



MISSISSIPPI DIVISION OF
MEDICAID

Legislative Budget Office (LBO) Report

January 2026

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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: \$3,440,994,866

FY25: \$3,306,582,318

\$134,412,548

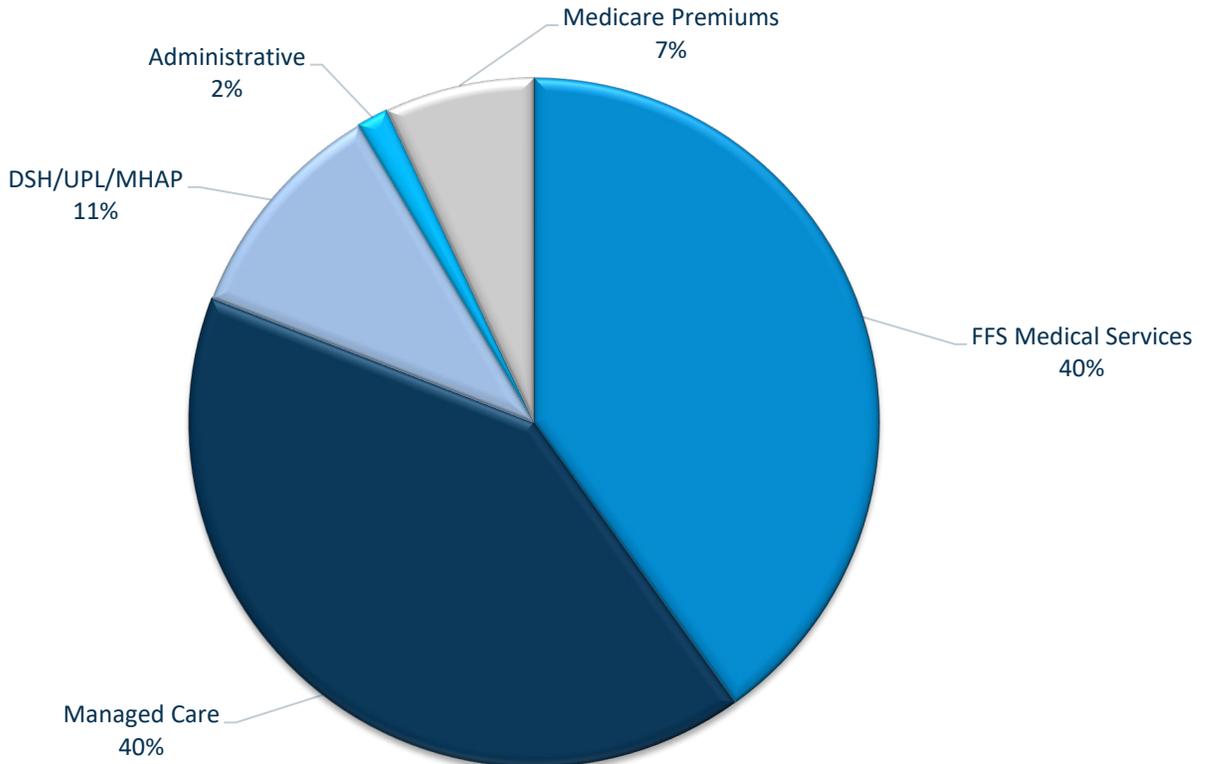
Medicaid Beneficiaries

