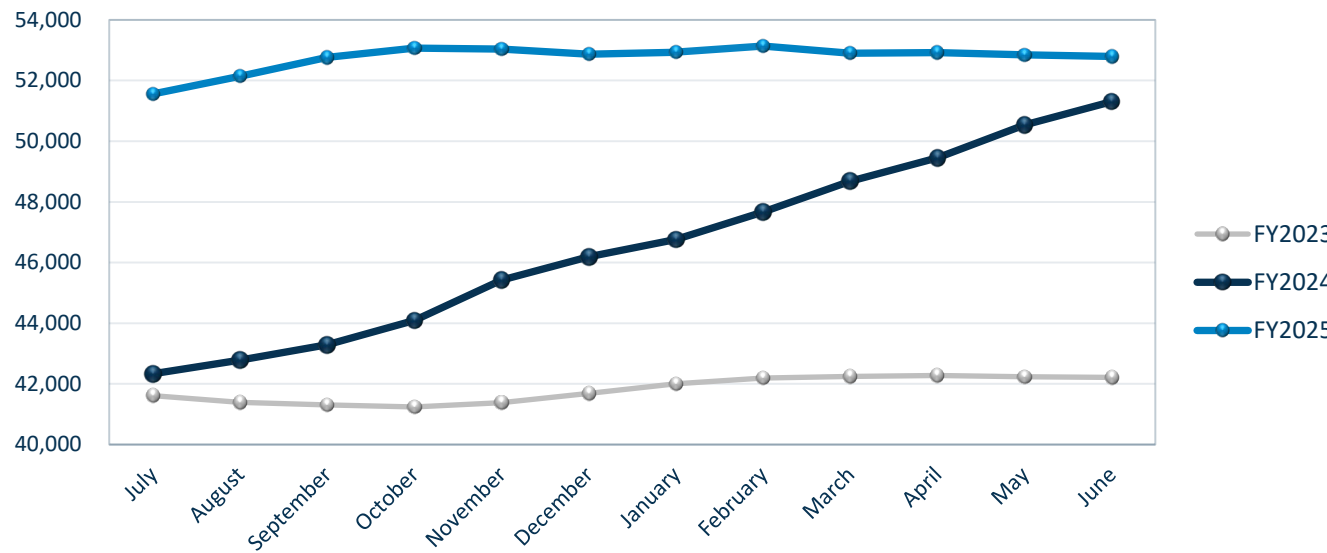
CHIP OVERVIEW

The line graph below highlights the monthly enrollment of CHIP beneficiaries over the past 12-month period. See **Appendix H** for data on capitation payments and provider expenditures.

Mississippi CHIP Population



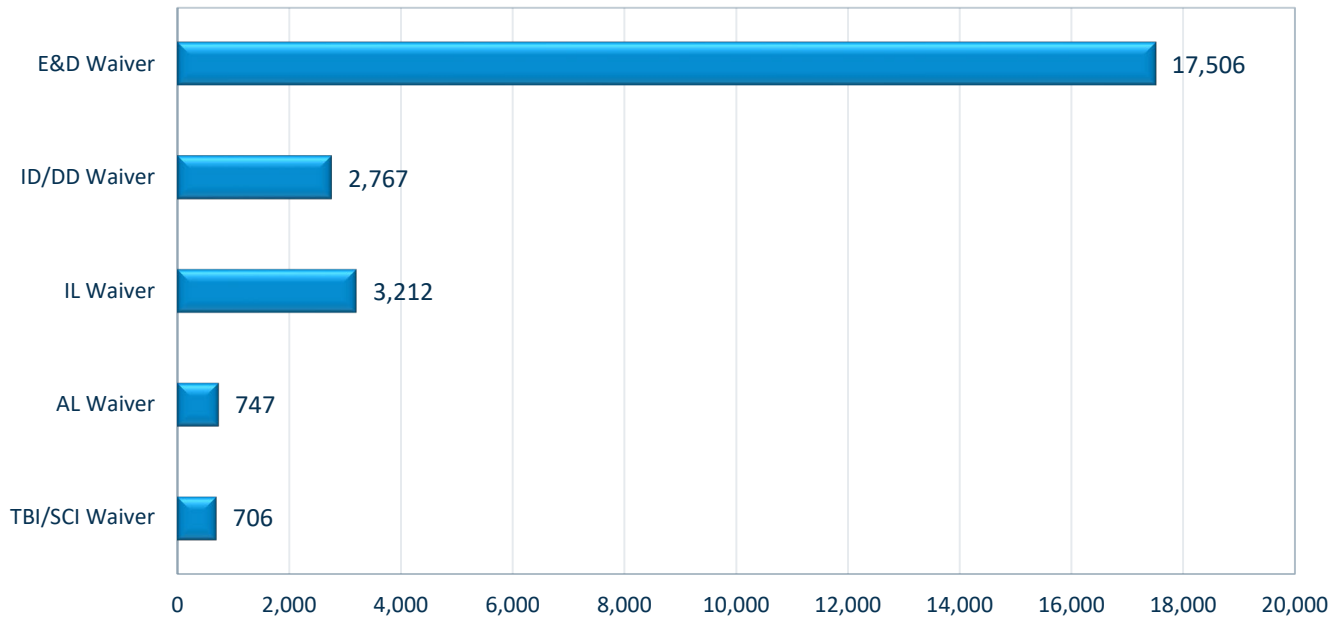
Mississippi CHIP Population by Fiscal Year



