

Medicaid Advisory Committee
January 16, 2025 - 2:00 PM
Sillers Building – Cobb Conference Center
550 High Street, Jackson, MS 39201

Meeting Agenda

- I. Call to Order and Disclosure of Conflicts of Interest - Ms. Cindy Bradshaw, DOM
- II. Approval of Minutes from October 17, 2025 - Ms. Cindy Bradshaw, DOM
- III. Financial Updates - Ms. Jennifer Wentworth, DOM
- IV. Division of Medicaid Updates - Ms. Cindy Bradshaw, DOM
- V. Managed Care Spotlight – Dr. John Mitchell, TrueCare
- VI. Old Business
- VII. New Business
- VIII. Adjournment

Next Meeting: April 17, 2026

**Medicaid Advisory Committee
Meeting Minutes
October 17, 2025**

The Medicaid Advisory Committee (MAC) meeting was held on Friday, October 17, 2025, at 2:00 p.m. in the Cobb Center of the Walter Sillers Building.

The following members were present, constituting a quorum:

Mr. Bennett Hubbard, Mr. Bill Rosamond, Mr. Billy Long, Dr. Charles O'Mara, Dr. Daniel Edney, Dr. John Mitchell, Dr. Joy Hogge, Dr. Marshall Boulding, Dr. Marty Tucker, Mr. Michael Todaro, Mr. Richard Roberson, Dr. Wade Dowell, Rep. Missy McGee (V), Sen. Kevin Blackwell (V), Dr. Jim Hurt (V), Ms. Dona Krystosek (V), Sen. Chad McMahan (V), Rep. Sam Creekmore (V)

"V" indicates a virtual attendee.

Ms. Bradshaw, Executive Director of the MS Division of Medicaid (DOM) welcomed everyone and called the meeting to order.

Ms. Bradshaw asked committee members to disclose any conflicts of interest. No conflicts of interest were voiced.

Ms. Bradshaw gave a financial overview that highlighted the need for a budget increase for FY2026.

Dr. Daniel Edney offered an overview on the role and value of Community Health Workers (CHW) and highlighted that the MSDH currently has a pilot project employing approximately 35 CHWs.

Mr. Brian Whitmire, DOM's Deputy Director of Eligibility, provided updates including on highlights and improvements on ex parte reviews, reduction of application processing time for Modified Adjusted Gross Income (MAGI) and pregnant women applications and other process and training improvements were discussed. Mr. Whitmire also provided an update on the presumptive eligibility program for pregnant women including an overview of the coverage and number of certified providers.

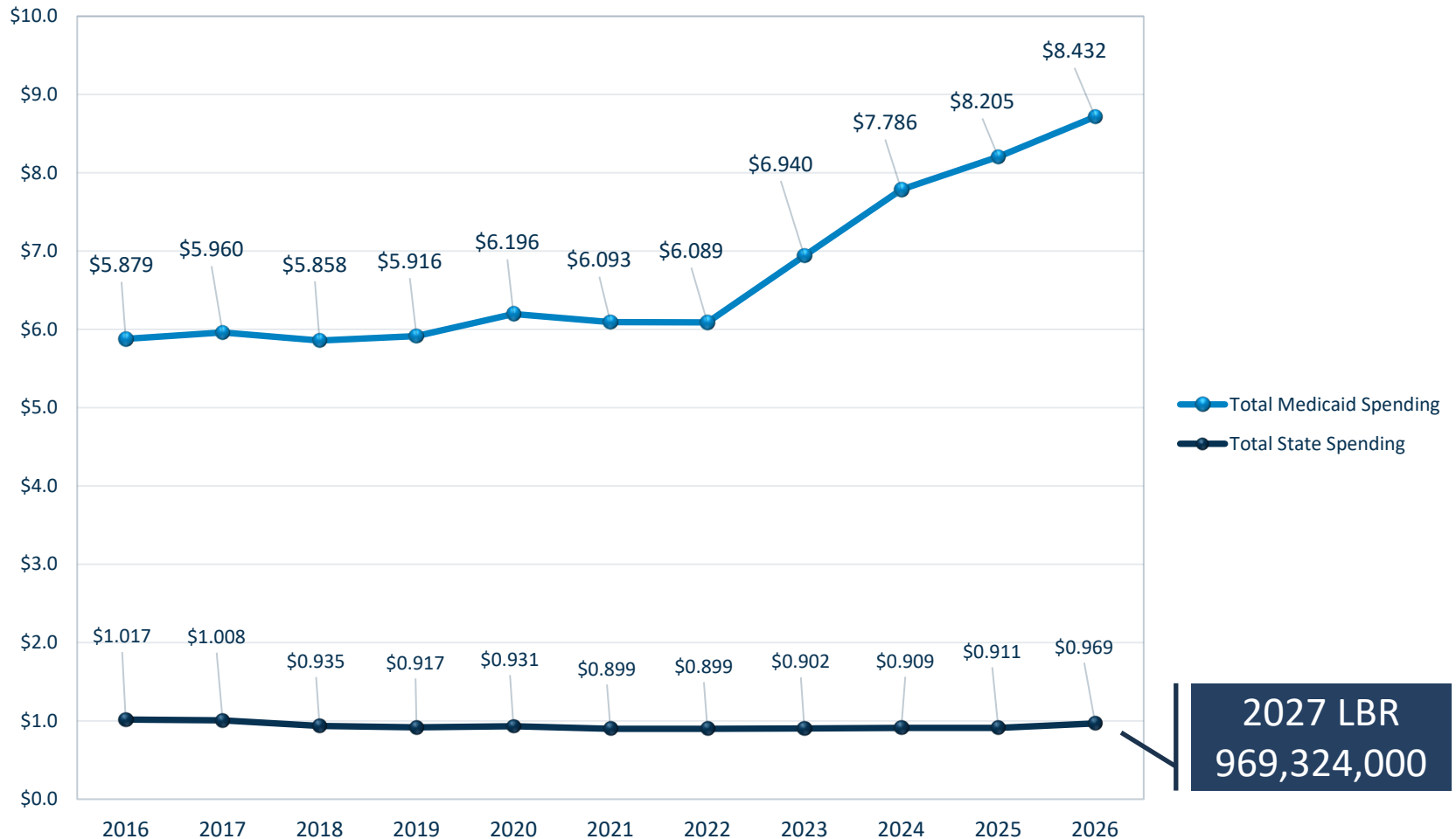
Mr. Michael Adcock, Vice President of Population Health and Clinical Operations, Magnolia Health, presented on Magnolia's programs supporting pregnant mothers, infants and children.