January 2026: 644,869

January 2025: 656,786

- 11,917

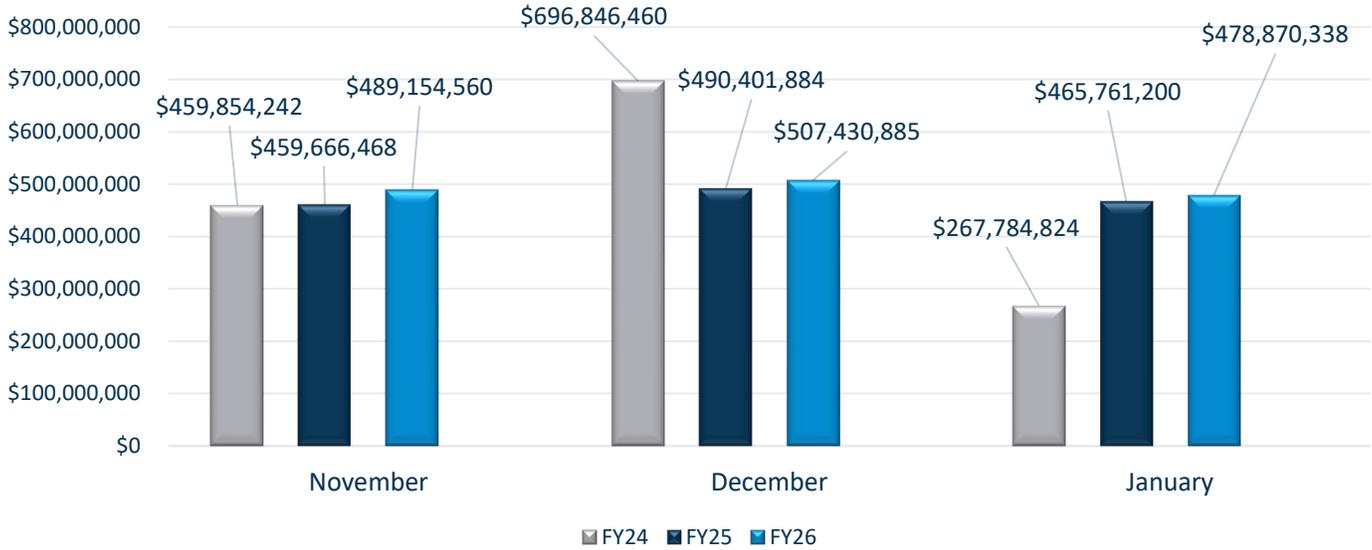
January 2026 Expenditure Summary



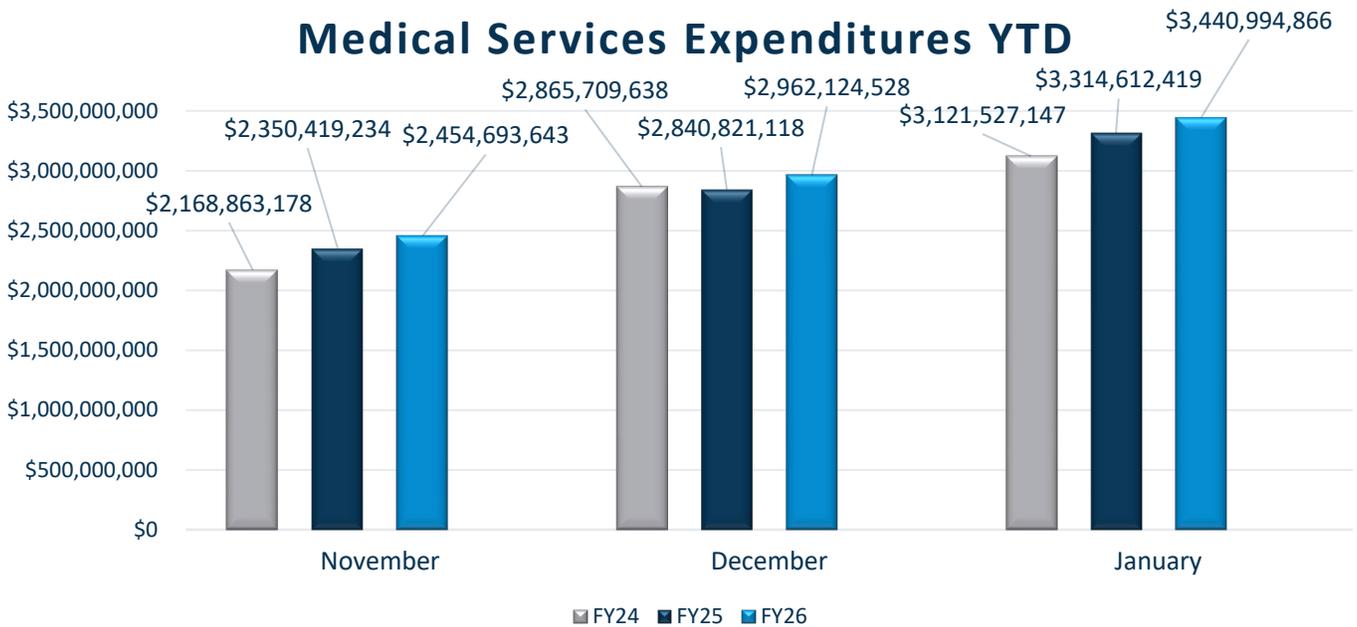
MEDICAL SERVICE EXPENDITURES

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 February 2025 to January 2026. See **Appendix E** for more details.