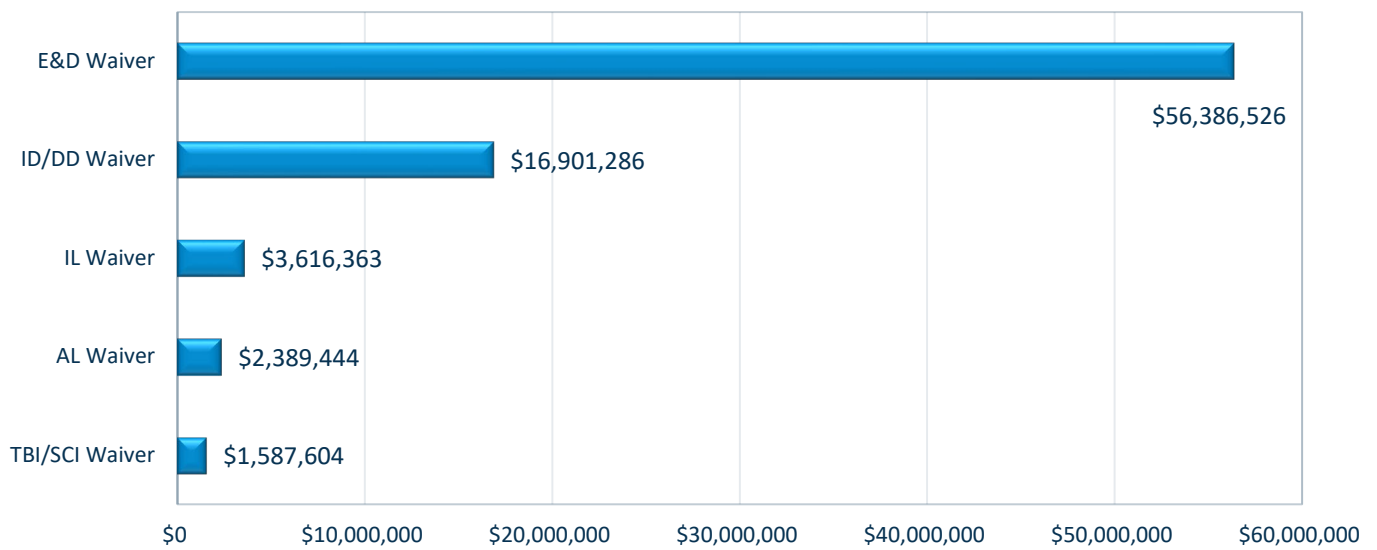
HOME AND COMMUNITY BASED SERVICES OVERVIEW

The bar graphs below show May expenditures for Home and Community Based Services (HCBS) and the number of waiver participants for the month. Because there is a one-month delay in reporting data for waivers, June figures will appear in the July report. See **Appendix I** for more details.

Home and Community Based Participants



Home and Community Based Expenditures



APPENDIX: MONTHLY EXPENDITURE DATA

- **Appendix A:** Monthly Legislative Report Notes
- **Appendix B:** Medicaid Expenditure Summary
- **Appendix C:** Monthly Medical Services Comparison
- **Appendix D:** Medical Services Comparison Fiscal Year to Date
- **Appendix E:** Participant Counts
- **Appendix F:** Other Medical Services Comparison Fiscal Year to Date
- **Appendix G:** MississippiCAN Managed Care Summary
- **Appendix H:** Mississippi CHIP Managed Care Summary
- **Appendix I:** Home and Community Based Services Expenditures
- **Appendix J:** Administrative Expenditures Detail and Cash Flow Summary
- **Appendix K:** Supplemental/Directed Payments

Office of the Governor - Division of Medicaid
Monthly Legislative Report Notes
Month Ended June 30, 2025

Appendix A

The expenditure amounts included in this report are presented on a cash basis. Medical service and administrative expenditures reflect the date of payment rather than the date of service or the date goods or services are received. The report reflects all payments made during the reporting period, and will include funds spent from both SFY-24 and SFY-25 budgets.

