



MISSISSIPPI DIVISION OF
MEDICAID

Legislative Budget Office (LBO) Report

October 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

FY26: \$1,965,539,083

FY25: \$1,890,752,766

\$74,786,317

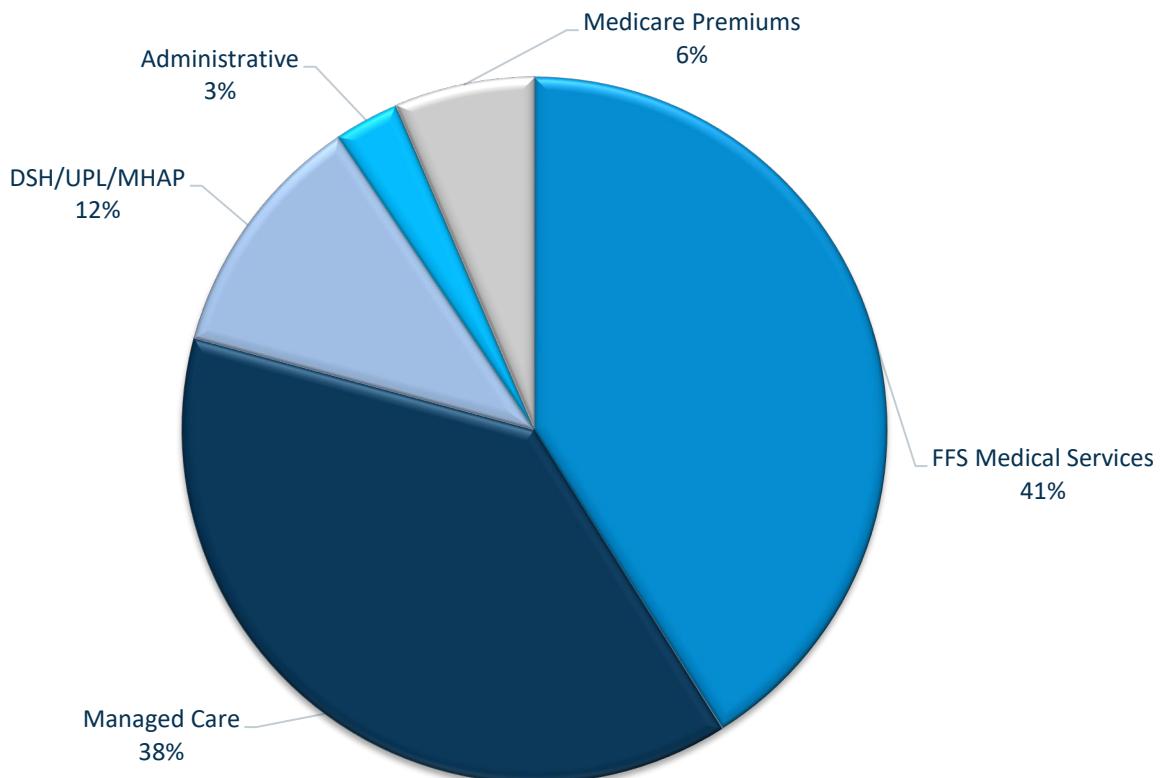
Medicaid Beneficiaries

October 2025: 646,895

