



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Legislative Budget Office (LBO) Report

November 2025



Jennifer Wentworth, Deputy Administrator  
550 High Street, Suite 1000  
Jackson, Mississippi 39201  
Phone (601) 359-3147

Email: [jennifer.wentworth@medicaid.ms.gov](mailto:jennifer.wentworth@medicaid.ms.gov)

Website: [medicaid.ms.gov](http://medicaid.ms.gov)

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

**Confidentiality Note:** *This document and all attached pages are confidential and/or proprietary to the Mississippi Division of Medicaid, and may contain sensitive information, including, but not limited to, protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The information contained in this document and all attached pages is intended for the exclusive use of the intended recipient and/or individual or entity named herein. The use, disclosure, copying, or distribution by any means, to anyone other than the intended recipient without the prior written permission of the Mississippi Division of Medicaid, is strictly prohibited. Any such unauthorized use, disclosure, copying, or distribution may violate federal and/or state privacy laws, including, but not limited to, HIPAA. If you have received this document, or any attached pages, in error, please notify the sender for instructions on how to destroy or return the information without additional disclosure. Thank you for your assistance in the protection of confidential information.*

**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**

**FY26: \$2,454,693,643**

**FY25: \$2,350,419,234**

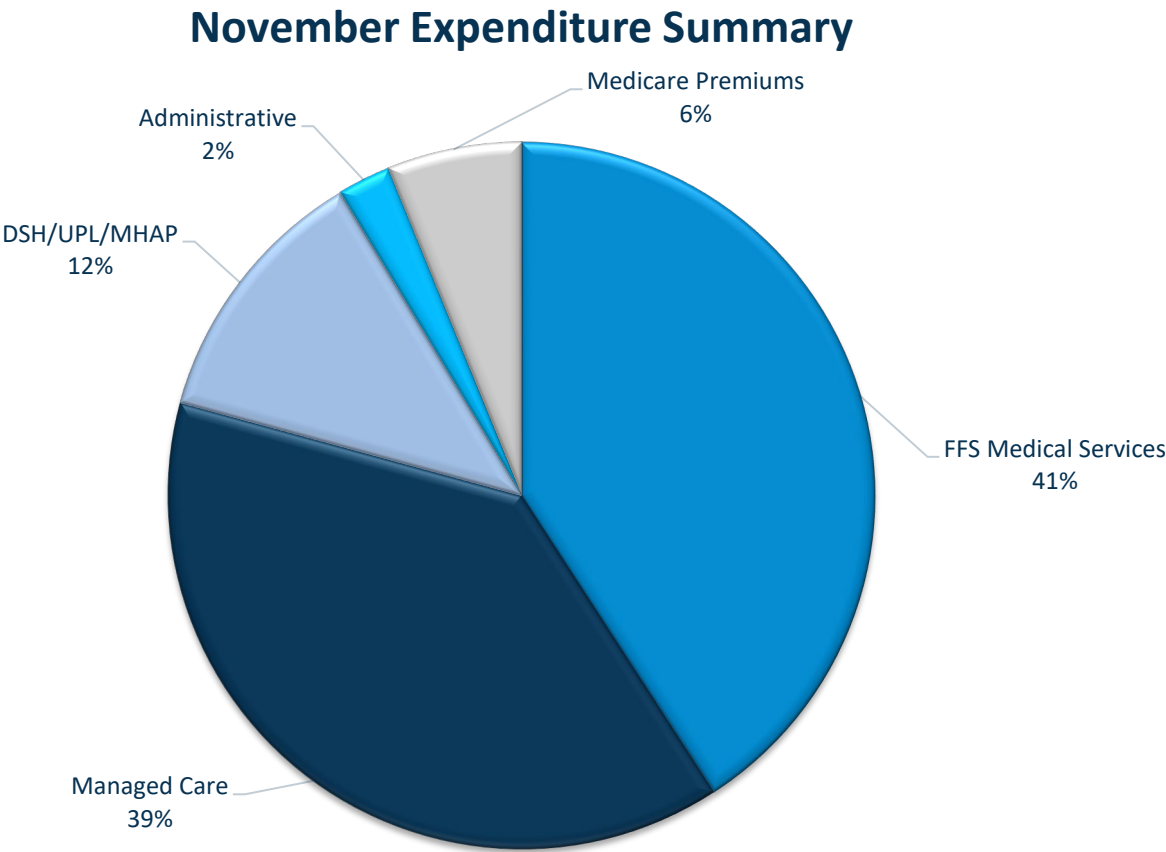
**\$104,274,409**

**Medicaid Beneficiaries**

**November 2025: 645,141**

**November 2024: 657,069**

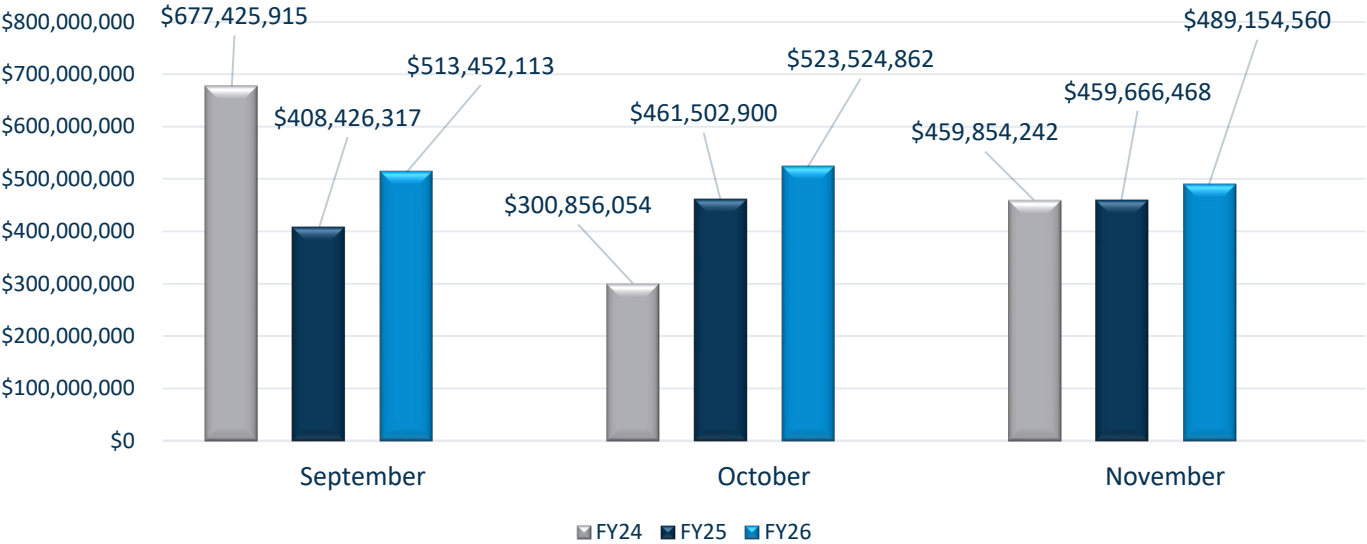
**-11,928**



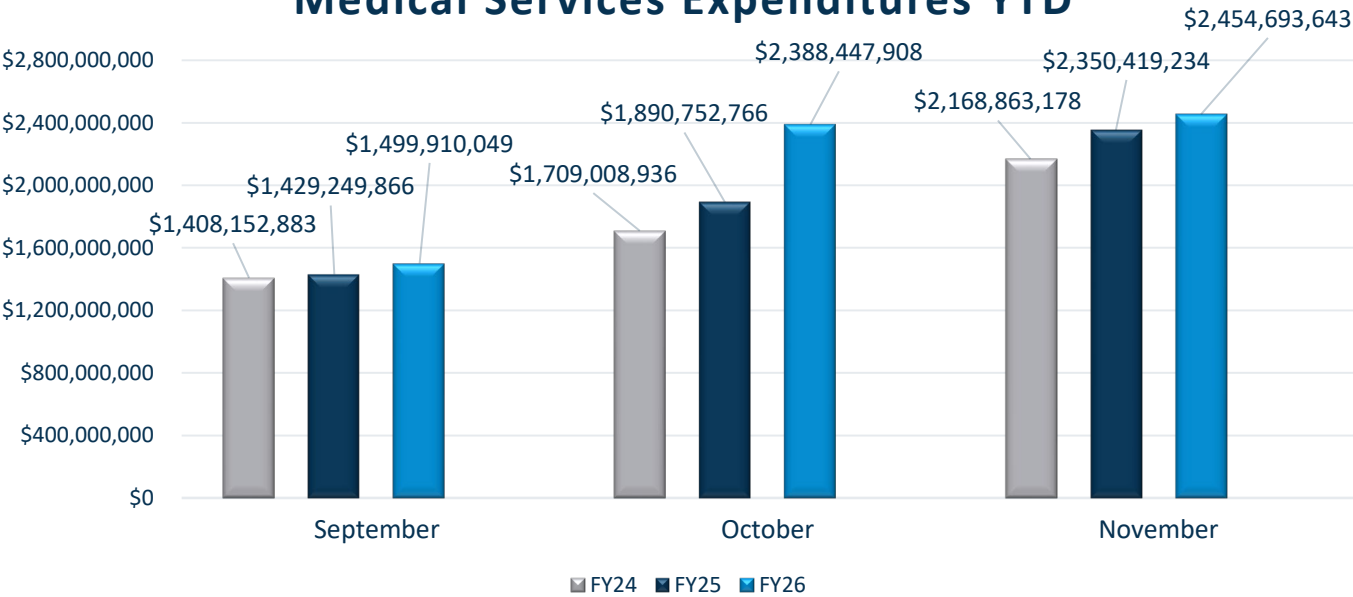
# MEDICAL SERVICE EXPENDITURES

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 December 2024 to November 2025. See **Appendix E** for more details.