(Note 1) *Administrative expenditures include agency salaries, fringe, travel, commodities, and equipment. They also include contractual services, which account for approximately 68% of total administrative expenditures. The majority of these contracts are related to the administration and monitoring of the agency's medical service claims payments. Specific planning and implementation administrative expenditures are paid with 90% federal funds. Administrative expenditures related to claims processing, survey and certification activities of long term care facilities, quality improvement organizations, skilled professional medical personnel, eligibility determination personnel, and MMIS personnel are paid with 75% federal funds. The remainder of DOM administrative expenditures are paid with 50% federal funds. Also, the YTD amounts reflected were paid from either the SFY24 or SFY25 budget depending upon when goods and services were received.*

(Note 2) *The public health emergency (PHE) ended on May 11, 2023. The 2023 Consolidated Appropriation Act (CAA) provided a FMAP step down during calendar year 2023. Specifically, the FMAP increase is scheduled to decline to 5 percentage points for April-June 2023, decline to 2.5 percentage points for July-September 2023 and then fall to 1.5 percentage points for October-December 2023. The CAA also removed the continuous coverage requirement required during the PHE. Disenrollments due to eligibility redeterminations are being processed monthly. The disenrolled members have an additional 90 days to send in their eligibility paperwork and their membership may be retroactively reinstated. After that time, they must reapply for benefits. The Division completed redeterminations for all members in June 2024.*

(Note 3) *The increase in MTD Medical Expenditures is due to an extra payment cycle happening in April 2024. March 2025 had a payment cycle which resulted in a 50 million dollar increase.*

(Note 4) *The increase in MTD and YTD DSH/MHAP/UPL/GME/TREAT expenditures is due to the increase in the Mississippi Hospital Payment (MHAP) program of approximately \$960 million and Hospital Inpatient and Outpatient UPL payments. MHAP was approved by CMS in December 2023, and the hospital UPL payments were approved in May 2024.*

(Note 5) *The year-to-date increase on Managed Care is due to increased participants in the managed care program (participants' fee for service to managed care). The year-to-date increase for nursing facility, ICF/IID and Home and Community Based Services is due to rate increases for those facility/service types. Home and Community Based Services also had an increase in participants.*

(Note 6) *The increase in YTD Other Expenditures is due to an increase in CHIP capitation payments. The capitation rate has declined, but the total expenditure is up due to an increase in CHIP membership compared to the prior year.*

(Note 7) *The decrease in MTD Administrative Expenditures is due to a decrease in contractual payments. Payments for system updates in May 2024 caused administrative expenses to be higher.*

(Note 8) *The decrease in MTD DSH/MHAP/GME/TREAT expenditures is due to processing of a one-time payment of approximately \$100 million for Hospital UPL in May 2024. Hospital UPL payments are now monthly.*

(Note 9) *The increase in MTD Medical Service Expenditures is due to processing of mass adjustments on ICF/IID and Part B Crossover claims. System edits caused claims to process at lower amounts than they should have. The increase in MTD Managed Care is due to increased participants in the managed care program.*

Office of the Governor - Division of Medicaid
Monthly Legislative Report - Medicaid Expenditure Summary
Month Ended June 30, 2025

Appendix B

<u>Medical Service Expenditures</u>	<u>SFY-25</u>	<u>SFY-24</u>	<u>\$ Change</u>	<u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Totals - MTD	481,839,397	509,863,519	(\$28,024,122)	-5.5%
	<i>July - June 2025</i>	<i>July - June 2024</i>		
Totals - YTD	\$5,744,241,047	\$5,505,507,905	\$238,733,141	4.3%
 <u>Other Medical Service Type Expenditures</u>	 <u>SFY-25</u>	 <u>SFY-24</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Totals - MTD	\$56,246,872	\$47,555,299	\$8,691,572	18.3% (Note 6)
	<i>July - June 2025</i>	<i>July - June 2024</i>		
Totals - YTD	\$644,160,819	\$573,881,460	\$70,279,359	12.2% (Note 6)
 <u>DSH/MHAP/UPL/GME/TREAT Expenditures</u>	 <u>SFY-25</u>	 <u>SFY-24</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Totals - MTD	\$223,625,177	\$224,993,754	(\$1,368,577)	-0.6%
	<i>July - June 2025</i>	<i>July - June 2024</i>		
Totals - YTD	\$1,854,153,163	\$1,839,395,713	\$14,757,450	0.8%
 <u>Administrative Expenditures</u>	 <u>SFY-25</u>	 <u>SFY-24</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Totals - MTD	\$15,727,203	\$14,905,200	\$822,004	5.5% (Note 7)
	<i>July - June 2025</i>	<i>July - June 2024</i>		
Totals - YTD	\$192,648,363	\$202,774,590	(\$10,126,226)	-5.0% (Note 1)

***See Monthly Legislative Report Notes on following page.**

DSH - Disproportionate Share Hospital

MHAP - Mississippi Hospital Access Payment

UPL - Upper Payment Limit

GME - Graduate Medical Education

TREAT - Transforming Reimbursement for Emergency Ambulance Transportation

Office of the Governor - Division of Medicaid
Monthly Medical Services Comparison
June 2025 vs June 2024