October 2024: 658,732

- 11,837

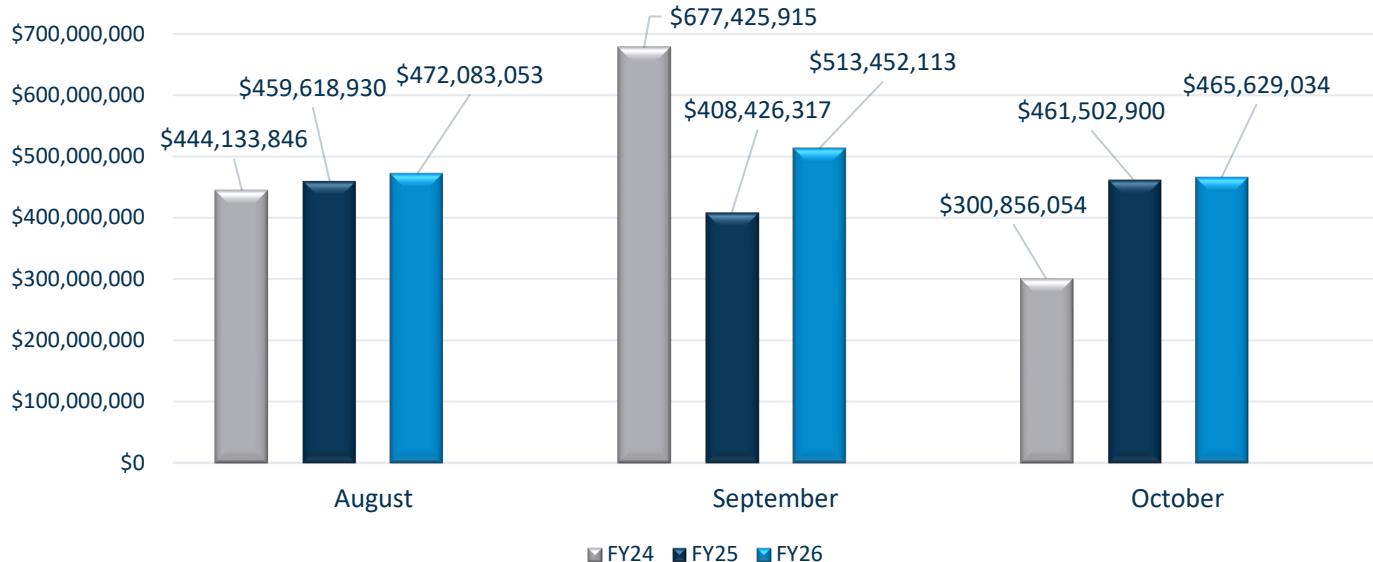
October Expenditure Summary



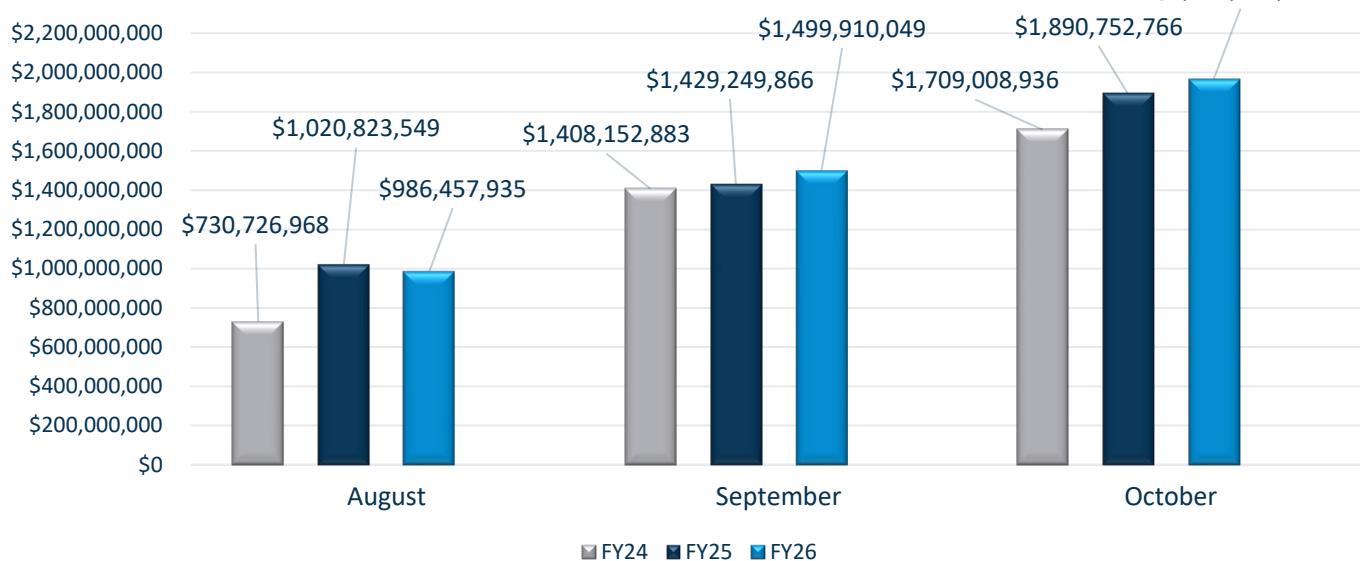
MEDICAL SERVICE EXPENDITURES

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 November 2024 to October 2025. See [Appendix E](#) for more details.