Ms. Bradshaw opened the floor for public comment; there were no public comments.

The committee took up no further business and the meeting was adjourned.

State Support Appropriations

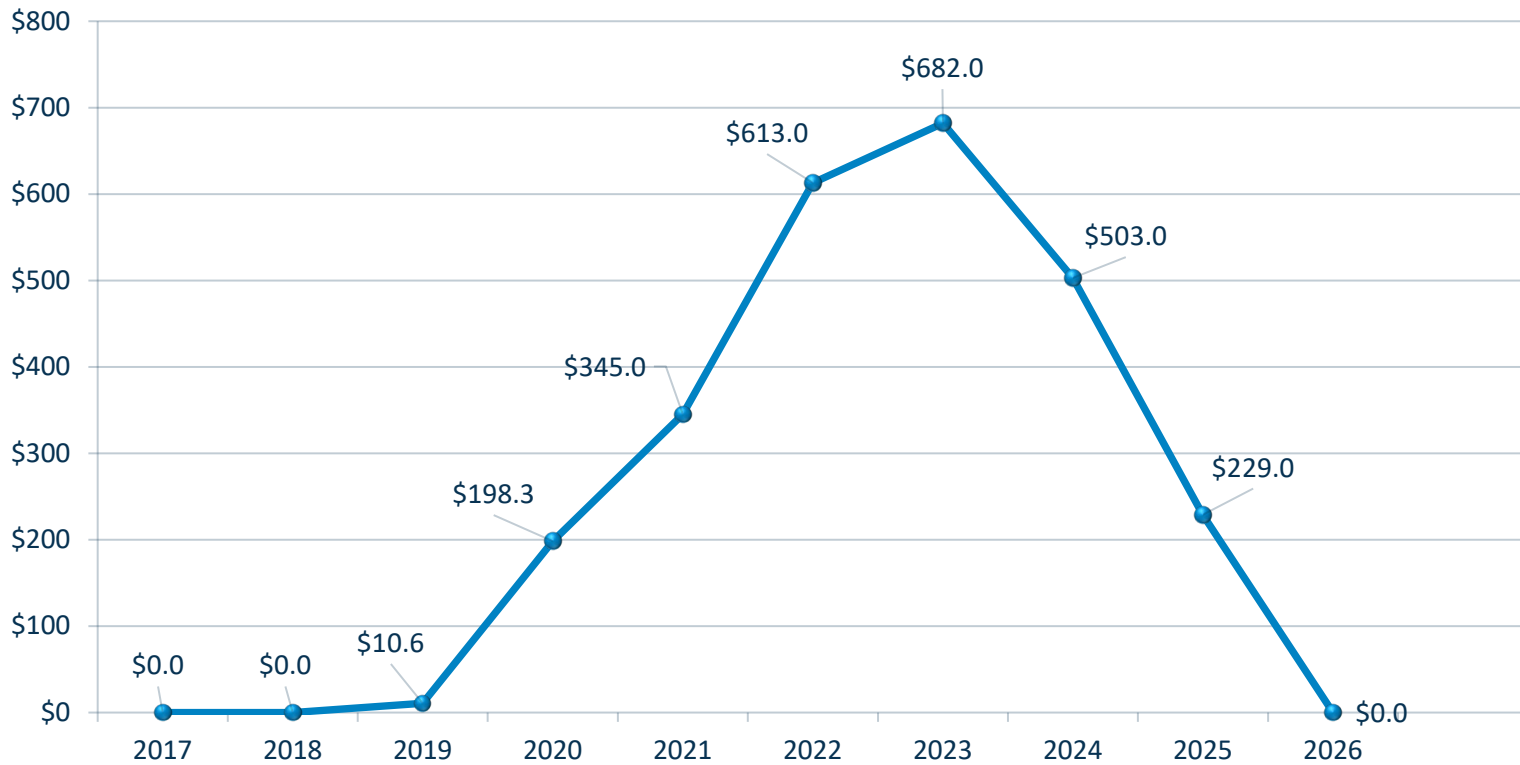
State support appropriations have been relatively flat for the last ten years. FY27 state support request is \$1.360 billion.



Spenddown of Cash Balance

Using \$503M cash balance in FY25 & FY26, which delayed budget hikes.

DOM cash balance, June 30 of fiscal year end (in millions)