**Medicaid Beneficiaries**

**November 2025: 645,141**

**November 2024: 657,069**

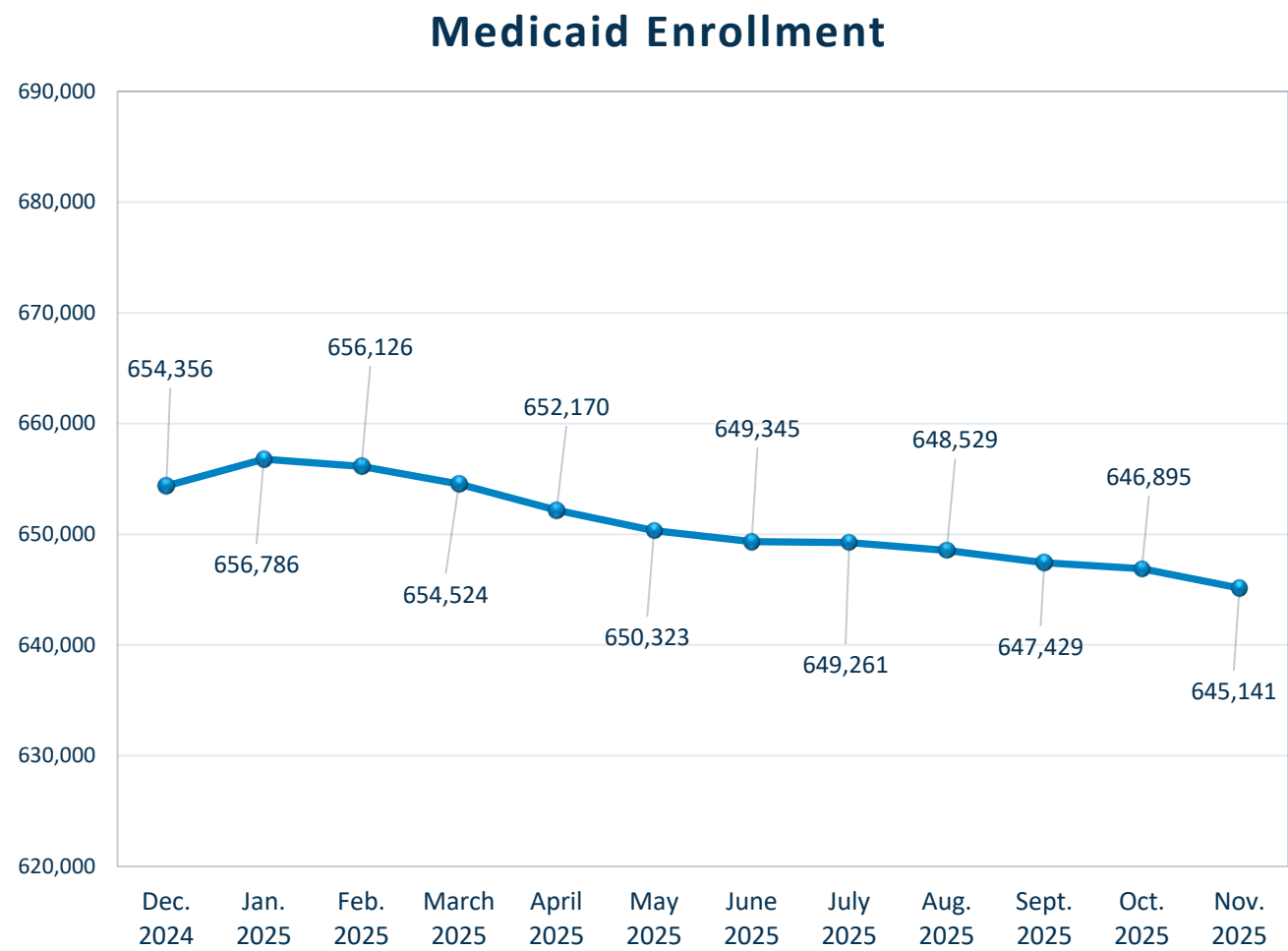
**-11,928**

**Medicaid & CHIP Beneficiaries**

**November 2025: 697,917**

**November 2024: 710,104**