Medicaid Beneficiaries

October 2025: 646,895

October 2024: 658,732

- 11,837

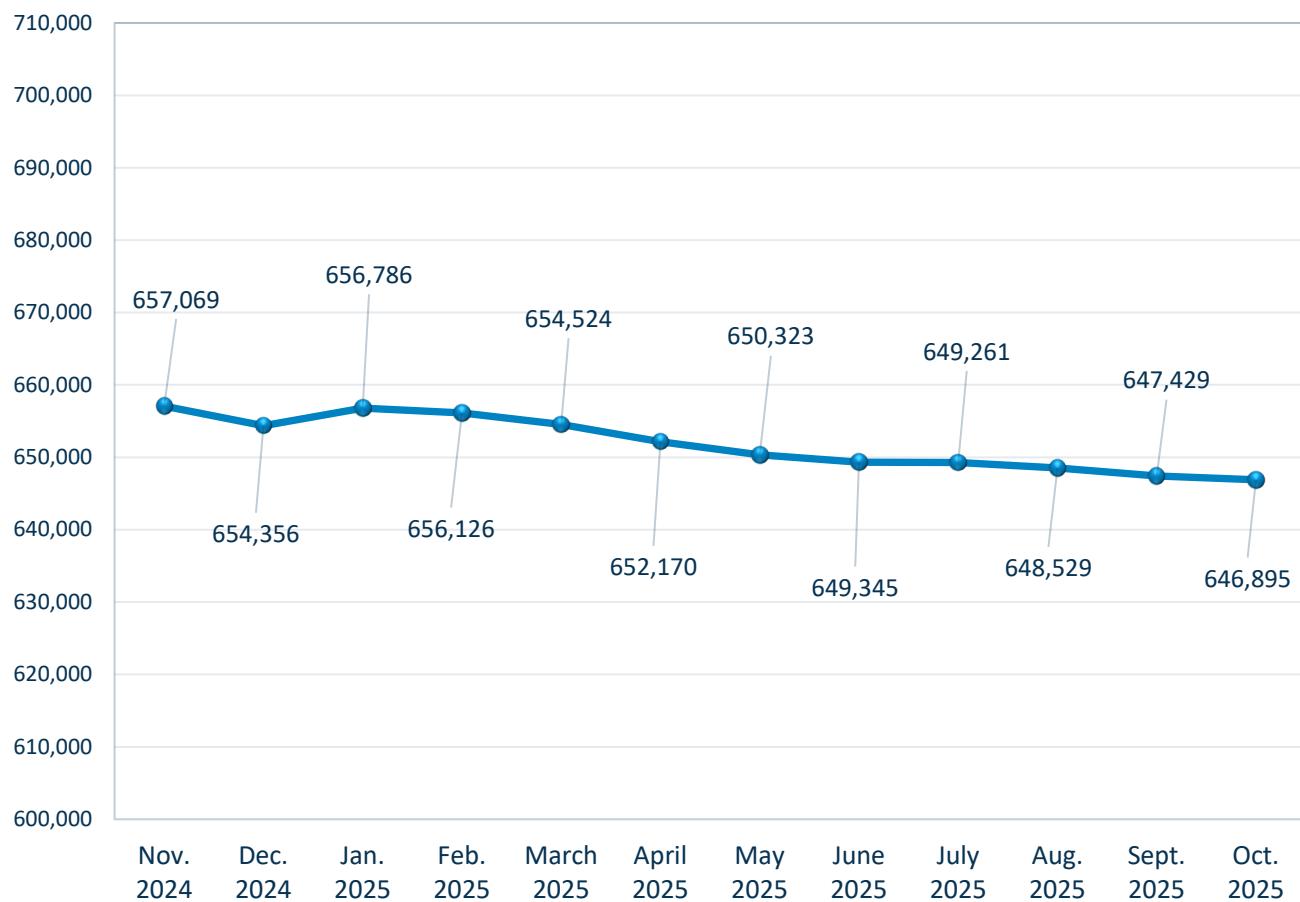
Medicaid & CHIP Beneficiaries

October 2025: 699,826

October 2024: 711,799

- 11,973

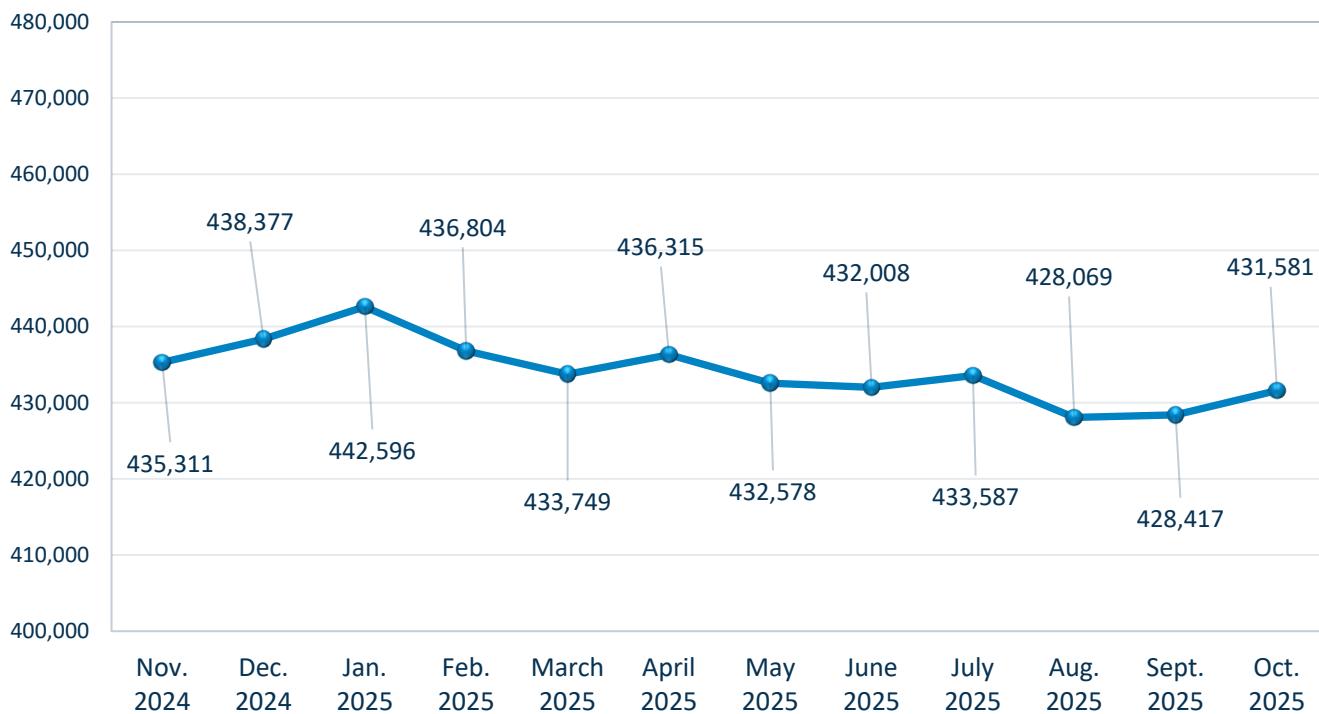
Medicaid Enrollment



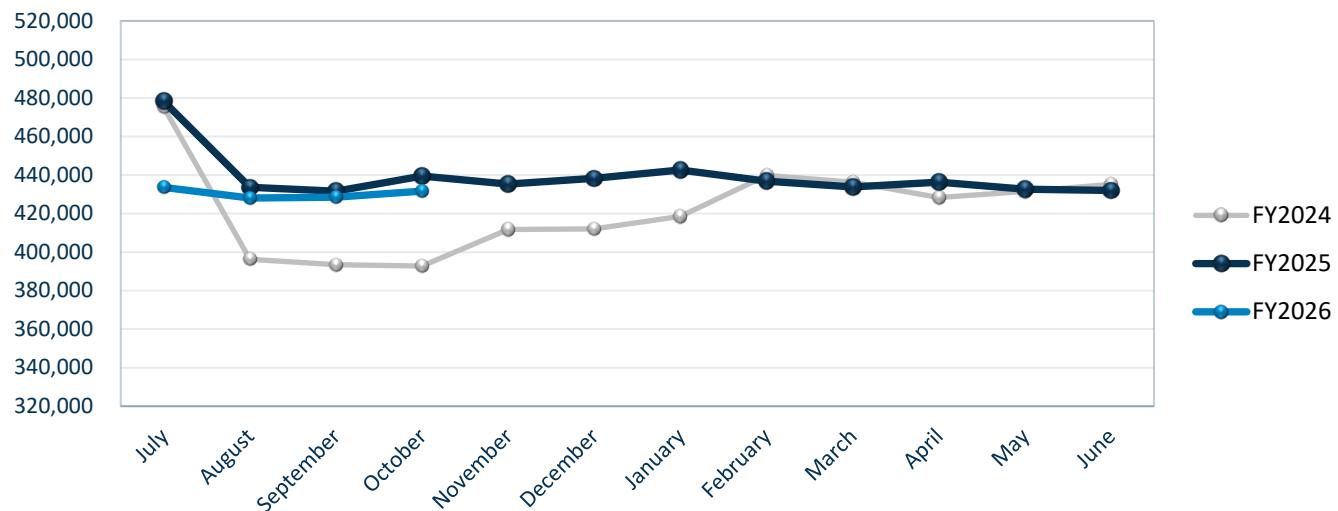
MISSISSIPICAN OVERVIEW

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



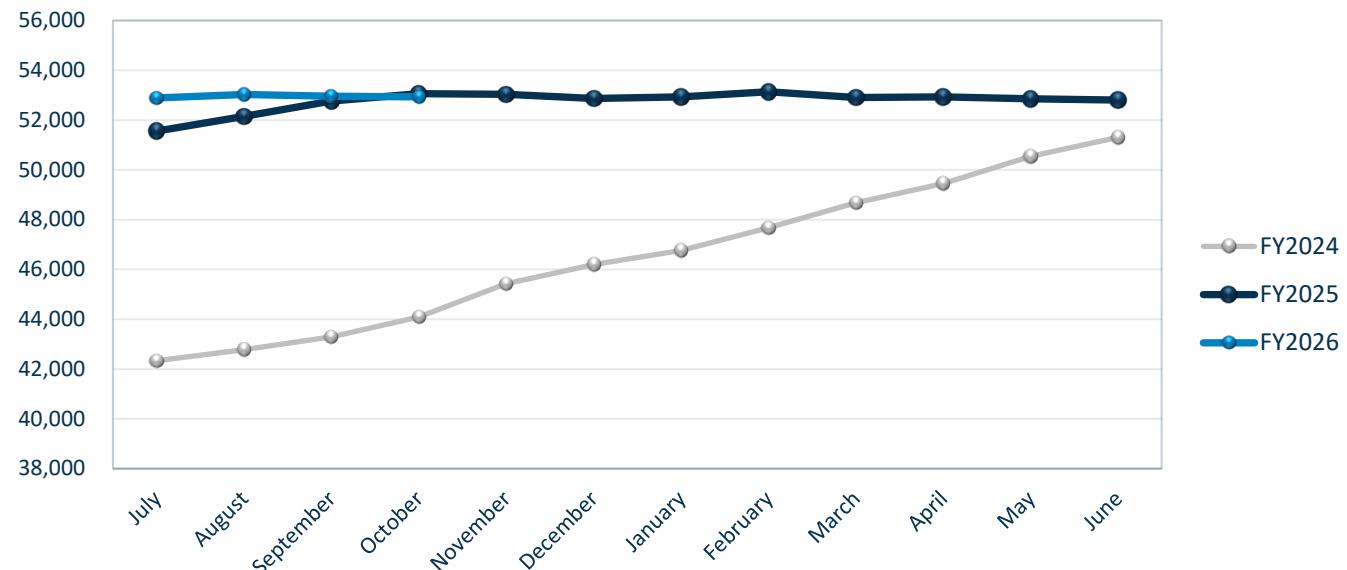