5.8% expected increase in Medicaid spending in FY 2027

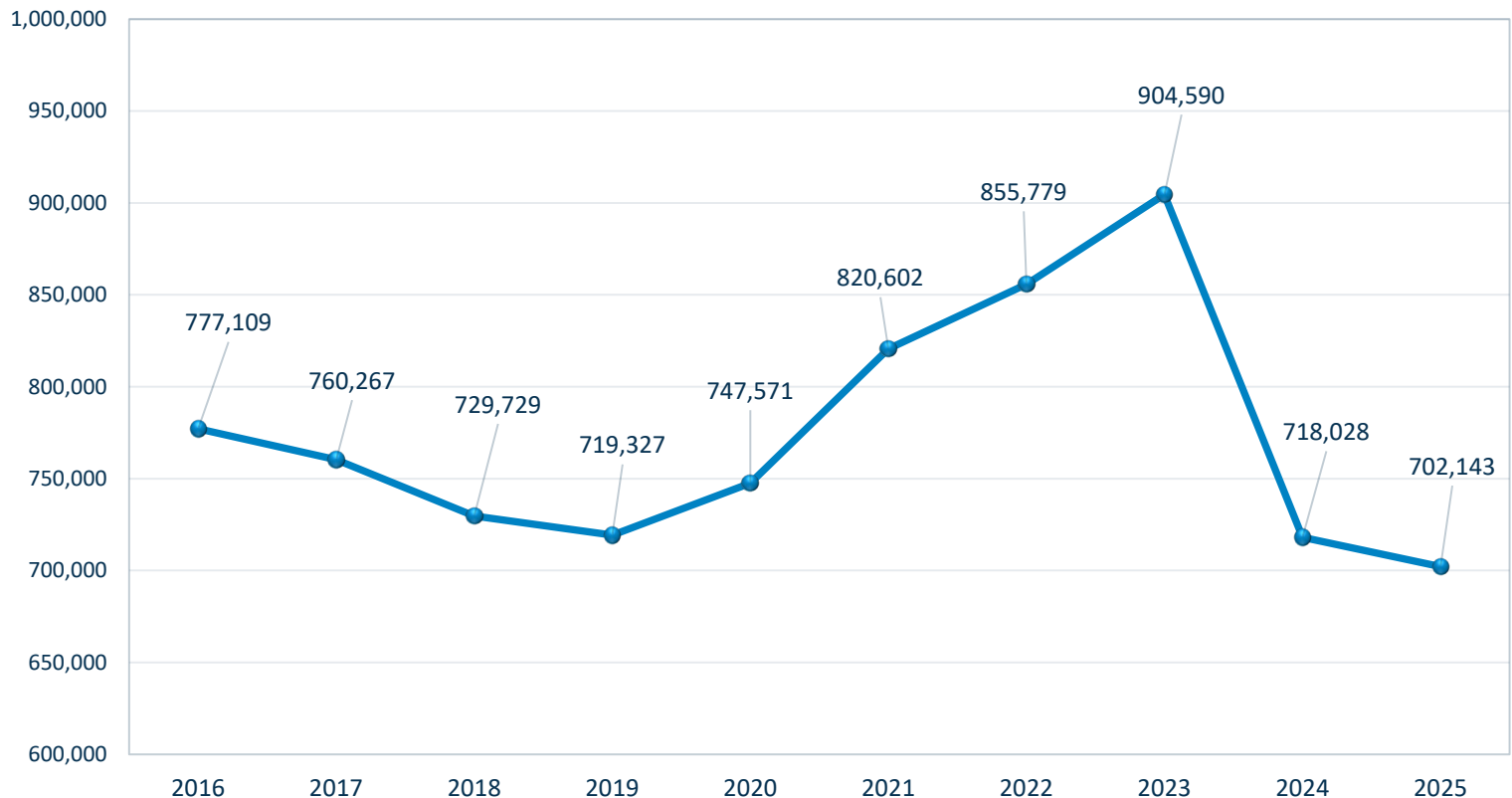
SPENDING COMPARISON						
	Total Spend	Federal Total	State Total	Total +/-	Fed +/-	State +/-
FY2020	6,196,066,414	4,941,193,837	1,254,872,578			
FY2021	6,093,674,798	5,060,091,511	1,033,583,286	-1.7%	2.4%	-17.6%
FY2022	6,089,411,233	5,113,645,526	975,765,707	-0.1%	1.1%	-5.6%
FY2023	6,940,601,425	5,747,093,957	1,193,507,468	14.0%	12.4%	22.3%
FY2024	7,786,367,534	6,050,632,770	1,735,734,767	12.2%	5.3%	45.4%
FY2025	8,205,604,180	6,260,235,189	1,945,368,991	5.4%	3.5%	12.1%
FY2026*	8,432,884,575	6,456,883,283	1,976,001,293	4.6%	5.0%	3.7%
FY2027*	9,136,040,622	6,994,552,925	2,141,487,696	8.3%	8.3%	8.4%
*Projection						

- **FY2023** - Increase of MHAP of \$70M, Ambulance of \$25M, Hospital Emergency Payment of \$137M, Nursing Facility of \$163M, Physician of \$50M, Drug Costs of \$40M increase.
- **FY2024** - MHAP increased to \$1B.

Medicaid and CHIP enrollment

Enrollment peaked at 904K in June 2023. Post-pandemic annual redeterminations began in April of 2023. Current enrollment as of December 2025: 696,765

Medicaid and CHIP enrollment, June 2016-June 2025



DIVISION OF MEDICAID EXPENDITURES
2019-2025 Actuals, 2026-2027 Estimates

New system creates some volatility in payment levels reported by category of service and impacts estimates for 2026/2027.