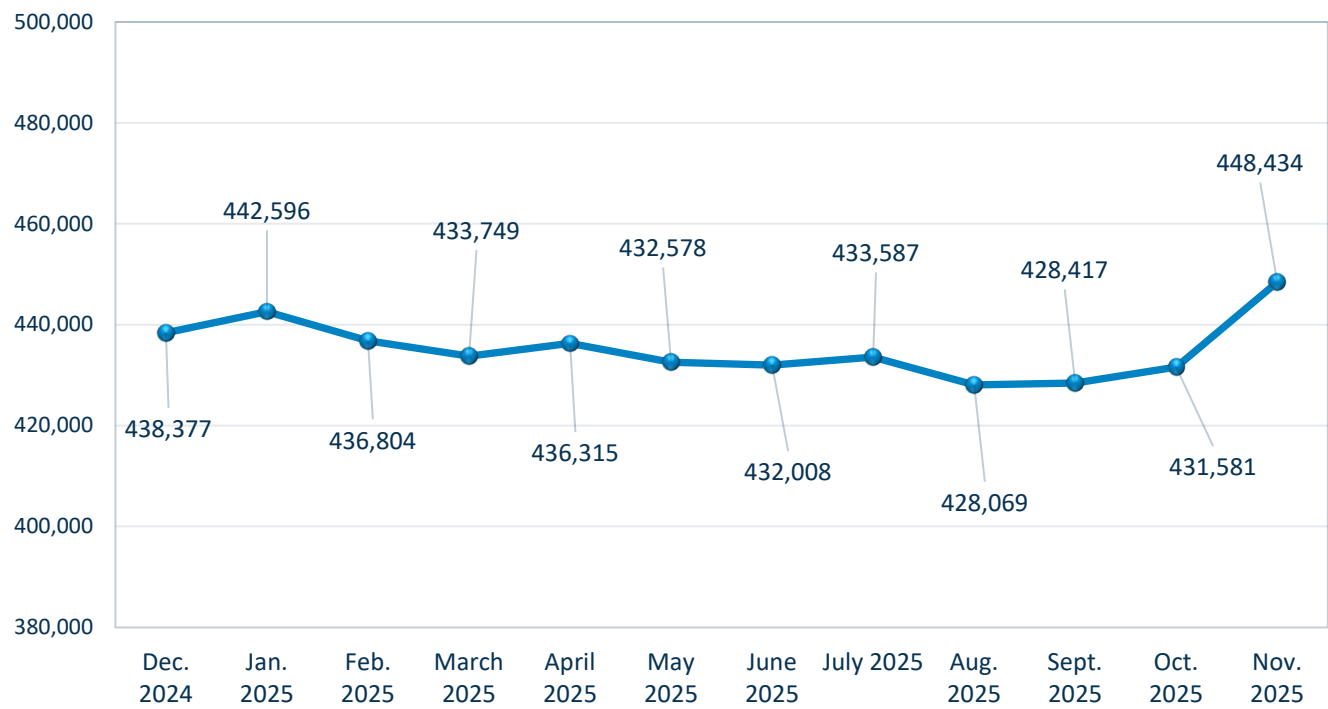
**- 12,187**



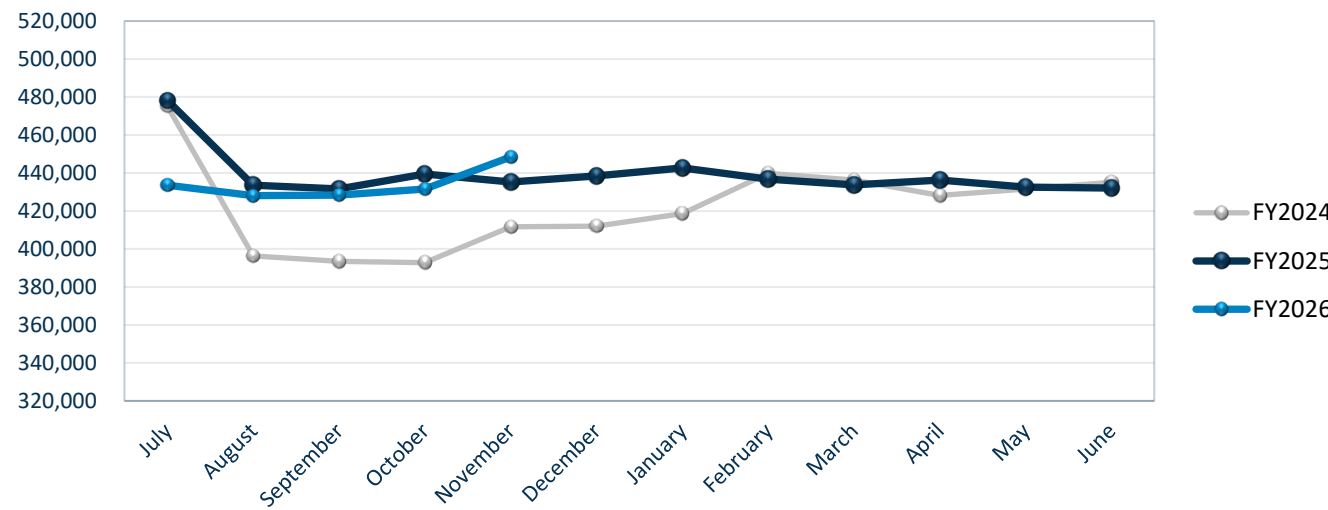
MISSISSIPPICAN OVERVIEW

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



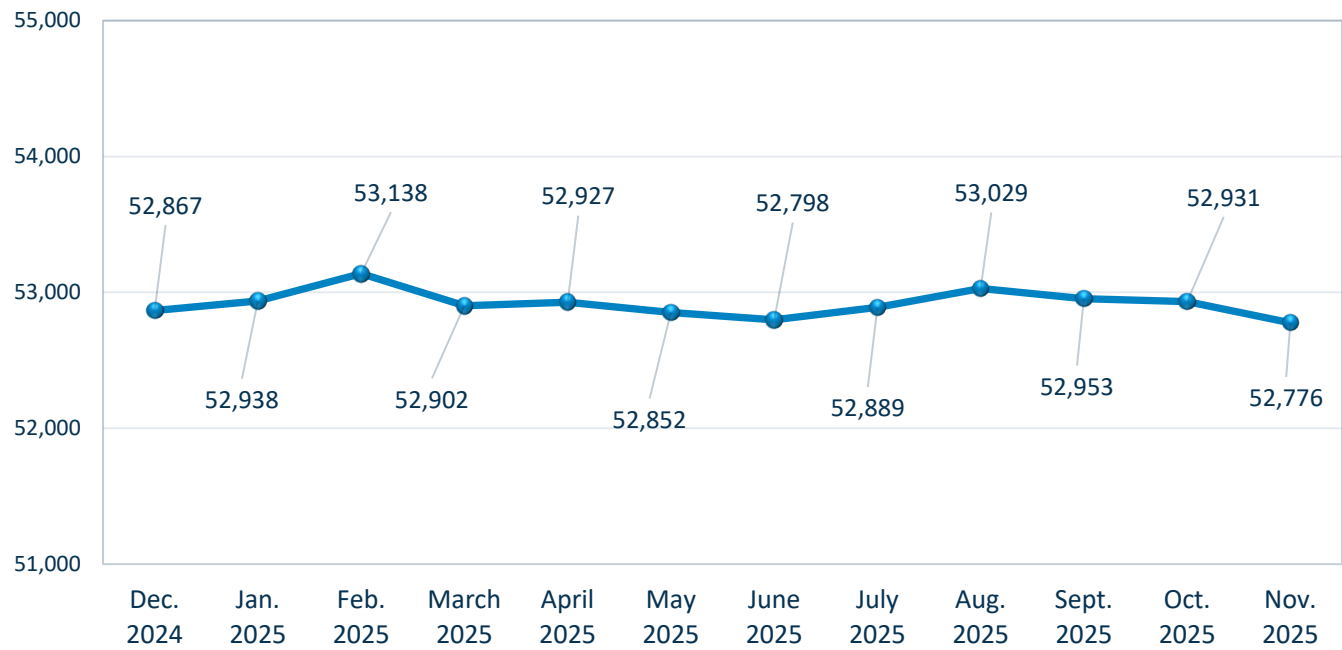