Medicaid Beneficiaries

January 2026: 644,869

January 2025: 656,786

-11,917

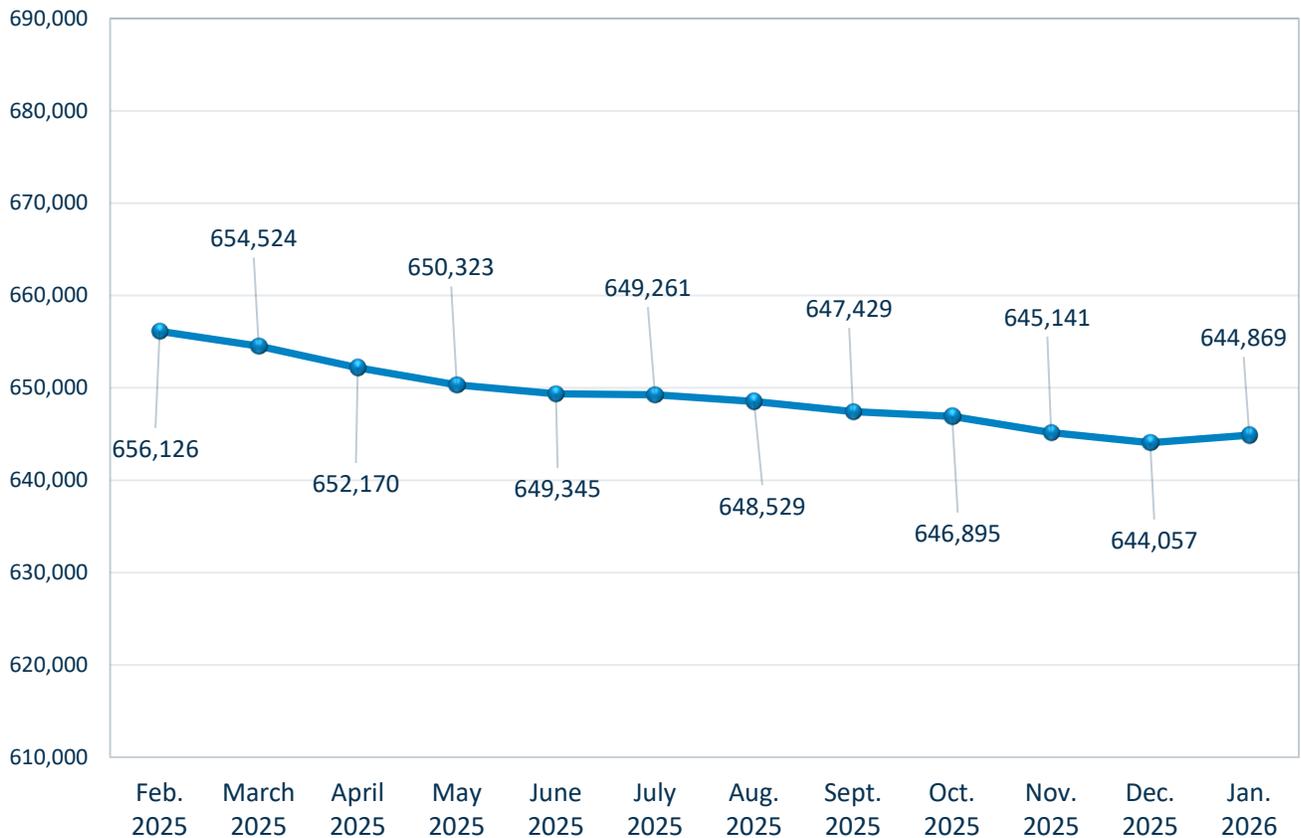
Medicaid & CHIP Beneficiaries

January 2026: 697,752

January 2025: 709,724

- 11,972

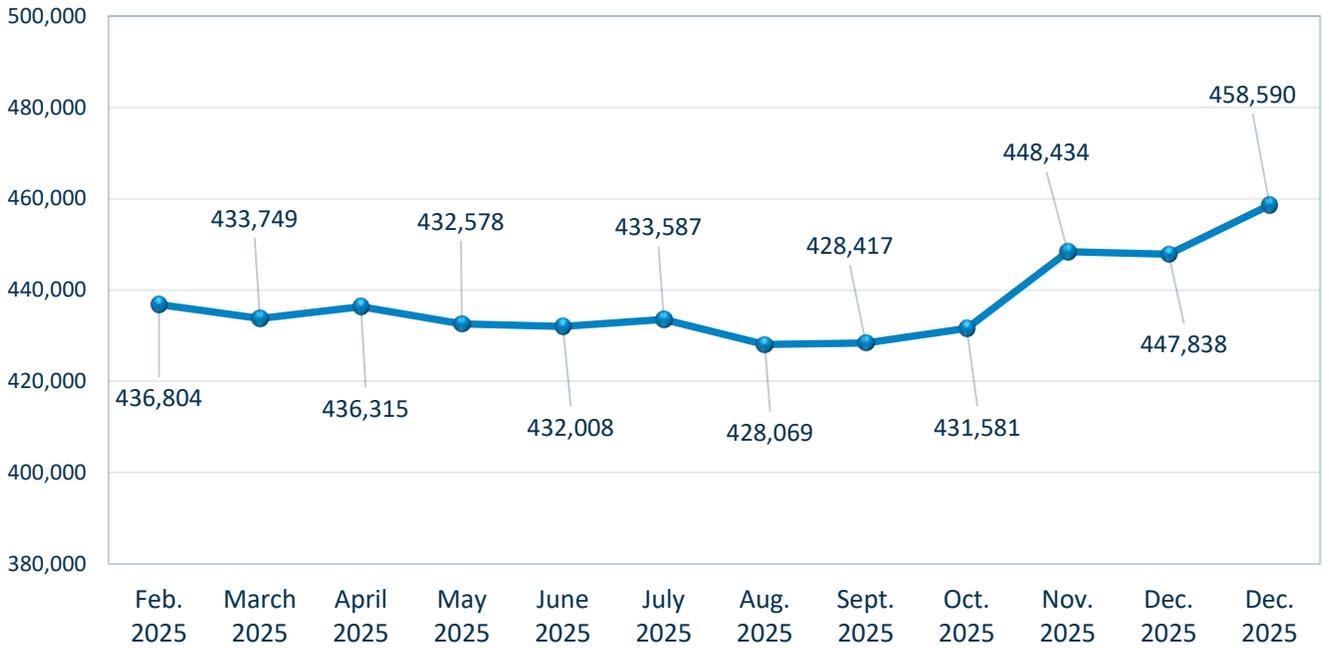