	2019	2020	2021	2022	2023	2024	2025	2026	2027	+/- %	+/- \$ in mill.
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	2019 to 2025	2019 to 2025
MEDICAL SERVICES											
01 - INPATIENT HOSPITAL	169,051,927	158,832,119	131,163,599	170,468,598	153,825,585	125,099,881	96,036,154	89,361,966	88,097,527	-43.2%	-73.0
02 - OUTPATIENT HOSPITAL	107,690,077	98,492,113	101,685,176	152,369,789	182,709,460	142,459,134	81,760,247	79,669,210	81,341,876	-24.1%	-26
03 - LABORATORY AND RADIOLOGY	6,233,679	5,633,905	8,482,021	16,244,134	18,629,489	12,234,239	5,321,252	4,742,175	4,851,511	-14.6%	-1
04 - NURSING FACILITY	779,873,846	811,099,895	714,025,058	747,307,597	910,018,883	1,000,047,386	1,110,441,859	1,087,901,977	1,154,705,915	42.4%	331
05 - PHYSICIAN	62,879,302	62,398,470	66,581,607	94,593,509	148,608,587	124,582,036	43,194,932	41,778,471	44,064,760	-31.3%	-20
06 - HOME & COMM BASED SERVICES	450,830,183	487,711,436	466,145,097	507,985,294	623,283,015	745,299,257	867,812,209	933,891,848	1,046,041,764	92.5%	417
07 - HOME HEALTH SERVICES	1,416,184	1,369,115	1,387,027	1,761,986	1,805,723	1,753,405	1,580,254	1,659,709	1,811,403	11.6%	0
08 - SWING BED SKILLED CARE	107,951	248,123	105,174	149,903	46,876	0	116,459	141,350	150,882	7.9%	0
09 - MENTAL HEALTH CLINIC SERVICES	37,059,213	33,967,952	29,623,616	48,921,820	48,147,671	53,525,689	39,281,930	40,463,174	44,098,617	6.0%	2
10 - EPSDT SCREENING	3,604,260	3,971,061	3,002,219	6,238,149	6,598,106	795,316	4,684,011	4,781,813	5,204,507	30.0%	1
11 - EMERGENCY TRANSPORTATION	5,990,865	5,428,671	7,185,968	10,259,786	12,783,852	9,345,690	5,958,550	5,688,090	6,040,770	-0.5%	0
NON EMERG TRANSPORT	36,460,106	31,988,612	41,588,286	33,247,450	20,042,688	35,154,455	19,710,622	20,152,267	22,270,001	-45.9%	-17
12 - DENTAL SERVICES - ADULT	4,963,644	3,938,417	4,255,082	5,283,551	4,560,855	3,409,344	3,803,679	3,711,883	3,823,970	-23.4%	-1
13 - EYEGLASS SERVICES - ADULT	2,969,324	2,597,147	2,675,286	3,727,309	3,244,702	2,000,724	1,576,259	1,471,727	1,544,742	-46.9%	-1
15 - DRUG SERVICES	122,711,998	120,612,536	128,506,158	175,638,591	213,608,323	168,057,442	117,064,958	134,908,032	159,086,491	-4.6%	-6
16 - DENTAL SCREENING - CHILDREN	11,037,509	8,042,710	8,268,199	24,930,785	35,178,486	22,524,940	4,536,714	4,461,177	4,590,872	-58.9%	-7
17 - EYEGLASS SCREENING - CHILDREN	2,519,331	2,014,465	1,813,222	4,582,246	5,466,926	3,374,012	1,083,093	1,054,487	1,120,013	-57.0%	-1
18 - HEARING SCREENING	136,771	114,544	66,880	115,685	75,554	32,247	76,065	72,133	76,325	-44.4%	0
20 - INTERMEDIATE CARE FACILITY	238,184,565	245,849,038	247,195,514	274,053,942	238,687,019	282,128,463	308,719,352	329,371,692	342,323,379	29.6%	71
21 - SWING BED	386,838	237,647	154,597	138,862	225,506	253,511	107,434	107,554	112,452	-72.2%	0
22 - RURAL HEALTH CLINIC	7,944,863	7,203,507	7,653,427	19,088,486	24,864,040	20,791,326	10,089,478	10,340,130	11,057,618	27.0%	2
23 - FEDERALLY QUALIFIED HEALTH CTR	3,997,602	3,702,037	3,750,405	7,094,208	9,056,054	7,616,669	2,763,173	2,537,221	2,643,300	-30.9%	-1
24 - MEDICAL SUPPLY (DME)	27,227,118	30,591,443	28,531,567	37,415,760	45,609,823	45,805,750	46,855,280	51,623,499	56,817,322	72.1%	20
25 - THERAPY SERVICES(OUTSIDE HH)	4,674,461	4,582,441	5,504,795	9,997,887	3,881,428	1,722,017	8,255,280	8,314,693	8,999,968	76.6%	4
26 - INPATIENT RESIDENTIAL PSYCH	30,930,459	15,770,732	18,703,948	17,461,210	14,360,007	9,449,764	5,421,753	7,039,290	7,411,009	-82.5%	-26
27 - INPATIENT FREE STANDING PSYCH	5,495,873	4,411,671	3,291,503	6,587,003	7,266,905	4,955,548	2,260,603	2,168,406	2,187,533	-58.9%	-3
28 - NURSE SERVICES	38,498,454	35,037,500	33,272,383	49,764,057	32,699,134	28,418,555	41,211,762	39,745,398	42,192,443	7.0%	3
29 - AMBULATORY SURGICAL CENTER	1,769,219	1,618,300	2,424,533	4,080,964	5,811,761	4,470,584	1,971,081	1,914,184	1,982,665	11.4%	0
30 - PERSONAL CARE SERVICES	11,055,091	9,404,477	7,356,531	7,450,557	1,631,168	-99	0	0	0	-100.0%	-11
31 - HOSPICE	50,873,151	46,411,461	42,984,106	43,634,963	56,724,385	63,486,682	77,449,791	80,251,288	88,198,705	52.2%	27
32 - OUTPATIENT FREE STANDING PSYCH	0	0	0	8,664	83,393	74,737	53,237				0
33 - MENTAL HEALTH PRIVATE SERVICES	10,038,084	11,873,720	10,386,873	16,362,986	17,971,455	2,029,611	2,113,835	2,803,454	2,967,354	-78.9%	-8
34 - FAMILY PLANNING DRUG SERVICES	2,324,481	2,550,512	2,993,551	3,783,104	4,064,642	2,494,858	952,330	1,067,985	1,292,904	-59.0%	-1
35 - FREE STANDING DIALYSIS	3,668,046	4,029,606	4,394,328	4,040,296	3,341,393	3,834,547	3,814,324	3,863,162	4,207,795	4.0%	0
36 - MANAGED CARE CAP PAYMENTS	2,844,442,306	3,076,490,282	3,082,977,563	2,738,243,841	2,983,577,721	3,929,174,045	3,459,425,784	3,638,149,964	3,850,850,046	21.6%	615
MANAGED CARE-PBA	0	0	0	0	0	0	554,664,212	610,048,297	715,129,192		555
MANAGED CARE-PBA FAMILY PLANNING	0	0	0	0	0	0	4,001,087	4,621,932	5,875,118		4
42 - CROSSOVER PART A INPATIENT	58,093,393	58,630,960	54,271,391	55,711,769	75,876,557	25,828,719	55,979,771	59,458,018	63,540,682	-3.6%	-2
49 - CROSSOVER PART B OUTPATIENT	184,130,050	186,919,464	166,009,491	164,302,738	159,474,471	169,352,879	231,097,866	238,414,127	259,837,947	25.5%	47
82-CROSSOVER PART C - DENTAL SERVICES							1,154	1,241	1,356		0
57 - MYPAC SERVICE	10,757,684	2,740,506	3,429,921	351,162	1,997,093	0	0	0	0	-100.0%	-11
58 - INPATIENT PEDIATRIC LTC HOSP	0	0	7,073	30,691	36,146	0	0	0	0		0
61- PRESCRIBED PED EXT CARE CENTER	8,168,088	9,530,141	10,085,147	11,793,252	13,901,368	15,505,843	17,483,089	21,484,702	22,786,285	114.0%	9
SUBTOTAL MEDICAL	5,348,195,996	5,596,046,733	5,451,938,322	5,475,222,583	6,089,776,249	7,067,089,204	7,238,730,921	7,569,237,726	8,159,337,018	35.3%	1,891