CHIP OVERVIEW

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



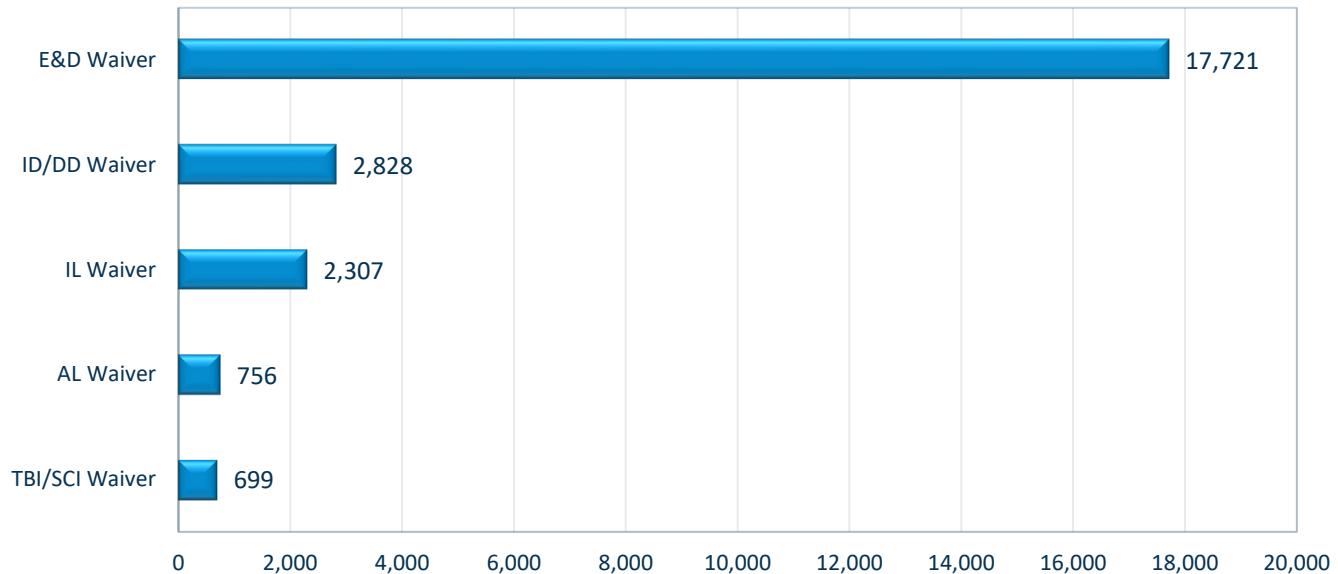
Mississippi CHIP Population by Fiscal Year



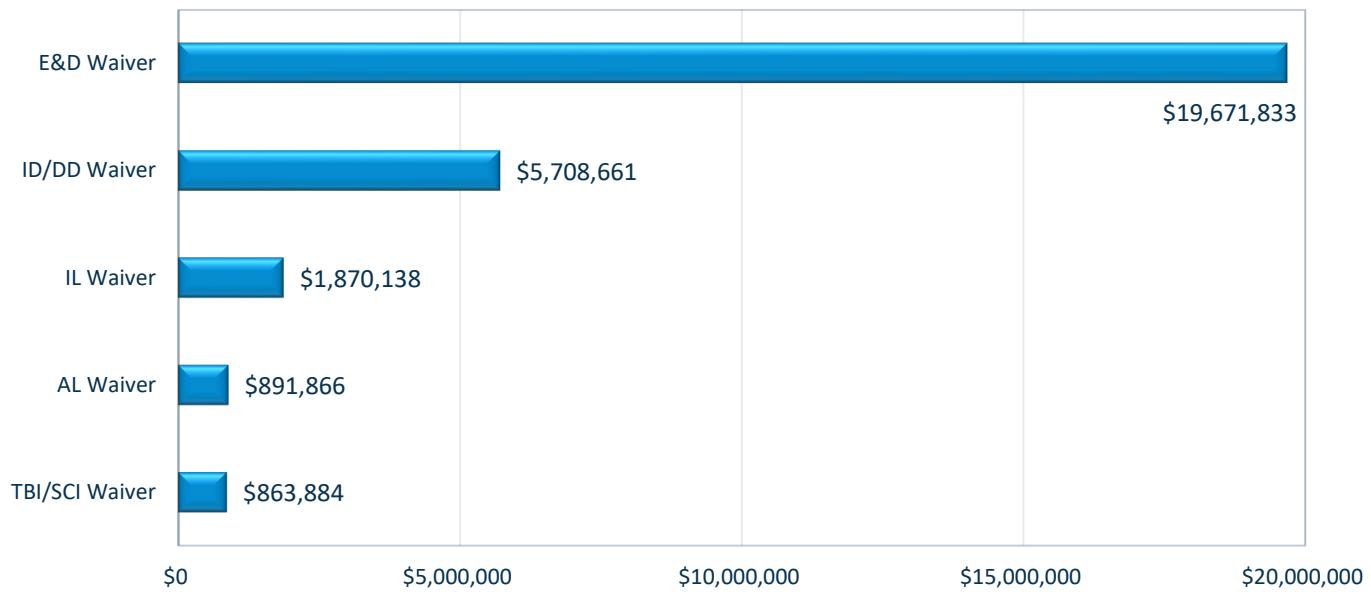
HOME AND COMMUNITY BASED SERVICES OVERVIEW

The bar graphs below show September 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, October figures will appear in the November 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 October 31, 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 decrease in MTD and YTD DSH/MHAP/UPL/GME/TREAT expenditures is due to Hospital Inpatient and Outpatient UPL payments are now monthly payments. The initial payment in October 2024 was an annual payout after CMS approval.*

(Note 4) *The decrease in MTD Administrative Expenditures is due to a decrease in 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 October 31, 2025