Appendix C

Service	Jun-25	Jun-24	\$ Change	% Change
Total Expenditures	\$481,839,397	\$509,863,519	(\$28,024,122)	-5.5%
Total Managed Care	161,667,051	226,154,106	(64,487,055)	-28.5%
Total Fee for Service	\$320,172,347	\$283,709,413	\$36,462,933	12.9%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$8,077,391	\$8,030,100	\$47,291	0.6%
Outpatient Hospital	\$8,835,060	\$6,086,470	\$2,748,590	45.2%
Lab and X-Ray	\$502,137	\$496,363	\$5,774	1.2%
Nursing Facility	\$92,532,933	\$97,822,579	(\$5,289,646)	-5.4%
Physician	\$3,685,486	\$3,963,366	(\$277,880)	-7.0%
Home and Comm. Based	\$98,279,325	\$63,847,412	\$34,431,914	53.9%
Home Health Services	\$121,391	\$130,746	(\$9,356)	-7.2%
Swing Bed Skilled	\$16,539	\$0	\$16,539	N/A
Mental Health Clinic	\$3,942,415	\$2,756,453	\$1,185,962	43.0%
EPSDT Screening	\$306,904	\$482,644	(\$175,740)	-36.4%
Transportation	\$493,564	\$619,834	(\$126,270)	-20.4%
Non-Emergency Transport	\$3,733,593	\$4,759,776	(\$1,026,183)	-21.6%
Dental Services	\$323,258	\$355,496	(\$32,237)	-9.1%
Eyeglass Services	\$127,229	\$110,100	\$17,128	15.6%
Pharmacy	\$12,261,446	\$8,165,003	\$4,096,443	50.2%
Dental Screening	\$338,025	\$497,303	(\$159,278)	-32.0%
Eyeglass Screening	\$76,979	\$113,094	(\$36,115)	-31.9%
Hearing Screening	\$7,120	\$2,154	\$4,967	230.6%
ICF IID Facility	\$27,813,145	\$52,191,691	(\$24,378,546)	-46.7%
Swing Bed Intermediate	\$21,595	\$45,302	(\$23,707)	-52.3%
Rural Health Clinic	\$886,726	\$865,219	\$21,507	2.5%
Federally Qualified Hlth Ctr	\$240,025	\$287,732	(\$47,708)	-16.6%
Medical Supply (DME)	\$4,580,067	\$3,596,415	\$983,653	27.4%
Therapy Services	\$782,649	\$575,582	\$207,066	36.0%
Inpt. Residential Psych.	\$224,507	\$1,385,191	(\$1,160,684)	-83.8%
Inpt. Free Standing Psych.	\$255,301	\$210,600	\$44,701	21.2%
Nurse Services	\$3,899,729	\$3,165,603	\$734,125	23.2%
Ambulatory Surg. Center	\$211,332	\$158,283	\$53,049	33.5%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$6,538,241	\$5,251,081	\$1,287,161	24.5%
Outpat. Free Stand. Psych	\$13,131	\$2,879	\$10,252	356.1%
Mental Health Priv. Serv.	\$236,859	\$140,616	\$96,242	68.4%
Fam. Planning Drugs	\$78,868	\$82,718	(\$3,850)	-4.7%
Free Standing Dialysis	\$383,627	\$236,190	\$147,437	62.4%
Crossover Part A	\$6,009,667	\$3,955,915	\$2,053,751	51.9%
Crossover Part B	\$32,403,993	\$12,094,291	\$20,309,702	167.9%
NET Accommodation Prov	\$0	\$0	\$0	N/A
MYPAC	\$0	\$0	\$0	N/A
Inpatient Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Outpatient Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Crossover Part A-Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Prescribed Ped. Ext. Care Center	\$2,007,507	\$1,222,226	\$785,281	64.3%
Other	(\$75,416)	\$2,986	(\$78,402)	-2626.0%

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Office of the Governor - Division of Medicaid
Medical Services Comparison Fiscal Year to Date (FYTD)
FYTD 2025 vs 2024