	2019	2020	2021	2022	2023	2024	2025	2026	2027		
OTHER SERVICES	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate		
CHIP	156,870,954	162,637,034	160,356,889	111,164,729	126,015,437	138,684,370	154,287,547	158,525,793	164,018,600	-1.6%	-3
CHIP-PBA	0	0	0	0	0	0	34,961,194	38,523,524	43,485,529		35
PART A PREMIUMS	25,528,453	27,717,756	29,474,146	32,063,508	34,258,336	35,894,233	37,938,181	40,990,949	44,056,731	48.6%	12
PART B PREMIUMS	261,632,887	271,326,744	283,734,790	310,605,078	333,732,786	332,997,577	347,390,279	381,119,042	411,997,841	32.8%	86
CLAWBACK - 100% STATE FUNDING	54,910,150	54,708,860	40,866,208	40,290,803	47,038,354	66,268,431	71,758,362	76,052,944	80,263,663	30.7%	17
NURSING FACILITIES UPL	25,128,548	22,249,655	27,058,515	26,773,397	10,537,992	3,547,321	2,002,949	2,103,096	2,208,251	-92.0%	-23
PHYSICIAN UPL											0
MS ACCESS TO PHYSICIAN SERVICE PROGRAM (MAPS)					50,671,144	50,403,304	46,052,433	39,164,609	40,001,568		46
HOSPITAL INPATIENT & OUTPATIENT UPL	0	0	0	0	137,579,801	162,934,884	158,956,494	166,904,319	175,249,535		159
AMBULANCE UPL - TREAT	0	0	0	0	7,431,225	44,094,393	37,946,808	51,455,739	54,309,524		38
DSH	229,771,177	219,865,772	232,777,938	238,539,631	160,950,310	25,118,411	13,566,152	13,003,901	12,933,264	-94.1%	-216
DRUG REBATES	-344,775,021	-333,791,441	-315,770,414	-359,791,362	-321,807,654	-372,773,289	-286,288,868	-379,000,000	-379,000,000	-17.0%	58
OTHER REFUNDS & ADJUSTMENTS	-20,100,000	-20,100,000	-16,173,733	-41,036,608	-19,622,274	-21,173,925	-43,573,777	-14,000,000	-14,000,000	116.8%	-23
PROVIDER INCENTIVES - HIT	3,247,000	1,525,750	433,500	263,500	0	0	0	0	0	-100.0%	-3
GRADUATE MED. ED. (Inpatient until 2021)	0	0	8,219,352	39,924,075	41,468,600	54,658,500	58,240,650	58,931,600	61,878,180		58
INDIRECT MEDICAL EDUCATION								52,346,373	54,963,692		0
TRANSFER TO DHS & REHAB - HCBS	0	0	0	0	0	0	0	0	0		0
STATE FUNDED GRANT	3,379,051	4,161,095	4,161,095	1,000,000	0	0	0	0	0	-100.0%	-3
											0
OVER/(UNDER) STATE FUNDS								-35,826,312			0
SUBTOTAL OTHER SERVICES	\$395,593,199	\$410,301,225	\$455,138,286	\$399,796,751	\$608,254,057	\$520,654,209	\$633,238,404	\$650,295,578	\$752,366,377	60.1%	\$238
TOTAL MEDICAL AND OTHER SERVICES	\$5,743,789,195	\$6,006,347,958	\$5,907,076,608	\$5,875,019,334	\$6,698,030,306	\$7,587,743,413	\$7,871,969,325	\$8,219,533,304	\$8,911,703,395	37.1%	\$2,128

	2019	2020	2021	2022	2023	2024	2025	2026	2027		
ADMINISTRATIVE EXPENSE	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate		
SALARIES	50,249,897	52,128,295	49,416,206	50,556,831	52,188,674	56,685,134	58,697,642	61,874,099	69,898,794	16.8%	8
TRAVEL	488,498	358,429	174,963	251,541	335,312	468,500	679,217	572,700	566,250	39.0%	0
CONTRACTUAL	120,140,749	135,399,156	135,826,036	162,907,194	187,795,275	145,033,995	126,133,614	149,227,212	152,210,211	5.0%	6
COMMODITIES	1,516,929	806,976	701,963	451,606	1,559,647	725,717	442,276	1,312,940	1,307,650	-70.8%	-1
EQUIPMENT	253,968	980,911	479,020	224,726	642,411	516,892	302,199	260,000	250,000	19.0%	0
VEHICLES	0	44,690	0	0	49,800	24,475	88,126	104,320	104,320		0
SL&G											0
TOTAL ADMINISTRATIVE	\$172,650,041	\$189,718,456	\$186,598,189	\$214,391,899	\$242,571,119	\$203,454,713	\$186,343,075	\$213,351,271	\$224,337,225	7.9%	\$14

TOTAL EXPENDITURES	\$5,916,439,236	\$6,196,066,414	\$6,093,674,797	\$6,089,411,233	\$6,940,601,425	\$7,791,198,126	\$8,058,312,400	\$8,432,884,575	\$9,136,040,620	36.2%	\$2,142
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	2019	2020	2021	2022	2023	2024	2025	2026	2027		
TOTAL BY PROGRAM	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate		
Medical Services	5,112,859,100	5,342,485,390	5,268,401,143	5,246,305,605	5,943,297,870	6,702,006,481	6,813,328,121	7,086,932,431	7,656,346,100	33.3%	1,700
HCBS	474,059,141	501,225,534	478,318,576	517,549,000	628,716,999	747,052,562	869,392,464	935,551,557	1,047,853,167	83.4%	395
CHIP	156,870,954	162,637,034	160,356,889	111,164,729	126,015,437	138,684,370	189,248,740	197,049,317	207,504,128	20.6%	32
Administrative	172,650,041	189,718,456	186,598,189	214,391,899	242,571,119	203,454,713	186,343,075	213,351,271	224,337,225	7.9%	14
TOTAL ALL PROGRAMS	\$5,916,439,236	\$6,196,066,414	\$6,093,674,797	\$6,089,411,233	\$6,940,601,425	\$7,791,198,126	\$8,058,312,400	\$8,432,884,575	\$9,136,040,620	36.2%	\$2,142
	0	0	0	0	0	0	0	0	0		

STATE SHARE OF EXPENDITURES (ALL SOURCES)	2019	2020	2021	2022	2023	2024	2025	2026	2027		
STATE SHARE PERCENTAGE	23.7%	20.3%	17.0%	16.0%	17.2%	22.3%	23.7%	23.6%	23.0%	-0.1%	\$505
DIRECT STATE SUPPORT	\$917,023,637	\$931,243,309	\$814,125,206	\$899,915,751	\$902,052,547	\$909,610,491	\$911,198,409	\$969,869,777	\$1,360,419,414	-0.6%	-\$6
DIRECT STATE SUPPORT PERCENTAGE	15.5%	15.0%	13.4%	14.8%	13.0%	11.7%	11.3%	11.5%	14.9%	-27.0%	