Appendix B

<u>Medical Service Expenditures</u>	SFY-26 Oct-25	SFY-25 Oct-24	\$ Change	% Change
Totals - MTD	\$465,629,034 <i>July - October 2025</i>	\$461,502,900 <i>July - October 2024</i>	\$4,126,134	0.9% (Note 3 & 5)
Totals - YTD	\$1,965,539,083	\$1,890,752,766	\$74,786,317	4.0%
<u>Other Medical Service Type Expenditures</u>	SFY-26 Oct-25	SFY-25 Oct-24	\$ Change	% Change
Totals - MTD	\$55,678,583 <i>July - October 2025</i>	\$53,754,331 <i>July - October 2024</i>	\$1,924,252	3.6% (Note 5)
Totals - YTD	\$220,567,913	\$212,638,882	\$7,929,031	3.7%
<u>DSH/MHAP/UPL/GME/TREAT Expenditures</u>	SFY-26 Oct-25	SFY-25 Oct-24	\$ Change	% Change
Totals - MTD	\$69,628,402 <i>July - October 2025</i>	\$163,476,225 <i>July - October 2024</i>	(\$93,847,823)	-57.4% (Note 3)
Totals - YTD	\$500,428,684	\$604,089,974	(\$103,661,291)	-17.2% (Note 3)
<u>Administrative Expenditures</u>	SFY-26 Oct-25	SFY-25 Oct-24	\$ Change	% Change
Totals - MTD	\$18,075,192 <i>July - October 2025</i>	\$17,360,721 <i>July - October 2024</i>	\$714,471	4.1% (Note 4)
Totals - YTD	\$65,692,160	\$72,368,726	(\$6,676,566)	-9.2% (Note 4)

*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
October 2025 vs October 2024

Appendix C

Service	Oct-25	Oct-24	\$ Change	% Change
Total Expenditures	\$465,629,034	\$461,502,900	\$4,126,134	0.9%
Total Managed Care	215,650,610	216,476,021	(825,412)	-0.4%
Total Fee for Service	\$249,978,424	\$245,026,879	\$4,951,546	2.0%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$5,926,009	\$7,671,125	(\$1,745,116)	-22.7%
Outpatient Hospital	\$6,404,963	\$6,506,481	(\$101,518)	-1.6%
Lab and X-Ray	\$406,488	\$330,081	\$76,407	23.1%
Nursing Facility	\$81,309,178	\$86,960,576	(\$5,651,397)	-6.5%
Physician	\$3,160,627	\$3,428,948	(\$268,322)	-7.8%
Home and Comm. Based	\$70,043,889	\$63,540,508	\$6,503,382	10.2%
Home Health Services	\$120,361	\$68,157	\$52,205	76.6%
Swing Bed Skilled	\$7,988	\$12,378	(\$4,390)	-35.5%
Mental Health Clinic	\$3,141,558	\$2,925,393	\$216,165	7.4%
EPSDT Screening	\$371,415	\$452,153	(\$80,739)	-17.9%
Transportation	\$436,789	\$439,745	(\$2,956)	-0.7%
Non-Emergency Transport	\$4,254,874	\$2,909,536	\$1,345,338	46.2%
Dental Services	\$270,213	\$319,591	(\$49,379)	-15.5%
Eyeglass Services	\$113,432	\$137,814	(\$24,382)	-17.7%
Pharmacy	\$10,213,377	\$8,963,025	\$1,250,352	14.0%
Dental Screening	\$318,424	\$413,367	(\$94,943)	-23.0%
Eyeglass Screening	\$79,940	\$94,292	(\$14,352)	-15.2%
Hearing Screening	\$2,111	\$4,161	(\$2,050)	-49.3%
ICF IID Facility	\$24,716,598	\$22,728,306	\$1,988,292	8.7%
Swing Bed Intermediate	\$12,130	\$4,725	\$7,404	156.7%
Rural Health Clinic	\$929,146	\$788,257	\$140,889	17.9%
Federally Qualified Hlth Ctr	\$204,221	\$199,046	\$5,176	2.6%
Medical Supply (DME)	\$4,182,618	\$3,876,918	\$305,701	7.9%
Therapy Services	\$762,120	\$617,271	\$144,848	23.5%
Inpt. Residential Psych.	\$289,831	\$275,112	\$14,719	5.4%
Inpt. Free Standing Psych.	\$176,022	\$234,438	(\$58,417)	-24.9%
Nurse Services	\$3,315,235	\$3,169,954	\$145,281	4.6%
Ambulatory Surg. Center	\$171,737	\$149,527	\$22,210	14.9%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$5,913,775	\$6,381,251	(\$467,476)	-7.3%
Outpat. Free Stand. Psych	\$7,156	\$735	\$6,421	873.3%
Mental Health Priv. Serv.	\$190,550	\$137,987	\$52,562	38.1%
Fam. Planning Drugs	\$65,208	\$80,682	(\$15,474)	-19.2%
Free Standing Dialysis	\$268,360	\$283,693	(\$15,334)	-5.4%
Crossover Part A	\$4,030,565	\$4,922,812	(\$892,247)	-18.1%
Crossover Part B	\$16,225,202	\$14,706,152	\$1,519,050	10.3%
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.	\$64,511	\$0	\$64,511	N/A
Prescribed Ped. Ext. Care Center	\$1,859,699	\$1,282,534	\$577,165	45.0%
Other	\$12,104	\$10,147	\$1,957	19.3%