Medicaid Enrollment



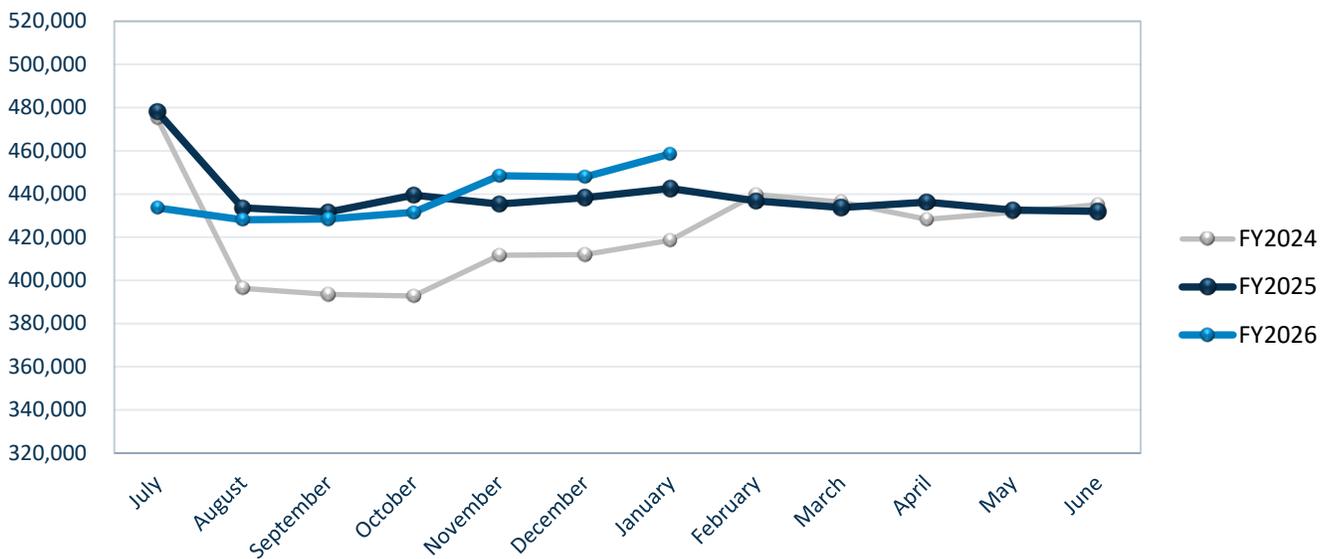
MISSISSIPPICAN OVERVIEW

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



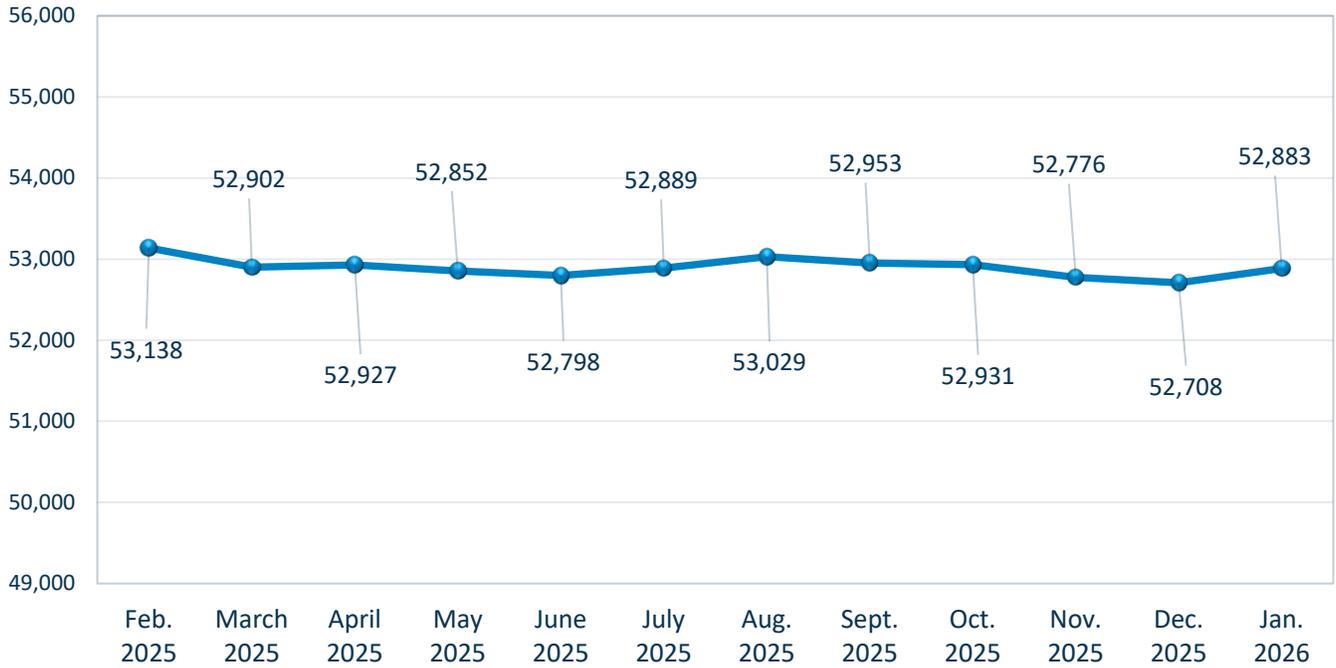
MississippiCAN Population by Fiscal Year