Appendix D

Service	FYTD 2025	FYTD 2024	\$ Change	% Change
Total Expenditures	\$5,744,241,047	\$5,505,507,905	\$238,733,141	4.3%
Total Managed Care	2,519,042,938	2,391,472,493	\$127,570,446	5.3%
Total Fee for Service	\$3,225,198,108	\$3,114,035,413	\$111,162,696	3.6%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$98,559,845	\$122,304,894	(\$23,745,049)	-19.4%
Outpatient Hospital	\$82,795,164	\$141,148,507	(\$58,353,343)	-41.3%
Lab and X-Ray	\$5,427,946	\$12,106,679	(\$6,678,733)	-55.2%
Nursing Facility	\$1,109,733,105	\$990,681,984	\$119,051,121	12.0%
Physician	\$43,847,610	\$123,795,189	(\$79,947,579)	-64.6%
Home and Comm. Based	\$864,050,799	\$745,276,604	\$118,774,195	15.9%
Home Health Services	\$1,606,859	\$1,712,686	(\$105,827)	-6.2%
Swing Bed Skilled	\$116,406	\$0	\$116,406	N/A
Mental Health Clinic	\$39,870,396	\$52,830,395	(\$12,960,000)	-24.5%
EPSDT Screening	\$4,712,860	\$760,354	\$3,952,506	519.8%
Transportation	\$6,019,415	\$9,262,005	(\$3,242,590)	-35.0%
Non-Emergency Transport	\$19,710,622	\$35,154,455	(\$15,443,833)	-43.9%
Dental Services	\$3,872,698	\$3,326,602	\$546,096	16.4%
Eyeglass Services	\$1,592,180	\$1,980,511	(\$388,331)	-19.6%
Pharmacy	\$118,198,521	\$166,469,842	(\$48,271,322)	-29.0%
Dental Screening	\$4,653,194	\$22,395,181	(\$17,741,987)	-79.2%
Eyeglass Screening	\$1,104,430	\$3,350,450	(\$2,246,020)	-67.0%
Hearing Screening	\$76,307	\$31,872	\$44,436	139.4%
ICF IID Facility	\$305,930,031	\$282,085,794	\$23,844,237	8.5%
Swing Bed Intermediate	\$107,487	\$253,511	(\$146,024)	-57.6%
Rural Health Clinic	\$10,691,288	\$20,150,261	(\$9,458,973)	-46.9%
Federally Qualified Hlth Ctr	\$2,804,648	\$7,565,799	(\$4,761,150)	-62.9%
Medical Supply (DME)	\$47,448,967	\$45,027,671	\$2,421,296	5.4%
Therapy Services	\$8,376,513	\$1,571,897	\$6,804,615	432.9%
Inpt. Residential Psych.	\$5,593,655	\$9,271,555	(\$3,677,900)	-39.7%
Inpt. Free Standing Psych.	\$2,293,322	\$4,908,150	(\$2,614,828)	-53.3%
Nurse Services	\$41,788,072	\$27,611,127	\$14,176,945	51.3%
Ambulatory Surg. Center	\$2,002,904	\$4,433,583	(\$2,430,679)	-54.8%
Personal Care Services	\$0	(\$99)	\$99	-100.0%
Hospice	\$77,132,599	\$62,853,948	\$14,278,651	22.7%
Outpat. Free Stand. Psych	\$54,089	\$73,885	(\$19,796)	-26.8%
Mental Health Priv. Serv.	\$2,144,584	\$1,988,136	\$156,448	7.9%
Fam. Planning Drugs	\$956,491	\$2,488,066	(\$1,531,575)	-61.6%
Free Standing Dialysis	\$3,833,645	\$3,802,043	\$31,602	0.8%
Crossover Part A	\$56,808,750	\$24,817,801	\$31,990,950	128.9%
Crossover Part B	\$233,817,335	\$165,976,522	\$67,840,813	40.9%
NET Accomodation Prov	\$0	\$0	\$0	N/A
MYPAC	\$0	\$0	\$0	N/A
Inpatient Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Outpatient Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Crossover Part A-Pediatric LTC Hosp.	\$0	\$0	\$0	N/A
Prescribed Ped. Ext. Care Center	\$17,745,205	\$15,154,164	\$2,591,041	17.1%
Other	(\$279,833)	\$1,413,388	(\$1,693,221)	-119.8%

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**Office of the Governor - Division of Medicaid
Monthly Legislative Report - Participant Counts
Month Ended June 30, 2025**

Appendix E

<u>MS Medicaid Beneficiaries</u>	<u>SFY-25</u>	<u>SFY-24</u>	<u>Change</u>	<u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
As of Last Day of the Month	649,345	666,722	(17,377)	-2.6% <i>(Note 2)</i>
	<i>July - June 2025</i>	<i>July - June 2024</i>		
Average for the Period	654,906	754,170	(99,264)	-13.2%
<u>CHIP Beneficiaries</u>	<u>SFY-25</u>	<u>SFY-24</u>	<u>Change</u>	<u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Capitation Payment Population	52,798	51,306	1,492	2.9%
<u>Dialysis Transport</u>	<u>SFY-25</u>	<u>SFY-24</u>	<u>Change</u>	<u>% Change</u>
	<i>Jun-25</i>	<i>Jun-24</i>		
Participants Covered by Monthly Payment	1	1	0	0.0%

* Home and Community Based Waiver Participants are included in the MS Medicaid Beneficiaries total.