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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
Total Expenditures	\$1,965,539,083	\$1,890,752,766	\$74,786,317	4.0%
Total Managed Care	\$889,107,379	\$846,683,078	\$42,424,300	5.0%
Total Fee for Service	\$1,076,431,704	\$1,044,069,688	\$32,362,017	3.1%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$27,130,174	\$33,694,544	(\$6,564,370)	-19.5%
Outpatient Hospital	\$27,464,156	\$28,327,463	(\$863,307)	-3.0%
Lab and X-Ray	\$1,656,079	\$1,864,522	(\$208,442)	-11.2%
Nursing Facility	\$344,942,199	\$362,857,832	(\$17,915,632)	-4.9%
Physician	\$13,301,681	\$15,822,770	(\$2,521,089)	-15.9%
Home and Comm. Based	\$294,013,813	\$277,987,425	\$16,026,388	5.8%
Home Health Services	\$515,171	\$449,651	\$65,520	14.6%
Swing Bed Skilled	\$54,470	\$43,687	\$10,783	24.7%
Mental Health Clinic	\$13,153,098	\$14,181,827	(\$1,028,729)	-7.3%
EPSDT Screening	\$1,761,196	\$2,016,419	(\$255,224)	-12.7%
Transportation	\$1,905,584	\$2,006,713	(\$101,129)	-5.0%
Non-Emergency Transport	\$7,569,953	\$6,600,621	\$969,332	14.7%
Dental Services	\$1,215,543	\$1,543,265	(\$327,722)	-21.2%
Eyeglass Services	\$504,335	\$724,392	(\$220,057)	-30.4%
Pharmacy	\$43,099,616	\$37,755,491	\$5,344,125	14.2%
Dental Screening	\$1,367,793	\$2,032,194	(\$664,401)	-32.7%
Eyeglass Screening	\$342,121	\$497,784	(\$155,663)	-31.3%
Hearing Screening	\$23,389	\$27,710	(\$4,321)	-15.6%
ICF IID Facility	\$124,435,455	\$94,937,288	\$29,498,167	31.1%
Swing Bed Intermediate	\$47,824	\$23,539	\$24,284	103.2%
Rural Health Clinic	\$3,646,657	\$3,928,662	(\$282,006)	-7.2%
Federally Qualified Hlth Ctr	\$831,493	\$979,443	(\$147,950)	-15.1%
Medical Supply (DME)	\$16,995,590	\$15,663,463	\$1,332,128	8.5%
Therapy Services	\$3,209,554	\$2,862,792	\$346,762	12.1%
Inpt. Residential Psych.	\$1,823,592	\$2,622,841	(\$799,249)	-30.5%
Inpt. Free Standing Psych.	\$807,823	\$853,674	(\$45,852)	-5.4%
Nurse Services	\$14,990,941	\$14,032,235	\$958,706	6.8%
Ambulatory Surg. Center	\$667,107	\$686,790	(\$19,683)	-2.9%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$25,566,288	\$26,348,856	(\$782,568)	-3.0%
Outpat. Free Stand. Psych	\$19,195	\$11,276	\$7,919	70.2%
Mental Health Priv. Serv.	\$926,275	\$703,350	\$222,924	31.7%
Fam. Planning Drugs	\$277,705	\$354,677	(\$76,972)	-21.7%
Free Standing Dialysis	\$1,070,142	\$1,345,005	(\$274,863)	-20.4%
Crossover Part A	\$18,393,674	\$19,355,609	(\$961,936)	-5.0%
Crossover Part B	\$74,456,966	\$65,194,775	\$9,262,191	14.2%
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.	\$293,072	\$0	\$293,072	N/A
Prescribed Ped. Ext. Care Center	\$7,958,310	\$5,647,921	\$2,310,389	40.9%
Other	(\$6,326)	\$83,179	(\$89,505)	-107.6%

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Office of the Governor - Division of Medicaid
Monthly Legislative Report - Participant Counts
Month Ended October 31, 2025

Appendix E

<u>MS Medicaid Beneficiaries</u>	SFY-26	SFY-25	Change	% Change
	<i>Oct-25</i>	<i>Oct-24</i>		
As of Last Day of the Month	646,895	658,732	(11,837)	-1.8% (Note 2)
	<i>July - October 2025</i>	<i>July - October 2024</i>		
Average for the Period	648,029	657,044	(9,015)	-1.4%

<u>CHIP Beneficiaries</u>	SFY-26	SFY-25	Change	% Change
	<i>Oct-25</i>	<i>Oct-24</i>		
Capitation Payment Population	52,931	53,067	(136)	-0.3%

<u>Dialysis Transport</u>	SFY-26	SFY-25	Change	% Change
	<i>Oct-25</i>	<i>Oct-24</i>		
Participants Covered by Monthly Payment	1	0	1	#DIV/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 2026 vs 2025

Appendix F

Service	MTD 10/1/2025	MTD 10/1/2024	FYTD 2026	FYTD 2025	\$ Change	% Change
TOTAL Expenditures	\$55,678,583	\$53,754,331	\$220,567,913	\$212,638,882	\$7,929,030	3.7%
CHIP ¹	\$16,584,212	\$17,225,051	\$64,276,498	\$65,430,304	(\$1,153,806)	-1.8%
Part A & B Premiums ²	\$32,944,525	\$30,933,117	\$131,741,504	\$124,884,143	\$6,857,362	5.5%
Clawback	\$6,149,577	\$5,596,163	\$24,541,631	\$22,323,656	\$2,217,975	9.9%
Dialysis Transport	\$270	\$0	\$8,280	\$780	\$7,500	961.5%
State Funded Subsidies ³	\$0	\$0	\$0	\$0	\$0	N/A

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

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 September 30, 2025*

Appendix G

MSCAN Population	SFY 2026 <i>Month of September</i>	SFY 2025 <i>Month of September</i>	Change	% Change
Magnolia	131,594	171,289	(39,695)	-23.2%
Molina	207,496	98,639	108,857	110.4%
TrueCare	89,327	-	89,327	#DIV/0!
United Healthcare	(113)	161,677	(161,790)	-100.1%
Total	428,304	431,605	(3,301)	-0.8%
Percent of Total Medicaid Beneficiaries	66.15%	65.61%	0.54%	0.83%