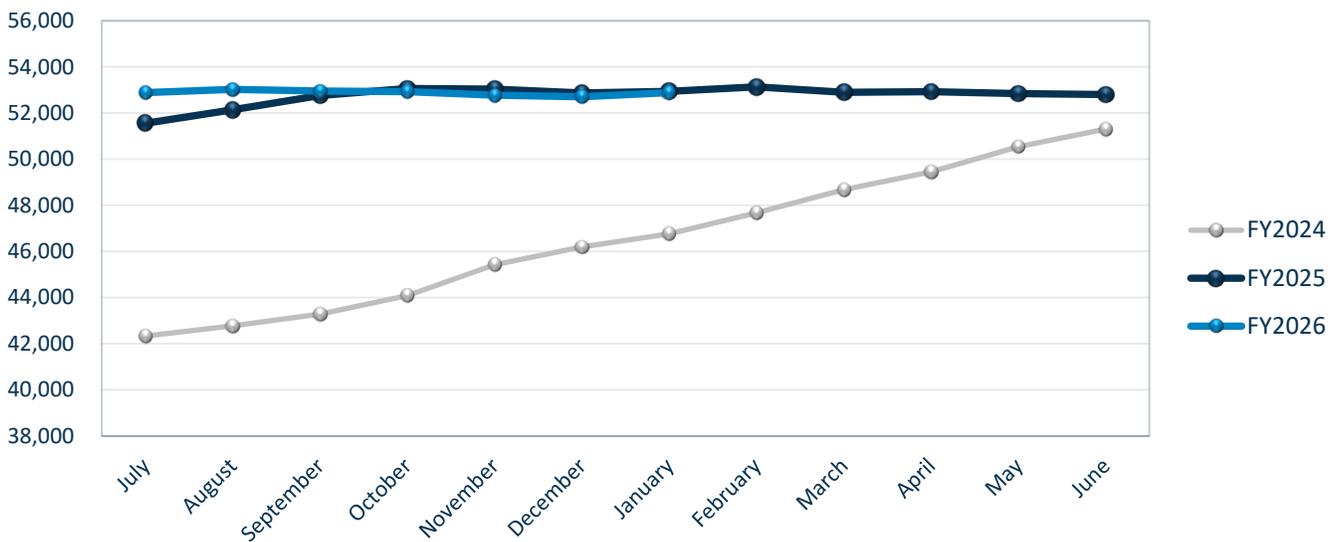
CHIP OVERVIEW

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



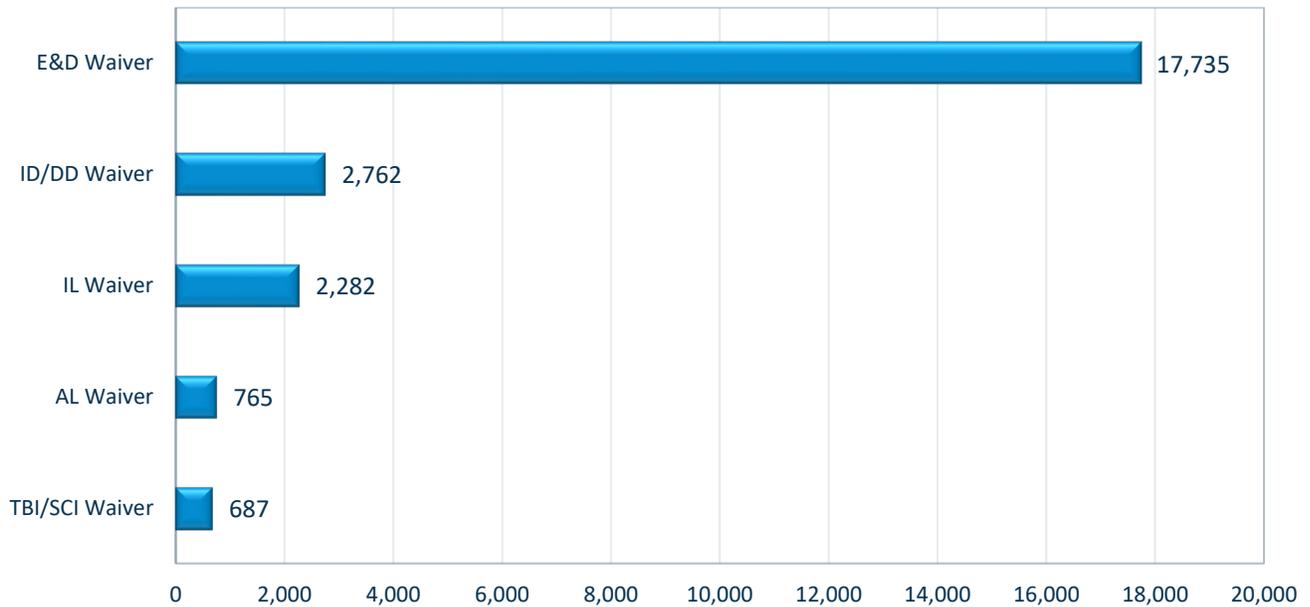
Mississippi CHIP Population by Fiscal Year



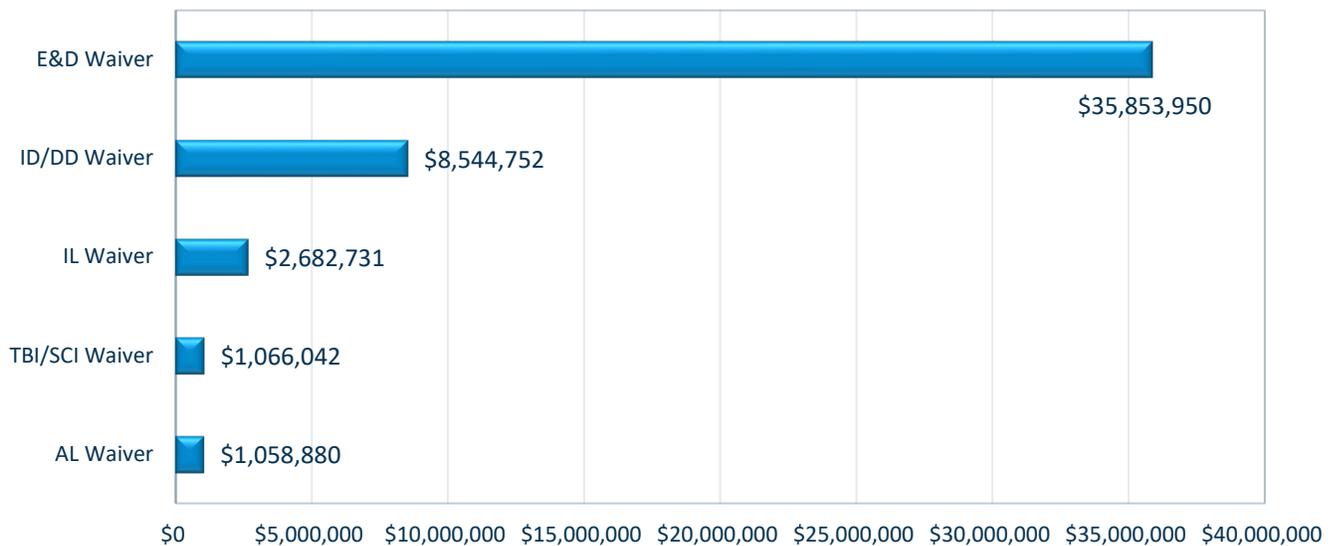
HOME AND COMMUNITY BASED SERVICES OVERVIEW

The bar graphs below show December 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, January figures will appear in the February 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 January 31, 2026

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 and YTD expenditures for Other Medical Services increased due to an increase in CY2026 premiums for Part A and Part B Buy-In .*

(Note 4) *The MTD and YTD expenditures for DSH/MHAP/UPL/ GME/TREAT decreased due to Health Information Network (HIN) quarterly payments being omitted from the January 2026 MHAP payments, unlike in January 2025 when they were included.*

(Note 5) *Administrative monthly expenditures decreased as a result of contractual payments.*

(Note 6) *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 January 31, 2026**