MississippiCAN Population by Fiscal Year



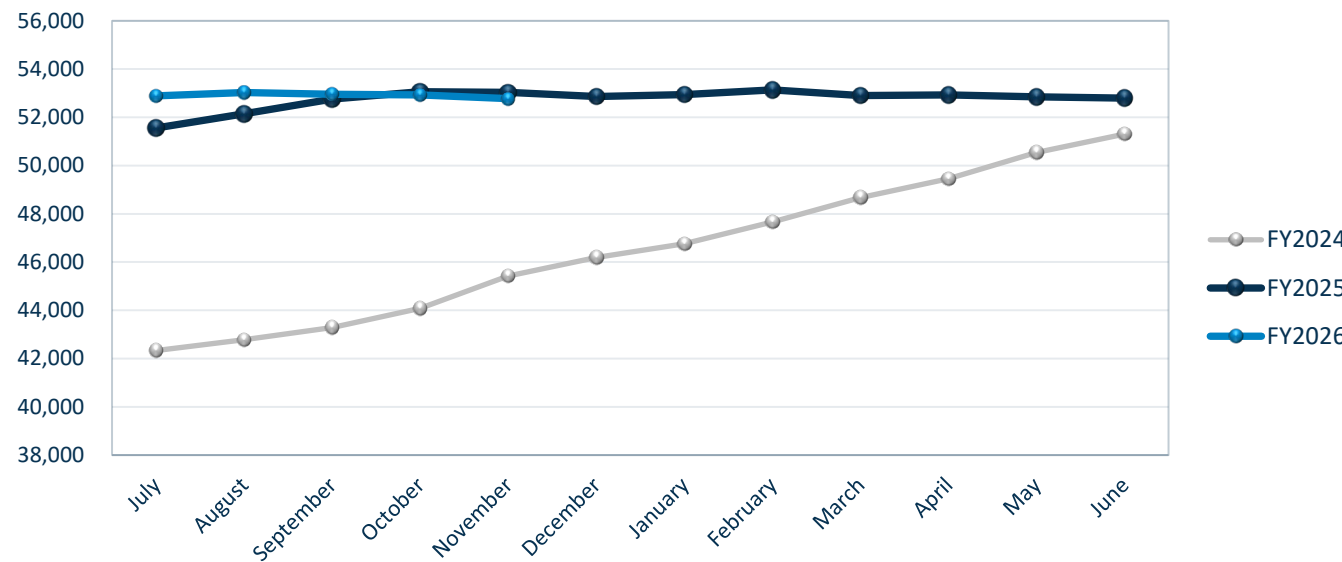
CHIP OVERVIEW

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



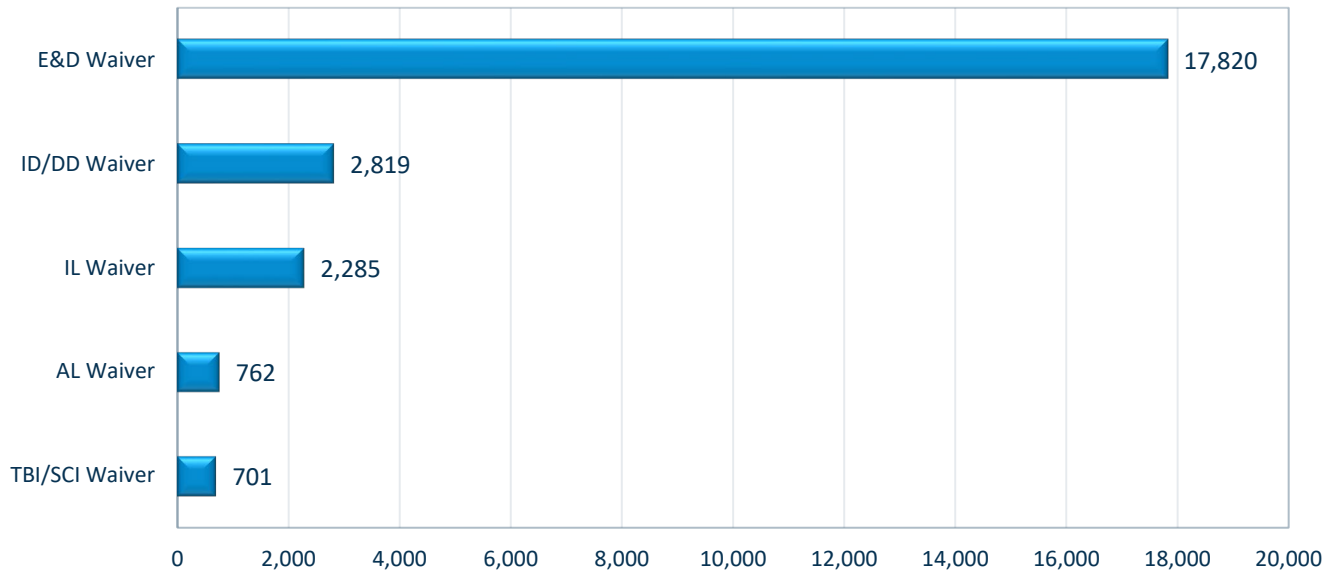
Mississippi CHIP Population by Fiscal Year