OFFICE OF THE GOVERNOR - DIVISION OF MEDICAID
Other Medical Services Comparison Fiscal Year to Date (FYTD)
FYTD 2025 vs 2024

Appendix F

Service	MTD 6/1/2025	MTD 6/1/2024	FYTD 2025	FYTD 2024	\$ Change	% Change
TOTAL Expenditures	\$56,246,872	\$47,555,299	\$644,160,819	\$573,881,460	\$70,279,358	12.2%
CHIP ¹	\$17,248,890	\$13,645,191	\$189,248,740	\$138,684,370	\$50,564,371	36.5%
Part A & B Premiums ²	\$32,835,103	\$28,301,573	\$385,328,460	\$368,891,810	\$16,436,651	4.5%
Clawback	\$6,162,609	\$5,607,995	\$69,579,868	\$66,268,431	\$3,311,438	5.0%
Dialysis Transport	\$270	\$540	\$3,750	\$36,850	(\$33,100)	-89.8%
State Funded Subsidies ³	\$0	\$0	\$0	\$0	\$0	N/A

¹ The SFY25 CHIP capitation rate decreased to \$227.37 per member per month from the SFY24 rate of \$260.82.

² Part A & B Premiums

Effective Date - Calendar Year	Premium Amount	
	Part A	Part B
Year 2025	\$518	\$185.00
Year 2024	\$505	\$174.70
Year 2023	\$506	\$164.90
Year 2022	\$499	\$170.10
Year 2021	\$471	\$148.50
Year 2020	\$458	\$144.60
Year 2019	\$437	\$135.50
Year 2018	\$422	\$134.00
Year 2017	\$413	\$134.00
Year 2016	\$411	\$121.80
Year 2015	\$407	\$104.90

³ No State-Funded Subsidies were appropriated in SFY2023, SFY2024 and SFY2025.

Office of the Governor - Division of Medicaid
MSCAN Managed Care Summary
Month Ended May 31, 2025*

MSCAN Population	SFY 2025	SFY 2024	Change	% Change
	Month of May	Month of May		
Magnolia	176,733	148,182	28,551	19.3%
United Healthcare	151,257	140,422	10,835	7.7%
Molina	104,588	97,260	7,328	7.5%
Total	432,578	385,864	46,714	12.1%
Percent of Total Medicaid Beneficiaries	66.52%	56.40%	10.12%	17.94%
Narrative/Notes:				

MSCAN Capitation Payments	May 2025	Year To Date SFY 25	Per Member Per Month (PMPM)
Magnolia	\$ 72,727,142	\$ 780,548,689	\$ 403.78
United Healthcare	\$ 55,523,717	\$ 688,872,793	\$ 384.11
Molina	\$ 36,072,846	\$ 384,014,324	\$ 345.30
Total	\$ 164,323,705	\$ 1,853,435,805	\$ 383.05
Narrative:			
The Capitation Payments are paid to the CCOs on a monthly basis by region and rate cell to cover the following components of each beneficiaries medical care based on rates as determined by DOM's actuaries:			
- Targeted Medical Loss Ratio	86.41%		
- Administrative Expenses	8.79%		
- State of Mississippi Premium Tax	3.00%		
- Targeted CCO Margin	1.80%		
Total	100.00%		
The Per Member Per Month (PMPM) rate is calculated based on the Year To Date SFY 25 Total Capitation divided by the total Member Months for each CCO during that YTD period.			
The above Capitation Payments do not include expenditures for the Mississippi Hospital Access Program (MHAP) which are paid out to hospital providers through the CCOs. An increase to MHAP was approved by CMS on December 12, 2023. The fixed annual amount is \$1,540,423,694.			
In addition to the basic PMPM capitation payment, the capitation payment amounts above may include necessary adjustments, including: retro-rate adjustments, and liquidated damages assessed against the CCOs.			

MSCAN Provider Expenditures	May 2025	Year To Date SFY 25
CCO Fee-for-Service	\$ 116,516,379	\$ 1,183,607,736
Pharmacy Benefit Services	\$ (17)	\$ 4,518,339
Behavioral Health Services	\$ 21,982,645	\$ 203,335,855
Dental Services	\$ 10,687,493	\$ 109,248,663
Vision Services	\$ 1,749,368	\$ 20,897,236
Non-Emergency Transportation Services	\$ 1,337,586	\$ 12,935,957
Total	\$ 152,273,454	\$ 1,534,543,785
Narrative:		
DOM utilizes the CCO monthly Cash Disbursements Journal (CDJ) to track the different types of medical services paid by the CCO's on a cash basis. The CCO's have subcontractors that pay for Behavioral Health Services, Dental Services, and Vision Services. The remainder of their medical payments are included in the CCO Fee-for-Service amounts above. Beginning with SFY 25, the Pharmacy expenditures were transferred to the DOM PBA.		
The CCOs are contractually required to pay out not less than 91.3% of capitation rates in medical expenditures. This was revised up from 87.5% due to the inclusion of MHAP and MAPS directed payments into the MLR report as required by CMS.		
DOM monitors these payments to providers both monthly in the CDJ amounts shown above and in the Medical Loss Ratio (MLR) Reports that are provided by each CCO on a quarterly and annual basis.		
For the most recent period ended June 30, 2024, the MSCAN MLR rates, per the CCO submitted reports, were:		
Magnolia Health	95.3%	
United Healthcare	94.8%	
Molina Healthcare	93.9%	
Total	94.9%	
Note: These are Reporting MLR Rates per the MSCAN Contract which include HCQI, HIT eligible expenses. (HCQI - Health Care Quality Improvements; HIT - Health Information Technology)		

*There is a one month delay in reporting data for managed care. The vendors send data after their end of month processing, usually by the 15th of the following month.