Appendix B

<u>Medical Service Expenditures</u>	<u>SFY-26</u> <i>Jan-26</i>	<u>SFY-25</u> <i>Jan-25</i>	<u>\$ Change</u>	<u>% Change</u>
Totals - MTD	\$478,870,338 <i>July - January 2026</i>	\$465,761,200 <i>July - January 2025</i>	\$13,109,138	2.8%
Totals - YTD	\$3,440,994,866	\$3,306,582,318	\$134,412,548	4.1%
<u>Other Medical Service Type Expenditures</u>	<u>SFY-26</u> <i>Jan-26</i>	<u>SFY-25</u> <i>Jan-25</i>	<u>\$ Change</u>	<u>% Change</u>
Totals - MTD	\$59,776,449 <i>July - January 2026</i>	\$54,011,984 <i>July - January 2025</i>	\$5,764,465	10.7% (Note 3 & 6)
Totals - YTD	\$390,983,465	\$370,200,753	\$20,782,712	5.6%
<u>DSH/MHAP/UPL/GME/TREAT Expenditures</u>	<u>SFY-26</u> <i>Jan-26</i>	<u>SFY-25</u> <i>Jan-25</i>	<u>\$ Change</u>	<u>% Change</u>
Totals - MTD	\$65,220,359 <i>July - January 2026</i>	\$146,748,903 <i>July - January 2025</i>	(\$81,528,544)	-55.6% (Note 4)
Totals - YTD	\$960,259,500	\$1,042,794,239	(\$82,534,740)	-7.9%
<u>Administrative Expenditures</u>	<u>SFY-26</u> <i>Jan-26</i>	<u>SFY-25</u> <i>Jan-25</i>	<u>\$ Change</u>	<u>% Change</u>
Totals - MTD	\$9,200,363 <i>July - January 2026</i>	\$16,527,953 <i>July - January 2025</i>	(\$7,327,591)	-44.3% (Note 1 & 5)
Totals - YTD	\$113,320,974	\$117,460,511	(\$4,139,537)	-3.5%

*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
January 2026 vs January 2025**

Appendix C

Service	Jan-26	Jan-25	\$ Change	% Change
Total Expenditures	\$478,870,338	\$465,761,200	\$13,109,138	2.8%
Total Managed Care	\$233,055,027	\$221,442,189	11,612,838	5.2%
Total Fee for Service	\$245,815,311	\$244,319,012	\$1,496,299	0.6%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$7,645,613	\$7,423,541	\$222,072	3.0%
Outpatient Hospital	\$5,388,442	\$5,214,270	\$174,173	3.3%
Lab and X-Ray	\$227,620	\$269,568	(\$41,948)	-15.6%
Nursing Facility	\$83,675,030	\$86,201,441	(\$2,526,412)	-2.9%
Physician	\$2,529,032	\$2,924,729	(\$395,696)	-13.5%
Home and Comm. Based	\$68,241,298	\$65,311,016	\$2,930,282	4.5%
Home Health Services	\$83,772	\$103,865	(\$20,092)	-19.3%
Swing Bed Skilled	\$1,775	\$10,501	(\$8,726)	-83.1%
Mental Health Clinic	\$2,507,952	\$2,902,928	(\$394,976)	-13.6%
EPSDT Screening	\$297,782	\$338,235	(\$40,453)	-12.0%
Transportation	\$387,952	\$423,849	(\$35,897)	-8.5%
Non-Emergency Transport	\$1,921,781	\$1,442,569	\$479,212	33.2%
Dental Services	\$154,839	\$250,489	(\$95,651)	-38.2%
Eyeglass Services	\$98,846	\$79,353	\$19,493	24.6%
Pharmacy	\$9,844,838	\$9,016,718	\$828,120	9.2%
Dental Screening	\$107,807	\$213,142	(\$105,335)	-49.4%
Eyeglass Screening	\$30,747	\$66,093	(\$35,346)	-53.5%
Hearing Screening	\$5,203	\$1,040	\$4,163	400.1%
ICF IID Facility	\$27,836,199	\$29,314,776	(\$1,478,577)	-5.0%
Swing Bed Intermediate	\$22,780	(\$1,575)	\$24,356	-1546.3%
Rural Health Clinic	\$645,652	\$737,955	(\$92,303)	-12.5%
Federally Qualified Hlth Ctr	\$111,162	\$172,600	(\$61,437)	-35.6%
Medical Supply (DME)	\$3,951,189	\$3,198,464	\$752,725	23.5%
Therapy Services	\$629,453	\$496,931	\$132,522	26.7%
Inpt. Residential Psych.	\$178,450	\$326,102	(\$147,653)	-45.3%
Inpt. Free Standing Psych.	\$48,138	\$142,826	(\$94,688)	-66.3%
Nurse Services	\$2,908,727	\$2,925,115	(\$16,388)	-0.6%
Ambulatory Surg. Center	\$126,604	\$108,048	\$18,556	17.2%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$6,820,734	\$6,259,977	\$560,757	9.0%
Outpat. Free Stand. Psych	\$6,045	\$3,088	\$2,957	95.8%
Mental Health Priv. Serv.	\$181,110	\$142,288	\$38,822	27.3%
Fam. Planning Drugs	\$59,471	\$68,731	(\$9,260)	-13.5%
Free Standing Dialysis	\$303,619	\$222,887	\$80,732	36.2%
Crossover Part A	\$3,737,931	\$3,393,906	\$344,025	10.1%
Crossover Part B	\$13,422,417	\$13,569,757	(\$147,340)	-1.1%
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.	\$141,622	\$0	\$141,622	N/A
Prescribed Ped. Ext. Care Center	\$1,532,800	\$1,051,928	\$480,872	45.7%
Other	\$878	(\$8,139)	\$9,017	-110.8%