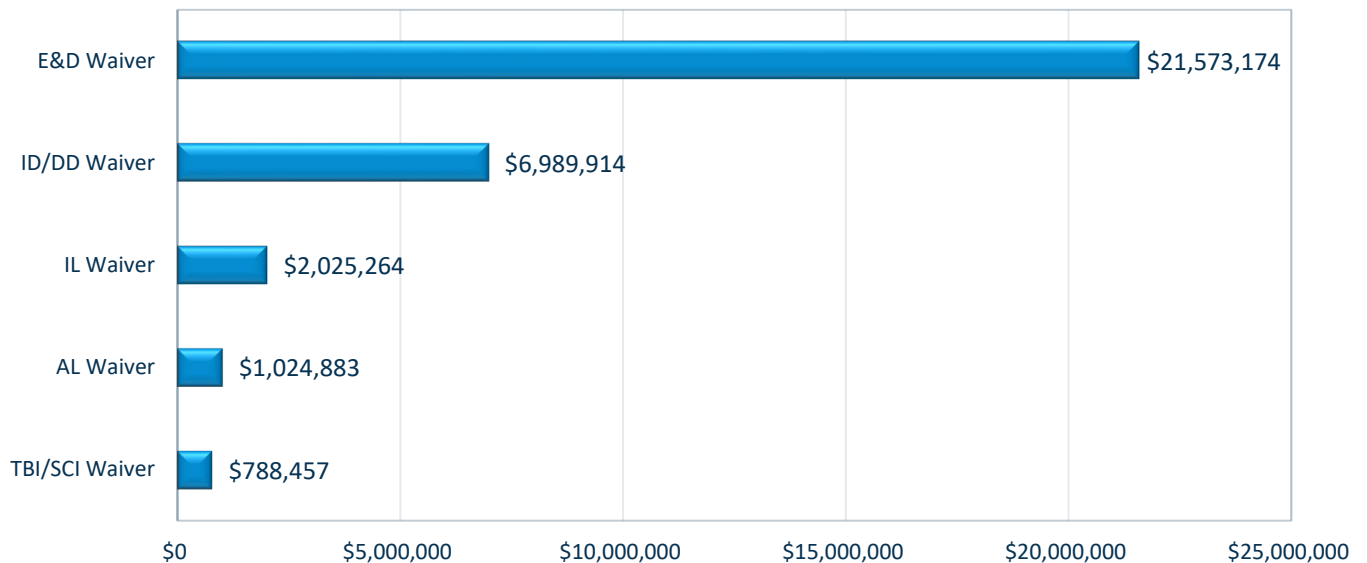
## HOME AND COMMUNITY BASED SERVICES OVERVIEW

The bar graphs below show October 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, November figures will appear in the December 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 November 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-25 and SFY-26 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 SFY25 or SFY26 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 an enhanced 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 MTD expenditures for DSH/MHAP/UPL/ GME/TREAT increased due to late payment of November 2024 Hospital UPL, payment of August 2025–October 2025 PBA Tax payments in November 2025, and the inclusion of an MHAP Value Based Payments (VBP) and Mississippi Outcomes for Maternal Safety (MOMS) program payments. The YTD expenditures decreased as Health Information Network (HIN) quarterly payments were omitted from the October 2025 MHAP payments, unlike in October 2024 when they were included.*

**(Note 4)** *Administrative monthly expenditures increased as a result of contractual payments.*

**(Note 5)** *The MTD Medical Services and Other Detail expenditures are higher in FY2026 due to a timing adjustment in implementation of the FY2025 capitation rates. Pharmacy Benefit Administration (PBA) payments were included in the initial SFY2025 capitation payments; these amounts were adjusted in September 2025.*

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

<u>Medical Service Expenditures</u>	<u>SFY-26</u>	<u>SFY-25</u>	<u>\$ Change</u>	<u>% Change</u>
	<i>Nov-25</i>	<i>Nov-24</i>		
Totals - MTD	<b>\$489,154,560</b>	<b>\$459,666,468</b>	<b>\$29,488,092</b>	<b>6.4%</b>
	<i>July - November 2025</i>	<i>July - November 2024</i>		
Totals - YTD	<b>\$2,454,693,643</b>	<b>\$2,350,419,234</b>	<b>\$104,274,409</b>	<b>4.4%</b>
 <u>Other Medical Service Type Expenditures</u>	 <u>SFY-26</u>	 <u>SFY-25</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Nov-25</i>	<i>Nov-24</i>		
Totals - MTD	<b>\$55,164,117</b>	<b>\$51,360,871</b>	<b>\$3,803,246</b>	<b>7.4%</b>
	<i>July - November 2025</i>	<i>July - November 2024</i>		
Totals - YTD	<b>\$275,732,031</b>	<b>\$263,999,673</b>	<b>\$11,732,358</b>	<b>4.4%</b>
 <u>DSH/MHAP/UPL/GME/TREAT Expenditures</u>	 <u>SFY-26</u>	 <u>SFY-25</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Nov-25</i>	<i>Nov-24</i>		
Totals - MTD	<b>\$77,495,407</b>	<b>\$63,037,351</b>	<b>\$14,458,056</b>	<b>22.9% (Note 3)</b>
	<i>July - November 2025</i>	<i>July - November 2024</i>		
Totals - YTD	<b>\$577,924,091</b>	<b>\$667,127,325</b>	<b>(\$89,203,235)</b>	<b>-13.4% (Note 3)</b>
 <u>Administrative Expenditures</u>	 <u>SFY-26</u>	 <u>SFY-25</u>	 <u>\$ Change</u>	 <u>% Change</u>
	<i>Nov-25</i>	<i>Nov-24</i>		
Totals - MTD	<b>\$15,643,427</b>	<b>\$13,091,505</b>	<b>\$2,551,922</b>	<b>19.5% (Note 4)</b>
	<i>July - November 2025</i>	<i>July - November 2024</i>		
Totals - YTD	<b>\$81,335,587</b>	<b>\$85,460,231</b>	<b>(\$4,124,644)</b>	<b>-4.8% (Note 4)</b>