2021 EXCLUDES CAP EX FUNDING RETURNED

FEDERAL FISCAL YEAR	2019	2020	2021	2022	2023	2024	2025	2026	2027		
Federal Medical Assistance Percentage	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate		
FMAP for Federal Fiscal Year	0.7639	0.7698	0.7776	0.7831	0.7786	0.7727	0.7690	0.7690	0.7732		
FFCRA Covid Enhanced FMAP		0.8318	0.8396	0.8451							
Covid Enhanced FMAP Jan 2023-Mar 2023					0.8406						
Covid Enhanced FMAP Apr 2023-Jun 2023					0.8286						
Covid Enhanced FMAP Jul 2023-Sep 2023					0.8036						
Covid Enhanced FMAP Oct 2023-Dec 2023						0.7877					
Blended FMAP for State Fiscal Year	0.7621	0.7993	0.8377	0.8437	0.8387	0.7842	0.7699	0.7699	0.7722		
eFMAP (CHIP)	1.0000	0.9539	0.8443	0.8482	0.8450	0.8409	0.8383	0.8383	0.8412		
FFCRA eFMAP (CHIP)		0.9973	0.8500	0.8500	0.8500	0.8500					
Blended eFMAP (CHIP) for State Fiscal Year	1.0000	0.9871	0.8868	0.8500	0.8500	0.8455	0.8390	0.8390	0.8405		

CASH	2019	2020	2021	2022	2023	2024	2025	2026	2027		
BEGINNING CASH BALANCE	19,696,310	10,678,229	198,372,069	345,549,184	613,789,130	682,351,736	468,934,517	228,649,997	0		
CASH BALANCE SPENT DURING YEAR	9,018,081	0	0	0	0	178,486,992	240,284,520	228,649,997	0		
ENDING CASH BALANCE	10,678,229	198,372,069	345,549,184	613,789,130	682,351,736	503,864,744	228,649,997	0	0		

MEMBER MONTHS	2019	2020	2021	2022	2023	2024	2025				
FFS	2,866,962	2,877,665	3,206,032	4,612,217	5,483,438	4,102,871	2,588,265				
CHIP	552,418	555,389	578,123	521,266	501,753	555,333	632,986				
MSCAN	5,230,458	5,223,836	5,701,916	4,949,125	4,616,865	4,947,172	5,270,609				

PER MEMBER PER MONTH-State Cost Only	2019	2020	2021	2022	2023	2024	2025				
DIRECT STATE PMPM-FFS, MSCAN and CHIP	106.02	107.57	85.82	89.25	85.08	94.70	107.30				
2026-2027 Updated with December 2025 projection											

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FOR IMMEDIATE RELEASE

December 29, 2025

CONTACT: Shelby Wilcher
press@govreeves.ms.gov

Governor Reeves Announces Mississippi Awarded Nearly \$206 Million To Strengthen Healthcare In Rural Communities

JACKSON, Miss. – Governor Tate Reeves today announced the Centers for Medicare & Medicaid Services (CMS) has awarded Mississippi \$205,907,220 through the Rural Health Transformation Program to strengthen healthcare in rural communities throughout the state. The award is the result of the state of Mississippi submitting its plan in November 2025.

Mississippi's plan, [which was first announced by Governor Reeves](#), was developed with broad input from key stakeholders across the state. The plan is focused on improving healthcare and patient outcomes for Mississippians, strengthening the state's rural health workforce, and ensuring sustainable access to care for those who need it most. Additionally, when fully implemented, the goal of the plan is to ensure that by 2031, every rural Mississippian will have reliable access to high-quality healthcare services, both in-person and through telehealth, supporting increased access points and healthier communities across the state.

"This is another big win for Mississippi," said Governor Tate Reeves. "When we developed our plan, we worked with experts from across Mississippi. Together, we came up with a strategy that best serves Mississippians and makes the biggest impact on healthcare in rural

work with our partners to deploy this funding on behalf of the over three million people who live in our great state.”

As Governor Reeves previously announced, the Office of the Governor will lead the oversight and coordination of the Program. It will work closely with the Mississippi Department of Health, which houses the State Office of Rural Health, and the Mississippi Division of Medicaid, a division of the Office of the Governor.

Mississippi’s plan is broken into six initiatives and designed to benefit residents across the state. The six initiatives are:

- **Statewide Rural Health Assessment:** Mississippi will engage a third-party to conduct a comprehensive statewide assessment of rural healthcare needs, both today and looking forward ten years.
- **The Coordinated Regional Integrated Systems Initiative:** This initiative is designed to transform rural healthcare delivery across the state by creating a connected, data-driven network of emergency, clinical and community-based services.
- **The Workforce Expansion Initiative:** This initiative is designed to strengthen the healthcare workforce in rural areas, improving access, continuity, and quality of care. Through targeted programs, the initiative addresses recruitment, retention, training, and career pathway development for all healthcare professionals.
- **The Health Technology Advancement and Modernization Initiative:** This initiative is designed to modernize rural healthcare systems by strengthening the digital backbone that supports high-quality, coordinated, and secure care.
- **The Telehealth Adoption and Provider Support Initiative:** This initiative is designed to strengthen rural healthcare by increasing virtual care access, supporting providers in adopting telehealth, and exploring innovative payment models. Investments will enhance connectivity, technology, and diagnostic tools to enable real-time remote care.
- **The Building Rural Infrastructure for Delivery, Growth and Efficiency Initiative:** This initiative is designed to strengthen rural healthcare infrastructure by improving access to specialized care, closing care gaps, and supporting innovative pilot programs that enhance healthcare delivery and improve outcomes. The initiative focuses on building physical, operational, and programmatic capacity to address unmet needs, improve care coordination and foster sustainable rural healthcare systems.