**Office of the Governor - Division of Medicaid
MSCHIP Managed Care Summary
Month Ended May 31, 2025***

Appendix H

MSCHIP Population	<u>SFY 2025</u>	<u>SFY 2024</u>	<u>Change</u>	<u>% Change</u>
	Month of May	Month of May		
United Healthcare	28,191	32,466	(4,275)	-13.2%
Molina	25,126	19,014	6,112	32.1%
Total	<u>53,317</u>	<u>51,480</u>	<u>1,837</u>	<u>3.6%</u>
Narrative/Notes:				

MSCHIP Capitation Payments	<u>May 2025</u>	<u>Year To Date SFY 25</u>	<u>Per Member Per Month (PMPM)</u>
United Healthcare	6,515,883	82,065,311	\$ 233.92
Molina	5,696,330	55,166,047	\$ 235.41
Total	<u>12,212,213</u>	<u>137,231,358</u>	<u>\$ 234.52</u>
Narrative:			
The Capitation Payments are paid to the CCOs on a monthly basis at a state-wide rate to cover the following components of each beneficiaries medical care based on rates as determined by DOM's actuaries:			
- Targeted Medical Loss Ratio	85.25%		
- Administrative Expenses	9.95%		
- State of Mississippi Premium Tax	3.00%		
- Targeted CCO Margin	1.80%		
Total	<u>100.00%</u>		
The Per Member Per Month (PMPM) rate is calculated based on the Year To Date SFY 25 Total Capitation divided by the total Member Months for each CCO during that YTD period.			
In addition to the basic PMPM capitation payment, the capitation payment amounts above may include necessary adjustments. These capitation payments also include the DOM PBA payments.			
The only CHIP program expenses that do not flow through the CCOs are CHIP vaccine program payments made by DOM to the MS State Department of Health. These vaccine payments average \$2.7 million annually. The current CHIP rate for SFY 2025 is \$227.37. This rate was reduced from SFY 24 with the transfer of pharmacy payments to the DOM PBA.			

MSCHIP Provider Expenditures	<u>May 2025</u>	<u>Year To Date SFY 25</u>
CCO Fee-for-Service	\$ 10,447,630	\$ 87,419,064
Pharmacy Benefit Services	\$ (76)	\$ 479,116
Behavioral Health Services	\$ 770,938	\$ 8,939,137
Dental Services	\$ 1,675,768	\$ 18,369,348
Vision Services	\$ 237,983	\$ 2,548,176
Non-Emergency Transportation Services	\$ 1,463	\$ 22,947
Total	<u>\$ 13,133,705</u>	<u>\$ 117,777,787</u>
Narrative:		
DOM utilizes the CCO monthly Cash Disbursements Journal (CDJ) to track the different types of medical services paid by the CCO's on a cash basis. The CCO's have subcontractors that pay for Behavioral Health Services, Dental Services, and Vision Services. The remainder of their medical payments are included in the CCO Fee-for-Service amounts above. Beginning with SFY 25, the Pharmacy expenditures were transferred to the DOM PBA.		
The CCOs are contractually required to pay out not less than 85% of all capitation payments received in medical payments to healthcare providers. The capitation rates include 85.25% on average for expected medical payments.		
DOM monitors these payments to providers both monthly in the CDJ amounts shown above and in the Medical Loss Ratio (MLR) Reports that are provided by each CCO on a quarterly and annual basis.		
For the most recent period ended June 30, 2024, the MSCHIP MLR rates, per the CCO submitted reports, were:		
Molina	89.9%	
United Healthcare	95.9%	
Total	<u>93.6%</u>	
Note: These are Reporting MLR Rates per the MSCHIP Contract which include HCQI, HIT eligible expenses. (HCQI - Health Care Quality Initiatives; HIT - Health Information Technology)		

*There is a one month delay in reporting data for managed care. The vendors send data after their end of month processing, usually by the 15th of the following month.