**\*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**  
**November 2025 vs November 2024**

Appendix C

Service	Nov-25	Nov-24	\$ Change	% Change
<b>Total Expenditures</b>	<b>\$489,154,560</b>	<b>\$459,666,468</b>	<b>\$29,488,092</b>	<b>6.4%</b>
Total Managed Care	228,947,469	212,611,777	16,335,692	7.7%
Total Fee for Service	\$260,207,091	\$247,054,691	\$13,152,400	5.3%
<b>Fee for Service Totals by Service Type</b>				
Inpatient Hospital	\$7,242,290	\$7,767,111	(\$524,821)	-6.8%
Outpatient Hospital	\$5,954,543	\$6,166,392	(\$211,849)	-3.4%
Lab and X-Ray	\$301,158	\$517,131	(\$215,974)	-41.8%
Nursing Facility	\$85,339,790	\$91,947,079	(\$6,607,289)	-7.2%
Physician	\$2,729,230	\$3,419,919	(\$690,689)	-20.2%
Home and Comm. Based	\$77,358,956	\$64,543,979	\$12,814,978	19.9%
Home Health Services	\$106,747	\$113,938	(\$7,191)	-6.3%
Swing Bed Skilled	\$9,763	\$19,164	(\$9,401)	-49.1%
Mental Health Clinic	\$2,797,822	\$3,355,905	(\$558,083)	-16.6%
EPSDT Screening	\$383,395	\$415,466	(\$32,071)	-7.7%
Transportation	\$340,463	\$527,149	(\$186,686)	-35.4%
Non-Emergency Transport	\$1,897,009	\$0	\$1,897,009	N/A
Dental Services	\$211,351	\$322,554	(\$111,203)	-34.5%
Eyeglass Services	\$107,252	\$97,611	\$9,641	9.9%
Pharmacy	\$10,332,613	\$8,783,019	\$1,549,594	17.6%
Dental Screening	\$213,592	\$393,158	(\$179,566)	-45.7%
Eyeglass Screening	\$53,829	\$90,861	(\$37,032)	-40.8%
Hearing Screening	\$4,480	\$8,046	(\$3,566)	-44.3%
ICF IID Facility	\$24,176,928	\$23,393,266	\$783,662	3.3%
Swing Bed Intermediate	\$7,988	\$10,883	(\$2,895)	-26.6%
Rural Health Clinic	\$821,684	\$810,677	\$11,008	1.4%
Federally Qualified Hlth Ctr	\$163,509	\$244,165	(\$80,656)	-33.0%
Medical Supply (DME)	\$4,011,693	\$3,540,624	\$471,069	13.3%
Therapy Services	\$704,568	\$605,305	\$99,263	16.4%
Inpt. Residential Psych.	\$213,103	\$878,317	(\$665,215)	-75.7%
Inpt. Free Standing Psych.	\$125,127	\$143,705	(\$18,578)	-12.9%
Nurse Services	\$3,083,117	\$3,198,077	(\$114,961)	-3.6%
Ambulatory Surg. Center	\$125,121	\$150,878	(\$25,757)	-17.1%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$7,683,869	\$6,381,957	\$1,301,912	20.4%
Outpat. Free Stand. Psych	\$5,939	\$8,088	(\$2,149)	-26.6%
Mental Health Priv. Serv.	\$240,327	\$155,515	\$84,812	54.5%
Fam. Planning Drugs	\$63,969	\$81,679	(\$17,709)	-21.7%
Free Standing Dialysis	\$325,729	\$253,101	\$72,628	28.7%
Crossover Part A	\$5,031,351	\$3,618,126	\$1,413,225	39.1%
Crossover Part B	\$15,953,485	\$13,789,490	\$2,163,994	15.7%
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.	\$134,499	\$0	\$134,499	N/A
Prescribed Ped. Ext. Care Center	\$1,925,180	\$1,267,664	\$657,517	51.9%
Other	\$25,622	\$34,694	(\$9,072)	-26.1%

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-23 and SFY-24 budgets.

**Office of the Governor - Division of Medicaid**  
**Medical Services Comparison Fiscal Year to Date (FYTD)**  
**FYTD 2026 vs 2025**

Appendix D

Service	FYTD 2026	FYTD 2025	\$ Change	% Change
<b>Total Expenditures</b>	<b>\$2,454,693,643</b>	<b>\$2,350,419,234</b>	<b>\$104,274,409</b>	<b>4.4%</b>
Total Managed Care	\$1,118,054,847	\$1,059,294,856	\$58,759,992	5.5%
Total Fee for Service	\$1,336,638,796	\$1,291,124,379	\$45,514,417	3.5%
<b>Fee for Service Totals by Service Type</b>				
Inpatient Hospital	\$34,372,464	\$41,461,655	(\$7,089,191)	-17.1%
Outpatient Hospital	\$33,418,699	\$34,493,855	(\$1,075,156)	-3.1%
Lab and X-Ray	\$1,957,237	\$2,381,653	(\$424,416)	-17.8%
Nursing Facility	\$430,281,989	\$454,804,911	(\$24,522,921)	-5.4%
Physician	\$16,030,911	\$19,242,689	(\$3,211,778)	-16.7%
Home and Comm. Based	\$371,372,769	\$342,531,404	\$28,841,365	8.4%
Home Health Services	\$621,918	\$563,589	\$58,329	10.3%
Swing Bed Skilled	\$64,233	\$62,851	\$1,382	2.2%
Mental Health Clinic	\$15,950,920	\$17,537,732	(\$1,586,812)	-9.0%
EPSDT Screening	\$2,144,591	\$2,431,886	(\$287,295)	-11.8%
Transportation	\$2,246,046	\$2,533,862	(\$287,815)	-11.4%
Non-Emergency Transport	\$9,466,962	\$6,600,621	\$2,866,341	43.4%
Dental Services	\$1,426,894	\$1,865,818	(\$438,925)	-23.5%
Eyeglass Services	\$611,587	\$822,003	(\$210,416)	-25.6%
Pharmacy	\$53,432,229	\$46,538,510	\$6,893,719	14.8%
Dental Screening	\$1,581,385	\$2,425,351	(\$843,967)	-34.8%
Eyeglass Screening	\$395,950	\$588,645	(\$192,695)	-32.7%
Hearing Screening	\$27,868	\$35,756	(\$7,887)	-22.1%
ICF IID Facility	\$148,612,383	\$118,330,554	\$30,281,829	25.6%
Swing Bed Intermediate	\$55,812	\$34,422	\$21,389	62.1%
Rural Health Clinic	\$4,468,341	\$4,739,339	(\$270,998)	-5.7%
Federally Qualified Hlth Ctr	\$995,001	\$1,223,608	(\$228,606)	-18.7%
Medical Supply (DME)	\$21,007,283	\$19,204,086	\$1,803,197	9.4%
Therapy Services	\$3,914,122	\$3,468,097	\$446,024	12.9%
Inpt. Residential Psych.	\$2,036,695	\$3,501,159	(\$1,464,464)	-41.8%
Inpt. Free Standing Psych.	\$932,950	\$997,379	(\$64,430)	-6.5%
Nurse Services	\$18,074,058	\$17,230,312	\$843,745	4.9%
Ambulatory Surg. Center	\$792,228	\$837,668	(\$45,440)	-5.4%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$33,250,157	\$32,730,813	\$519,343	1.6%
Outpat. Free Stand. Psych	\$25,134	\$19,364	\$5,771	29.8%
Mental Health Priv. Serv.	\$1,166,601	\$858,865	\$307,737	35.8%
Fam. Planning Drugs	\$341,675	\$436,356	(\$94,681)	-21.7%
Free Standing Dialysis	\$1,395,871	\$1,598,106	(\$202,235)	-12.7%
Crossover Part A	\$23,425,025	\$22,973,735	\$451,289	2.0%
Crossover Part B	\$90,410,451	\$78,984,266	\$11,426,185	14.5%
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.	\$427,571	\$0	\$427,571	N/A
Prescribed Ped. Ext. Care Center	\$9,883,491	\$6,915,585	\$2,967,906	42.9%
Other	\$19,296	\$117,873	(\$98,577)	-83.6%

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-23 and SFY-24 budgets.