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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	\$3,440,994,866	\$3,306,582,318	\$134,412,548	4.1%
Total Managed Care	\$1,586,946,137	\$1,502,113,803	\$84,832,334	5.6%
Total Fee for Service	\$1,854,048,729	\$1,804,468,515	\$49,580,214	2.7%
Fee for Service Totals by Service Type				
Inpatient Hospital	\$49,628,271	\$58,072,708	(\$8,444,437)	-14.5%
Outpatient Hospital	\$45,185,778	\$46,091,443	(\$905,664)	-2.0%
Lab and X-Ray	\$2,470,078	\$3,067,180	(\$597,101)	-19.5%
Nursing Facility	\$600,853,187	\$635,779,052	(\$34,925,865)	-5.5%
Physician	\$21,177,276	\$25,602,007	(\$4,424,730)	-17.3%
Home and Comm. Based	\$519,423,236	\$484,095,190	\$35,328,046	7.3%
Home Health Services	\$810,669	\$751,413	\$59,256	7.9%
Swing Bed Skilled	\$99,469	\$78,603	\$20,866	26.5%
Mental Health Clinic	\$21,439,800	\$23,882,852	(\$2,443,053)	-10.2%
EPSDT Screening	\$2,774,991	\$3,125,778	(\$350,787)	-11.2%
Transportation	\$3,236,787	\$3,463,198	(\$226,412)	-6.5%
Non-Emergency Transport	\$13,404,996	\$9,605,509	\$3,799,488	39.6%
Dental Services	\$1,762,290	\$2,381,636	(\$619,347)	-26.0%
Eyeglass Services	\$799,933	\$1,006,439	(\$206,505)	-20.5%
Pharmacy	\$74,714,381	\$65,848,409	\$8,865,971	13.5%
Dental Screening	\$1,838,172	\$2,980,562	(\$1,142,390)	-38.3%
Eyeglass Screening	\$453,909	\$731,262	(\$277,353)	-37.9%
Hearing Screening	\$34,998	\$42,844	(\$7,846)	-18.3%
ICF IID Facility	\$199,664,300	\$170,499,190	\$29,165,110	17.1%
Swing Bed Intermediate	\$89,468	\$63,841	\$25,627	40.1%
Rural Health Clinic	\$5,891,924	\$6,331,630	(\$439,706)	-6.9%
Federally Qualified Hlth Ctr	\$1,228,878	\$1,583,854	(\$354,976)	-22.4%
Medical Supply (DME)	\$29,229,209	\$26,292,985	\$2,936,223	11.2%
Therapy Services	\$5,330,118	\$4,609,219	\$720,900	15.6%
Inpt. Residential Psych.	\$2,776,446	\$4,079,004	(\$1,302,558)	-31.9%
Inpt. Free Standing Psych.	\$1,109,394	\$1,427,240	(\$317,846)	-22.3%
Nurse Services	\$24,521,370	\$23,754,684	\$766,687	3.2%
Ambulatory Surg. Center	\$1,026,518	\$1,100,393	(\$73,875)	-6.7%
Personal Care Services	\$0	\$0	\$0	N/A
Hospice	\$48,047,696	\$45,449,202	\$2,598,494	5.7%
Output. Free Stand. Psych	\$39,213	\$25,638	\$13,575	52.9%
Mental Health Priv. Serv.	\$1,547,509	\$1,145,597	\$401,912	35.1%
Fam. Planning Drugs	\$474,063	\$589,392	(\$115,329)	-19.6%
Free Standing Dialysis	\$2,027,790	\$2,112,673	(\$84,883)	-4.0%
Crossover Part A	\$33,208,829	\$30,154,608	\$3,054,221	10.1%
Crossover Part B	\$123,611,906	\$109,212,236	\$14,399,670	13.2%
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.	\$614,206	\$0	\$614,206	N/A
Prescribed Ped. Ext. Care Center	\$13,441,688	\$9,320,052	\$4,121,636	44.2%
Other	\$59,985	\$110,996	(\$51,011)	-46.0%

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**Office of the Governor - Division of Medicaid
 Monthly Legislative Report - Participant Counts
 Month Ended January 31, 2026**

Appendix E

<u>MS Medicaid Beneficiaries</u>	<u>SFY-26</u>	<u>SFY-25</u>	<u>Change</u>	<u>% Change</u>
	<i>Jan-26</i>	<i>Jan-25</i>		
As of Last Day of the Month	644,869	656,786	(11,917)	-1.8% <i>(Note 2)</i>
	<i>July - January 2026</i>	<i>July - January 2025</i>		
Average for the Period	646,597	656,627	(10,029)	-1.5%
<u>CHIP Beneficiaries</u>	<u>SFY-26</u>	<u>SFY-25</u>	<u>Change</u>	<u>% Change</u>
	<i>Jan-26</i>	<i>Jan-25</i>		
Capitation Payment Population	52,883	52,938	(55)	-0.1%
<u>Dialysis Transport</u>	<u>SFY-26</u>	<u>SFY-25</u>	<u>Change</u>	<u>% Change</u>
	<i>Jan-26</i>	<i>Jan-25</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 2026 vs 2025

Appendix F

Service	MTD 01/01/26	MTD 1/1/2025	FYTD 2026	FYTD 2025	\$ Change	% Change
TOTAL Expenditures	\$59,776,449	\$54,011,984	\$390,983,465	\$370,200,753	\$20,782,712	5.6%
CHIP ¹	\$16,876,944	\$15,228,549	\$113,242,278	\$110,738,268	\$2,504,011	2.3%
Part A & B Premiums ²	\$36,747,131	\$33,065,310	\$234,717,304	\$220,100,643	\$14,616,661	6.6%
Clawback	\$6,152,134	\$5,717,346	\$43,014,643	\$39,359,532	\$3,655,111	9.3%
Dialysis Transport	\$240	\$780	\$9,240	\$2,310	\$6,930	300.0%
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 2026	\$565	\$202.90
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, SFY2025 and SFY2026.