**Office of the Governor - Division of Medicaid
Home and Community Based Expenditures
Month Ended May 31, 2025**

Appendix I

	Waiver Services	State Plan Services	Total ¹	Participants ^{2, 3}
Assisted Living Waiver for Elderly and Disabled Adults	\$1,474,219	\$915,225	\$2,389,444	747
Waiver for Elderly and Disabled Individuals	\$46,014,008	\$10,372,518	\$56,386,526	17,506
Independent Living Waiver	\$1,816,013	\$1,800,350	\$3,616,363	3,212
Waiver for Intellectual Disabilities / Developmentally Disabled	\$15,132,721	\$1,768,565	\$16,901,286	2,767
Waiver for Individuals with a Traumatic Brain or Spinal Cord	\$688,122	\$899,482	\$1,587,604	706

¹ Home and Community Based Waiver expenditures are also included in Medical Service Expenditure totals cited in this report.

² The expenditure totals above reflect claims payments made during the report month. Claims payments could be related to dates of service for periods up to 2 years prior to the claims payment date. Therefore, any comparison of expenditures and participants noted above will not provide accurate results. The number enrolled and the amount of paid claims must be viewed independent of one another.

³ Participant count does not include pending applications during the month.

*There is a one month delay in reporting data for waivers. Agencies send data after their end of month processing, usually by the 15th of the following month.

**Office of the Governor - Division of Medicaid
Administrative Expenditures Detail
Month Ended June 30, 2025**

Appendix J

		<u>MTD</u> <u>June-25</u>		<u>YTD</u> <u>July '24 - June '25</u>	
1. PERSONAL SERVICES - SALARIES	\$	4,759,461	\$	58,697,642	
2. PERSONAL SERVICES - TRAVEL	\$	64,535	\$	684,838	\$ 57,069.84
3. CONTRACTUAL SERVICES	\$	10,851,724	\$	132,328,505	
4. COMMODITIES	\$	27,885	\$	424,969	
5. CAPITAL OUTLAY - EQUIP	\$	4,540	\$	421,992	
6. CAPITAL OUTLAY - VEHICLES	\$	19,059	\$	90,417	
TOTAL ADMINISTRATIVE EXPENSE	\$	15,727,203	\$	192,648,363	

The expenditure amounts included in this report are presented on a cash basis and reflect the date of payment rather than the date of service or the date goods or services are received. The report reflects all payments made during the reporting period, and will include funds spent from both SFY-21 and SFY-22 budgets.

**CASHFLOW PROJECTION
Month Ended June 30, 2025
FY 25**

The Division of Medicaid's Cashflow Projections represent the agency's best predictor of future cash requirements based on current and estimated future expenditure trends. Expenditures for medical services are highly volatile in nature and control by our agency is limited. These expenditures are components of rates and utilization of services that are dictated by state and federal legislation, as well as economic changes. Predicting cashflow outcomes into the future is not possible with 100% accuracy, and these projections will change on a monthly basis.

Cash and Additional Sources

Funding Sources Available	\$	165,999,557
Tobacco Funds Due to DOM	\$	-
State Agency Matching Funds	\$	59,240,590
Recovery of Capitation Payments due to the implementation	\$	-
Provider Taxes	\$	16,621,175

Total Funding Sources Available **\$ 241,861,322**

Funding Uses Projected

Medical Service Claims	\$	-
Other Medical Service Expenditures	\$	(13,339,815)
Administrative Expenditures	\$	(15,928,591)

Total Funding Uses Projected **(29,268,405)**

Projected Cash Balance (Shortfall) FY-25 **\$ 212,592,917**

The Cashflow Projection will be issued with the September, December and January - June reports.

OFFICE OF THE GOVERNOR - DIVISION OF MEDICAID
Supplemental/Directed Payment Detail
FYTD 2025 vs 2024

Appendix K

Service	MTD 6/1/2025	MTD 6/1/2024	FYTD 2025	FYTD 2024	\$ Change	% Change
TOTAL Expenditures	\$223,625,177	\$224,993,754	\$1,854,153,163	\$1,839,395,713	\$14,757,450	0.8%
DSH*	\$4,831,657	\$15,029,086	\$53,933,612	-\$1,303,847	\$55,237,459	-4236.5%
MHAP	\$181,325,785	\$171,629,502	\$1,497,019,353	\$1,522,313,885	(\$25,294,532)	-1.7%
Nursing Home UPL	\$0	\$3,547,321	\$2,002,949	\$3,547,321	(\$1,544,372)	-43.5%
Physician UPL	\$0	\$0	\$7,473,711	\$14,465,070	(\$6,991,359)	-48.3%
Hospital UPL	\$13,430,493	\$13,025,328	\$158,957,358	\$161,919,520	(\$2,962,162)	-1.8%
Ambulance (TREAT)	\$9,477,079	\$8,097,892	\$37,946,808	\$47,857,030	(\$9,910,222)	-20.7%
GME	\$14,560,163	\$13,664,625	\$58,240,650	\$54,658,500	\$3,582,150	6.6%
MAPS	\$0	\$0	\$38,578,722	\$35,938,234	\$2,640,488	7.3%

* This can be negative due to DSH recoupments for prior years. In accordance with the State Plan, the recouped funds will be paid to other hospitals which had remaining uncompensated care balances.