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

Appendix E

<b><u>MS Medicaid Beneficiaries</u></b>	<b>SFY-26</b>	<b>SFY-25</b>	<b>Change</b>	<b>% Change</b>
	<i>Nov-25</i>	<i>Nov-24</i>		
<b>As of Last Day of the Month</b>	<b>645,141</b>	<b>657,069</b>	<b>(11,928)</b>	<b>-1.8%</b> <i>(Note 2)</i>
	<i>July - November 2025</i>	<i>July - November 2024</i>		
<b>Average for the Period</b>	<b>647,451</b>	<b>657,049</b>	<b>(9,598)</b>	<b>-1.5%</b>
<b><u>CHIP Beneficiaries</u></b>	<b>SFY-26</b>	<b>SFY-25</b>	<b>Change</b>	<b>% Change</b>
	<i>Nov-25</i>	<i>Nov-24</i>		
<b>Capitation Payment Population</b>	<b>52,776</b>	<b>53,035</b>	<b>(259)</b>	<b>-0.5%</b>
<b><u>Dialysis Transport</u></b>	<b>SFY-26</b>	<b>SFY-25</b>	<b>Change</b>	<b>% Change</b>
	<i>Nov-25</i>	<i>Nov-24</i>		
<b>Participants Covered by Monthly Payment</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0.0%</b>

\* 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 2026 vs 2025**

Appendix F

Service	MTD 11/1/2025	MTD 11/1/2024	FYTD 2026	FYTD 2025	\$ Change	% Change
<b>TOTAL Expenditures</b>	<b>\$55,164,117</b>	<b>\$51,360,871</b>	<b>\$275,732,031</b>	<b>\$263,999,673</b>	<b>\$11,732,358</b>	<b>4.4%</b>
CHIP <sup>1</sup>	\$16,009,538	\$14,860,061	\$80,286,036	\$80,290,285	(\$4,249)	0.0%
Part A & B Premiums <sup>2</sup>	\$32,979,965	\$30,913,940	\$164,721,469	\$155,798,082	\$8,923,387	5.7%
Clawback	\$6,173,895	\$5,586,330	\$30,715,526	\$27,909,986	\$2,805,540	10.1%
Dialysis Transport	\$720	\$540	\$9,000	\$1,320	\$7,680	581.8%
State Funded Subsidies <sup>3</sup>	\$0	\$0	\$0	\$0	\$0	N/A

<sup>1</sup> The SFY26 CHIP capitation rate increased to \$237.50 per member per month from the SFY25 rate of \$227.64.

<sup>2</sup> 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

<sup>3</sup> No State-Funded Subsidies were appropriated in SFY2023, SFY2024 and SFY2025.

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

Appendix G

MSCAN Population	SFY 2026	SFY 2025	Change	% Change
	Month of October	Month of October		
Magnolia	208,614	174,063	34,551	19.8%
Molina	133,002	101,376	31,626	31.2%
TrueCare	89,965	-	89,965	#DIV/0!
United Healthcare	(127)	164,006	(164,133)	-100.1%
Total	<b>431,454</b>	<b>439,445</b>	<b>(7,991)</b>	<b>-1.8%</b>
Percent of Total Medicaid Beneficiaries	66.70%	66.71%	-0.01%	-0.02%

**Narrative/Notes:**  
TrueCare is a new Managed Care Provider effective July 1, 2025.  
UnitedHealthcare is no longer a Managed Care Provider for DOM effective June 30, 2025.

MSCAN Capitation Payments	Per Member		
	October 2025	Year To Date SFY 26	Per Month (PMPM)
Magnolia	\$ 83,460,822	\$ 334,362,464	442.49
Molina	\$ 50,414,812	\$ 195,621,880	323.97
TrueCare	\$ 33,628,589	\$ 130,741,688	360.99
United Healthcare	\$ 1,223,775	\$ 3,616,544	4,702.92
Total	<b>\$ 168,727,998</b>	<b>\$ 664,342,576</b>	<b>\$ 515.22</b>

Retroactive transactions prior to SFY2026 caused negative Per Member Per Month (PMPM) MSCAN enrollment for United Healthcare.

**Narrative:**  
The Capitation Payments are paid to the MCOs 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	86.33%
- Administrative Expenses	8.87%
- State of Mississippi Premium Tax	3.00%
- Targeted MCO Margin	1.80%
Total	100.00%

The Per Member Per Month (PMPM) rate is calculated based on the Year To Date SFY 26 Total Capitation divided by the total Member Months for each MCO during that YTD period.

The above Capitation Payments do not include state directed payment expenditures which include the Mississippi Hospital Access Program (MHAP), Mississippi Medicaid Access to Physician Services (MAPS), Transforming Reimbursement for Emergency Ambulance Transportation (TREAT), Mississippi Outcomes for Maternal Safety (MOMS) Program and the Rural Hospital APC Opt-Out Program. These programs are paid to hospitals and other providers through the MCOs.

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 MCOs.

MSCAN Provider Expenditures		October 2025	Year To Date SFY 26
CCO Fee-for-Service (Non-Vendor)**	\$	122,319,292	\$ 437,443,358
Behavioral Health Services	\$	15,175,028	\$ 57,026,304
Dental Services	\$	12,356,737	\$ 43,524,436
Vision Services	\$	1,984,200	\$ 8,779,960
Non-Emergency Transportation Services	\$	1,746,499	\$ 4,596,241
Pharmacy Benefit Services	\$	-	\$ (466)
Total	\$	153,581,757	\$ 551,369,833

**Narrative:**  
DOM utilizes the MCO monthly Cash Disbursements Journal (CDJ) to track the different types of medical services paid by the MCO's on a cash basis. The MCO's have subcontractors that pay for Behavioral Health Services, Dental Services, and Vision Services. The remainder of their medical payments are included in the MCO Fee-for-Service amounts above. Beginning with SFY 25, the Pharmacy expenditures were transferred to the DOM PBA.