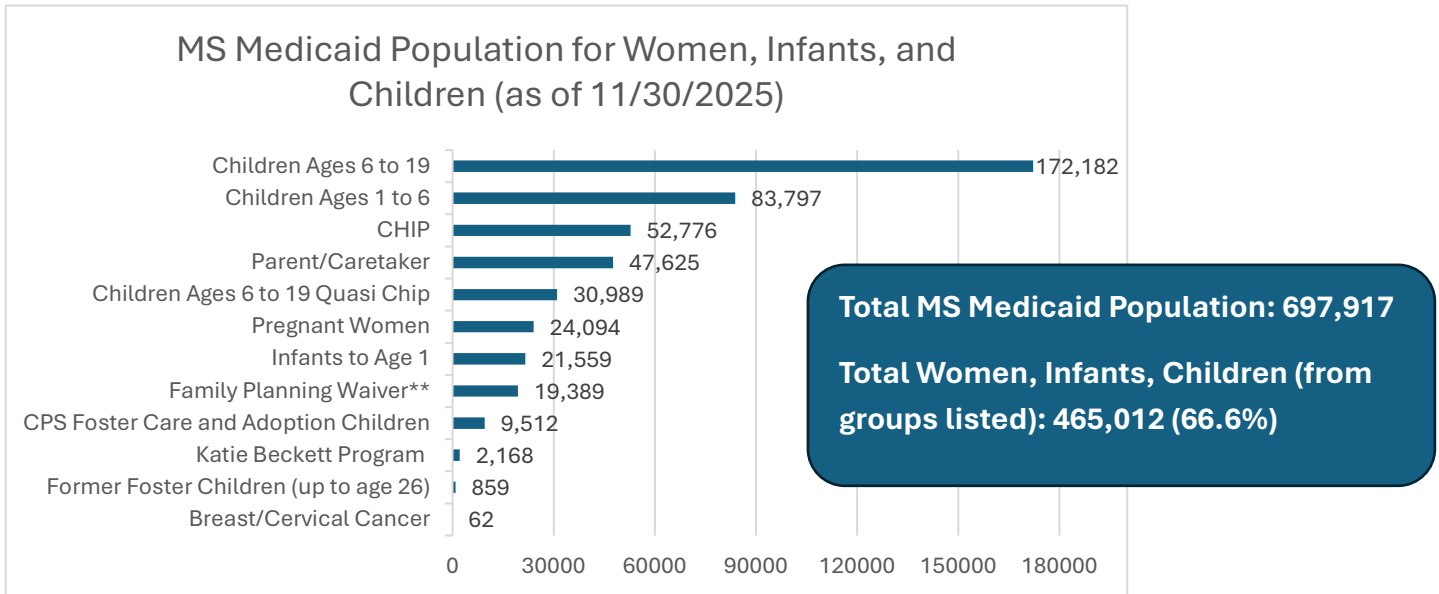
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Mississippi Division of Medicaid



*Populations or Categories of Eligibility not included in chart above are the Healthier Mississippi Waiver, Long Term Care, HCBS waiver programs, SSI, and Dual-Eligibles. ** includes males and females enrolled in Family Planning Waiver.

Completed/Awarded:

- New managed-care contract requirements effective July 1, 2025
- Established reimbursement for Alyce G. Clarke Center for Medically Fragile Children
- Presumptive Eligibility for Pregnant Women (PEPW) State Plan Amended (SPA) approved by CMS and operationalized
 - Total of 180 qualified providers trained for PEPW
- High-Cost Drugs SPA approved by CMS to allow DOM to reimburse certain high-cost drugs outside of All-Patient Refined Diagnosis Related Group (APR-DRG)
- Prescribed Pediatric Extended Care (PPEC) rate increase effective May 1, 2025
- Streamlined clinical assessment for Katie Beckett Program (formerly known as Disabled Child Living at Home)

In-Progress/Ongoing

- Awarded by CMS Transforming Maternal Health (TMaH) Model
- Awarded by CMS Cell and Gene Therapy (CGT) Access Model: Multi-year model aiming to improve the lives of people living with sickle cell disease by increasing access to treatments
- Conducting service rate studies with stakeholder workgroups for ABA therapies for children
- Working with MSDH in certifying Community Health Workers for pregnant women
- Working with MSDH on updates and changes to Early Intervention Services
- Working with MSDH to ensure alignment for Healthy Moms, Healthy Babies Program to ensure high-risk moms and babies in managed care receive vital services
- Utilization of MCO Value-Based Incentive Payments focused on maternal, mental, and metabolic health
- Finalizing coverage for genetic screening for expectant mothers and whole genome sequencing for critically ill infants

Presumptive Eligibility for Pregnant Women

Background:

House Bill 539, approved by the Mississippi Legislature during the 2024 regular session, authorized the Division of Medicaid to offer presumptive eligible for pregnant women (PEPW) to provide coverage for ambulatory prenatal care effective July 1, 2024.

Overview:

PEPW permits qualified providers to deem qualifying pregnant women temporarily eligible with limited Medicaid benefits.

- PEPW aims to improve individuals' access to Medicaid and covered services by providing another channel to apply for coverage.
- It ensures the qualified provider will be reimbursed for ambulatory prenatal services provided, just as if the individual was enrolled in standard Medicaid.
- PEPW is not about short-term coverage; it provides pregnant women an opportunity to get connected to longer-term coverage options by submitting a full Medicaid application.

Eligible Populations via PEPW Determinations:

- Pregnant child up to the age of 19
- Pregnant women 19 or older who meet the income limits

Covered Services Under PEPW:

Benefits are limited to ambulatory prenatal care rendered by a Mississippi Medicaid provider such as:

- Medically necessary pregnancy-related services rendered in a clinic or outpatient setting
- Outpatient lab services
- Outpatient radiologic exams
- Pregnancy related prescription drugs when ordered and prescribed by a licensed and enrolled Medicaid provider
- Current State Plan service limits apply to all PEPW services

*Birthing expenses and hospital services are not covered unless approved for full Medicaid

Update:

Training began in August of 2025. There are now 176 providers certified to submit PEPW applications. Of the 176 providers, 84 are located within the Health Departments throughout the state.

The following is a list of facilities that have already been trained for PEPW and/or are scheduled to be trained:

Facility Name	Total Certified	Scheduled for Certification
Action Potential (Gautier)	1	
Central MS Health Services (Jackson)	1	
Delta Health Center (Mound Bayou)	5	
Delta Health System (Greenville)	3	
Delta Medical Group (Greenville)	1	
Delta Medical Group (Arcola)	3	
Family Health Center (Laurel)	3	
GA Carmichael	29	
Health Depts	84	
Jackson Hinds	29	
NW MS Regional Medical Center	5	
Physicians & Surgeons Clinic	5	
SE MS Rural Health Initiative	3	
UMMC	4	
TOTALS	176	

Since August of 2025, we have received 181 PEPW applications. Of those applications, we received 174 full applications and approved 148 of those. Most of the full applications that were not approved were due to Medicaid not receiving information that we requested from the applicant.