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		
	September 2025	Year To Date SFY 26	Per Month (PMPM)
Magnolia	\$ 80,814,951	\$ 250,901,641	458.66
Molina	\$ 49,526,779	\$ 145,207,068	308.41
TrueCare	\$ 32,701,415	\$ 97,113,099	356.76
United Healthcare	\$ 826,884	\$ 2,392,769	(3,727.05)
Total	\$ 163,870,030	\$ 495,614,578	\$ 384.37

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 25 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	September 2025	Year To Date SFY 26
CCO Fee-for-Service (Non-Vendor)*^	\$ 113,359,946	\$ 315,124,066
Behavioral Health Services	\$ 12,306,884	\$ 41,851,276
Dental Services	\$ 9,911,943	\$ 31,167,698
Vision Services	\$ 2,111,338	\$ 6,795,760
Non-Emergency Transportation Services	\$ 860,658	\$ 2,849,742
Pharmacy Benefit Services	\$ -	\$ (466)
Total	\$ 138,550,770	\$ 397,788,077

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 September 30, 2025*

Appendix H

MSCHIP Population	SFY 2026	SFY 2025	Change	% Change
	<i>Month of September</i>	<i>Month of September</i>		
Magnolia	13,132	-	13,132	#DIV/0!
Molina	28,572	20,478	8,094	39.5%
TrueCare	11,572	-	11,572	#DIV/0!
United Healthcare	(46)	33,054	(33,100)	-100.1%
Total	53,230	53,532	(302)	-0.6%

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.

MSCHIP Capitation Payments	Per Member		
	September 2025	Year To Date SFY 26	Per Month (PMPM)
Magnolia	3,118,850	9,130,450	\$ 237.50
Molina	6,739,280	19,366,358	\$ 224.48
TrueCare	2,748,350	8,157,650	\$ 237.50
United Healthcare	-	33,680	\$ (184.04)
Total	12,606,480	36,688,138	\$ 230.91

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%
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.

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

	September 2025	Year To Date SFY 26
CCO Fee-for-Service (Non-Vendor)*^	\$ 7,210,755	\$ 20,317,313
Behavioral Health Services	\$ 269,811	\$ 1,107,845
Dental Services	\$ 1,639,757	\$ 5,423,975
Vision Services	\$ 194,248	\$ 726,680
Non-Emergency Transportation Services	\$ 4,038	\$ 9,348
Pharmacy Benefit Services	\$ -	\$ -
Total	\$ 9,318,609	\$ 27,585,162

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%
Total	92.5%

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 September 30, 2025**

Appendix I

	Waiver Services	State Plan Services	Total ¹	Participants ^{2, 3}
Assisted Living Waiver for Elderly and Disabled Adults	\$604,977	\$286,889	\$891,866	756
Waiver for Elderly and Disabled Individuals	\$16,821,072	\$2,850,762	\$19,671,833	17,721
Independent Living Waiver	\$1,253,252	\$616,886	\$1,870,138	2,307
Waiver for Intellectual Disabilities / Developmentally Disabled	\$5,104,140	\$604,522	\$5,708,661	2,828
Waiver for Individuals with a Traumatic Brain or Spinal Cord	\$447,398	\$416,486	\$863,884	699

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 October 31, 2025

Appendix J

	<u>MTD</u> <u>October-25</u>	<u>YTD</u> <u>July '25 - October '25</u>	
1. PERSONAL SERVICES - SALARIES	\$ 5,015,382	\$ 19,063,862	
2. PERSONAL SERVICES - TRAVEL	\$ 60,618	\$ 240,527	
3. CONTRACTUAL SERVICES	\$ 12,545,081	\$ 45,145,218	
4. COMMODITIES	\$ 23,511	\$ 269,194	
5. CAPITAL OUTLAY - EQUIP	\$ 430,600	\$ 951,450	
6. CAPITAL OUTLAY - VEHICLES	\$ -	\$ 21,909	
TOTAL ADMINISTRATIVE EXPENSE	\$ 18,075,192	\$ 65,692,160	

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 October 31, 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

Total Funding Sources Available \$ _____ -

Funding Uses Projected

Medical Service Claims
Other Medical Service Expenditures
Administrative Expenditures

Total Funding Uses Projected _____ 0

Projected Cash Balance (Shortfall) FY-26 \$ _____ -

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 10/1/2025	MTD 10/1/2024	FYTD 2026	FYTD 2025	\$ Change	% Change
<i>TOTAL Expenditures</i>	\$69,628,402	\$163,476,225	\$500,428,684	\$604,089,974	(\$103,661,291)	-17.2%
DSH*	\$0	\$0	\$4,791	(\$1,011,300)	\$1,016,090	-100.5%
MHAP	\$57,895,828	\$137,441,746	\$422,908,825	\$511,514,037	(\$88,605,212)	-17.3%
Nursing Home UPL	\$0	\$0	\$0	\$0	\$0	N/A
Physician UPL	\$0	\$0	\$1,705,720	\$2,198,277	(\$492,557)	-22.4%
Hospital UPL	\$11,732,573	\$13,759,583	\$51,809,303	\$55,038,331	(\$3,229,027)	-5.9%
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	\$12,274,896	\$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.