The MCOs 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, MAPS and TREAT 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 MCO on a quarterly and annual basis.

For the most recent period ended June 30, 2025, the MSCAN MLR rates, per the MCO submitted reports, were:

Magnolia Health	95.5%
United Healthcare	95.7%
Molina Healthcare	91.7%
Total	94.2%

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 October 31, 2025\***

Appendix H

<b>MSCHIP Population</b>	<b>SFY 2026</b>	<b>SFY 2025</b>	<b>Change</b>	<b>% Change</b>
	<i>Month of October</i>	<i>Month of October</i>		
Magnolia	13,661	-	13,661	#DIV/0!
Molina	28,625	21,090	7,535	35.7%
TrueCare	11,724	-	11,724	#DIV/0!
United Healthcare	(59)	33,430	(33,489)	-100.2%
<b>Total</b>	<b>53,951</b>	<b>54,520</b>	<b>(569)</b>	<b>-1.0%</b>

**Narrative/Notes:**  
TrueCare and Magnolia Health Plan are the new Managed Care Providers effective July 1, 2025.  
UnitedHealthcare is no longer a Managed Care Provider for DOM effective June 30, 2025.

<b>MSCHIP Capitation Payments</b>	<b>October 2025</b>	<b>Year To Date SFY 26</b>	<b>Per Member Per Month (PMPM)</b>
Magnolia	3,266,789	12,397,239	\$ 237.93
Molina	6,798,653	26,165,011	\$ 227.72
TrueCare	2,804,781	10,962,431	\$ 237.94
United Healthcare	2,216	35,896	\$ (148.33)
<b>Total</b>	<b>12,872,440</b>	<b>49,560,577</b>	<b>\$ 232.86</b>

Retroactive transactions prior to SFY2026 caused negative Per Member Per Month (PMPM) CHIP enrollment for United Healthcare.

**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%
<b>Total</b>	<b>100.00%</b>

The Per Member Per Month (PMPM) rate is calculated based on the Year To Date SFY 26 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 SFY2026 is \$237.50.

<b>MSCHIP Provider Expenditures</b>	<b>October 2025</b>	<b>Year To Date SFY 26</b>
CCO Fee-for-Service (Non-Vendor)**^	\$ 7,497,694	\$ 27,815,007
Behavioral Health Services	\$ 342,773	\$ 1,450,618
Dental Services	\$ 1,990,333	\$ 7,414,308
Vision Services	\$ 171,827	\$ 1,088,977
Non-Emergency Transportation Services	\$ 9,548	\$ 18,896
Pharmacy Benefit Services	\$ (170)	\$ (170)
<b>Total</b>	<b>\$ 10,012,005</b>	<b>\$ 37,787,637</b>

**Narrative:**  
DOM utilizes the MCO monthly Cash Disbursements Journal (CDJ) to track the different types of medical services paid by the MCO's on

The MCOs 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 85.31% 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 MCO on a quarterly and annual basis.

For the most recent period ended June 30, 2025, the MSCHIP MLR rates, per the MCO submitted reports, were:

Molina	92.3%
UnitedHealthcare	92.9%
<b>Total</b>	<b>92.5%</b>

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)



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

Appendix I

	Waiver Services	State Plan Services	Total <sup>1</sup>	Participants <sup>2, 3</sup>
Assisted Living Waiver for Elderly and Disabled Adults	\$644,584	\$380,299	\$1,024,883	762
Waiver for Elderly and Disabled Individuals	\$18,303,723	\$3,269,451	\$21,573,174	17,820
Independent Living Waiver	\$1,464,172	\$561,093	\$2,025,264	2,285
Waiver for Intellectual Disabilities / Developmentally Disabled	\$6,288,775	\$701,139	\$6,989,914	2,819
Waiver for Individuals with a Traumatic Brain or Spinal Cord	\$537,697	\$250,761	\$788,457	701

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

<sup>2</sup> 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.

<sup>3</sup> 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 November 30, 2025**

Appendix J

	<u>MTD</u> <u>November-25</u>	<u>YTD</u> <u>July '25 - November '25</u>	
1. PERSONAL SERVICES - SALARIES	\$ 4,694,995	\$ 23,758,857	
2. PERSONAL SERVICES - TRAVEL	\$ 23,937	\$ 264,464	\$ 22,038.69
3. CONTRACTUAL SERVICES	\$ 10,800,265	\$ 55,945,483	
4. COMMODITIES	\$ 46,792	\$ 315,987	
5. CAPITAL OUTLAY - EQUIP	\$ 77,437	\$ 1,028,887	
6. CAPITAL OUTLAY - VEHICLES	\$ -	\$ 21,909	
<b>TOTAL ADMINISTRATIVE EXPENSE</b>	<b>\$ 15,643,427</b>	<b>\$ 81,335,587</b>	

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 November 30, 2025  
FY 26**

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	\$ -
Tobacco Funds Due to DOM	\$ -
State Agency Matching Funds	\$ -
Recovery of Capitation Payments due to the implementation	\$ -
Provider Taxes	\$ -
<b>Total Funding Sources Available</b>	<b>\$ -</b>

***Funding Uses Projected***

Medical Service Claims	\$ -
Other Medical Service Expenditures	\$ -
Administrative Expenditures	\$ -
<b>Total Funding Uses Projected</b>	<b>0</b>

<b>Projected Cash Balance (Shortfall) FY-26</b>	<b>\$ -</b>
---	-------------

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 2026 vs 2025**

Appendix K

Service	MTD 11/1/2025	MTD 11/1/2024	FYTD 2026	FYTD 2025	\$ Change	% Change
<b>TOTAL Expenditures</b>	<b>\$77,495,407</b>	<b>\$63,037,351</b>	<b>\$577,924,091</b>	<b>\$667,127,325</b>	<b>(\$95,853,991)</b>	<b>-13.4%</b>
DSH*	(\$2,559)	\$0	\$2,231	(\$1,011,300)	\$1,013,531	-100.2%
MHAP	\$57,895,828	\$61,109,785	\$480,804,654	\$572,623,822	(\$91,819,169)	-16.0%
VBP Incentive	\$6,650,755	\$0	\$6,650,755	\$0		
Nursing Home UPL	\$0	\$0	\$0	\$0	\$0	N/A
Physician UPL	\$1,607,674	\$1,927,566	\$3,313,394	\$4,125,843	(\$812,449)	-19.7%
Hospital UPL	\$11,343,709	\$0	\$63,153,012	\$55,038,331	\$8,114,681	14.7%
Ambulance (TREAT)	\$0	\$0	\$3,790,257	\$9,515,570	(\$5,725,314)	-60.2%
GME	\$0	\$0	\$14,882,900	\$14,560,163	\$322,738	2.2%
MAPS	\$0	\$0	\$5,326,888	\$12,274,896	(\$6,948,008)	-56.6%

\* 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.