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

Appendix G

MSCAN Population	SFY 2026	SFY 2025	Change	% Change
	Month of December	Month of December		
	Magnolia	216,764		
Molina	139,255	101,702	37,553	36.9%
TrueCare	91,819	-	91,819	#DIV/0!
United Healthcare	(54)	163,190	(163,244)	-100.0%
Total	447,784	438,377	9,407	2.1%
Percent of Total Medicaid Beneficiaries	69.53%	66.99%	2.53%	3.78%

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		
	December 2025	Year To Date SFY 26	Per Month (PMPM)
Magnolia	\$ 85,972,278	\$ 509,391,260	427.94
Molina	\$ 53,921,789	\$ 304,210,170	344.99
TrueCare	\$ 34,021,443	\$ 199,570,870	365.64
United Healthcare	\$ 590,654	\$ 4,961,979	(5,594.11)
Total	\$ 174,506,165	\$ 1,018,134,278	\$ 789.60

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	December 2025	Year To Date SFY 26
CCO Fee-for-Service (Non-Vendor)**	\$ 125,291,745	\$ 669,010,453
Behavioral Health Services	\$ 13,164,411	\$ 82,068,540
Dental Services	\$ 9,330,102	\$ 62,475,353
Vision Services	\$ 1,951,346	\$ 12,945,452
Non-Emergency Transportation Services	\$ 1,058,828	\$ 6,783,815
Pharmacy Benefit Services	\$ (707)	\$ (1,427)
Total	\$ 150,795,724	\$ 833,282,186

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 December 31, 2025***

Appendix H

MSCHIP Population	SFY 2026	SFY 2025	Change	% Change
	<i>Month of December</i>	<i>Month of December</i>		
Magnolia	13,836	-	13,836	#DIV/0!
Molina	27,851	20,814	7,037	33.8%
TrueCare	11,242	-	11,242	#DIV/0!
United Healthcare	(21)	32,429	(32,450)	-100.1%
Total	52,908	53,243	(335)	-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	December 2025	Year To Date SFY 26	Per Member	
			Per Month (PMPM)	
Magnolia	3,313,858	19,047,109	\$	239.26
Molina	6,614,196	39,554,413	\$	231.49
TrueCare	2,693,011	16,414,149	\$	239.14
United Healthcare	51,735	143,330	\$	(536.82)
Total	12,672,801	75,159,001	\$	235.72

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 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.

MSCHIP Provider Expenditures	December 2025	Year To Date SFY 26
		\$
CCO Fee-for-Service (Non-Vendor)**	8,949,176	44,540,133
Behavioral Health Services	298,212	2,048,287
Dental Services	1,576,209	10,528,133
Vision Services	216,243	1,596,112
Non-Emergency Transportation Services	4,477	29,580
Pharmacy Benefit Services	(471)	(640)
Total	11,043,847	58,741,605

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 December 31, 2025**

Appendix I

	Waiver Services	State Plan Services	Total ¹	Participants ^{2, 3}
Assisted Living Waiver for Elderly and Disabled Adults	\$594,188	\$464,691	\$1,058,880	765
Waiver for Elderly and Disabled Individuals	\$31,383,578	\$4,470,372	\$35,853,950	17,735
Independent Living Waiver	\$1,838,613	\$844,118	\$2,682,731	2,282
Waiver for Intellectual Disabilities / Developmentally Disabled	\$7,302,896	\$1,241,856	\$8,544,752	2,762
Waiver for Individuals with a Traumatic Brain or Spinal Cord	\$697,944	\$368,098	\$1,066,042	687

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 January 31, 2026**

Appendix J

	<u>MTD</u>		<u>YTD</u>	
	<u>January-26</u>		<u>July '25 - January '26</u>	
1. PERSONAL SERVICES - SALARIES	\$ -	\$	33,266,233	
2. PERSONAL SERVICES - TRAVEL	\$ 30,546	\$	344,728	\$ 28,727.30
3. CONTRACTUAL SERVICES	\$ 8,923,480	\$	78,071,756	
4. COMMODITIES	\$ 53,382	\$	389,543	
5. CAPITAL OUTLAY - EQUIP	\$ 192,954	\$	1,226,806	
6. CAPITAL OUTLAY - VEHICLES	\$ -	\$	21,909	
TOTAL ADMINISTRATIVE EXPENSE	\$ 9,200,363	\$	113,320,974	

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 January 31, 2026
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	\$ 443,441,590
Tobacco Funds Due to DOM	\$ 63,230,003
State Agency Matching Funds	\$ 82,866,256
Recovery of Capitation Payments due to the implementation	\$ -
Provider Taxes	\$ 100,688,329

Total Funding Sources Available **\$ 690,226,177**

Funding Uses Projected

Medical Service Claims	\$ (535,395,435)
Other Medical Service Expenditures	\$ (118,550,199)
Administrative Expenditures	\$ (36,400,383)

Total Funding Uses Projected **(690,346,017)**

Projected Cash Balance (Shortfall) FY-26 **\$ (119,840)**

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 01/01/26	MTD 1/1/2025	FYTD 2026	FYTD 2025	\$ Change	% Change
TOTAL Expenditures	\$65,220,359	\$146,748,903	\$960,259,500	\$1,042,794,239	(\$82,534,740)	-7.9%
DSH*	\$0	\$348,608	\$5,701,770	\$3,906,625	\$1,795,145	46.0%
MHAP	\$52,336,774	\$131,863,158	\$814,703,297	\$879,113,481	(\$64,410,184)	-7.3%
VBP Incentive	\$0	\$0	\$6,650,755	\$0	\$6,650,755	N/A
Nursing Home UPL	\$0	\$0	\$0	\$0	\$0	N/A
Physician UPL	\$1,551,577	\$1,684,944	\$4,864,971	\$5,810,787	(\$945,816)	-16.3%
Hospital UPL	\$11,332,008	\$12,852,193	\$85,815,505	\$93,594,910	(\$7,779,405)	-8.3%
Ambulance (TREAT)	\$0	\$0	\$7,580,514	\$18,973,215	(\$11,392,701)	-60.0%
GME	\$0	\$0	\$29,615,800	\$29,120,325	\$495,475	1.7%
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.