Month	PEPW Applications	Full App Received	Full App Approved	Full App Denied
Aug-25	3	3	3	0
Sep-25	24	22	18	4
Oct-25	59	58	51	7
Nov-25	37	34	28	6
Dec-25	58	57	48	9
Totals	181	174	148	26



TRUECARE

John Mitchell, MD, FAAFP
Chief Medical Officer
January 16, 2026

www.Mstruecare.com
1-833-230-2050





- A. TrueCare – A Unique MCO/CCO Concept**
- B. Care Management / Care Coordination**
- C. Balancing High Quality Care With Cost Control**
- D. Special Populations → Specialized Teams**
- E. Member Benefits, Education, Resources and Support**
- F. Community Outreach and Success Stories**



The TrueCare MCO Model



- TrueCare is a nonprofit, provider-sponsored health plan (PSHP) and Mississippi's only nonprofit, coordinated care provider of Medicaid services.
- Owned by nearly 60 Mississippi hospitals and health systems and strategically supported by CareSource with its 30+ years of managed health plan experience.
- Our aim is to transform the health and well-being of Mississippi communities.
- Through an innovative provider-payer alliance model this gives providers a real voice in decision-making, prioritizes patient care, optimizes care coordination and provides members access to innovative solutions that address their needs beyond health care.



Care Management/Care Coordination

- TrueCare utilizes multiple methods to identify members who may benefit from enrollment in a Care Management/Care Coordination program.
- Members are identified through internal stratification automation or referrals. These referrals may come from internal sources such as UM/Member Services, member self referral, providers, or caregiver/legal representative.
- To refer members to Care Management:
 - Email: MSTrueCareCM@mstruecare.com
 - Phone: 1-844-542-2610, press option 5
 - Fax: 937-396-3679





Care Management/Care Coordination

Our Care Management/Care Coordination Team is statewide.
The team includes:

- Care Managers
- Dietitian
- Community Health Workers
- Management

TrueCare provides programs for identified members while also serving those with special needs. Care Management/Care Coordination addresses their complex needs.

TrueCare offers the following specialty programs:

- Mom & Baby Beginnings
- Neonatal Intensive Care Unit
- Behavioral Health
- Transitions of Care
- Disease Management Self-Service Tools

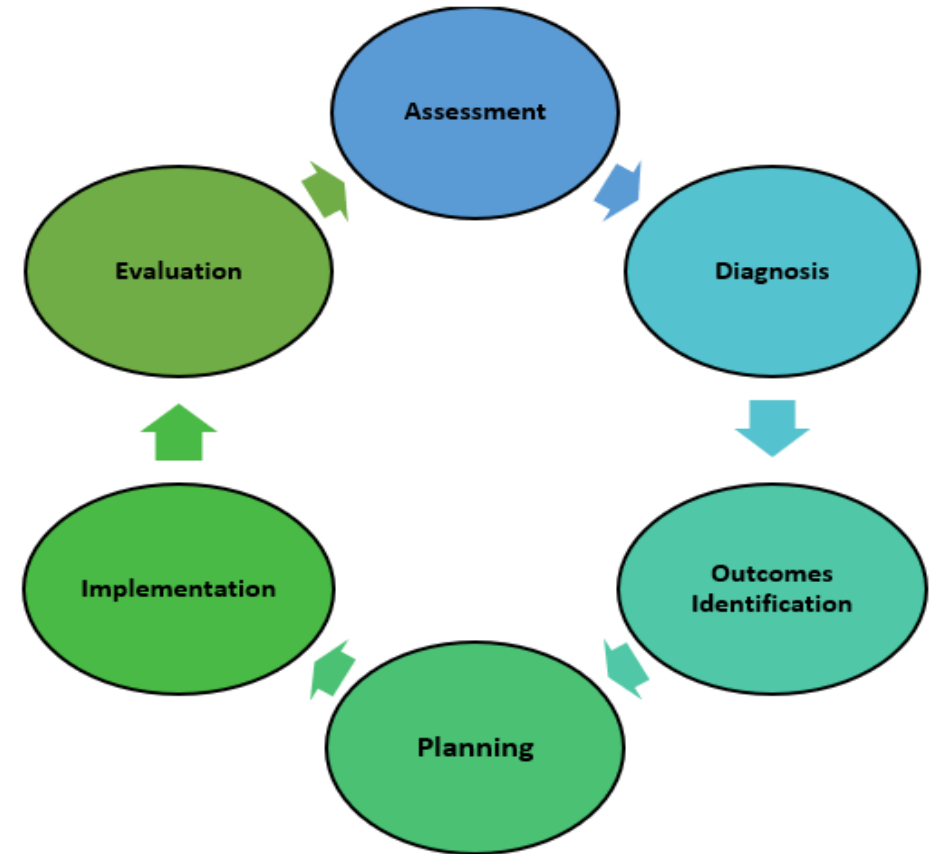




Integrated Care Coordination Model

Integrated Care Model

- The care management/Care Coordination program aims **to eliminate barriers to essential services & improve health outcomes** through **collaboration with our Utilization Management (UM) team**. We prioritize access to high-quality healthcare and life services, focusing on health equity.
- **Integrating CM and UM promotes a member centered approach** to care coordination **while balancing cost control**. This collaboration guarantees clinically appropriate and accessible services, enhancing member experiences and navigation of the healthcare system, while also improving self-management and communication with providers.
- Our team employs a **holistic approach** to member care by integrating **medical, behavioral health, and social drivers of health** effectively addressing all aspects of each member's well-being.
- This comprehensive strategy ensures that we meet our members' different needs while supporting their health journey.





Additional CM/CC Support Resources

TrueCare utilizes **Find Help** (findhelp.org) to identify resources, with the CM/CC team overseeing member needs.

The CM/CC team also maintains a list of public and private resources available both statewide and locally.

Members can access **Find Help** through mstruecare.com. There are resources for caregivers also available.

All members can access these resources through the MyLife app.

These resources are utilized to assist members that need:

- Utility assistance
- Housing support
- Food assistance
- Financial help



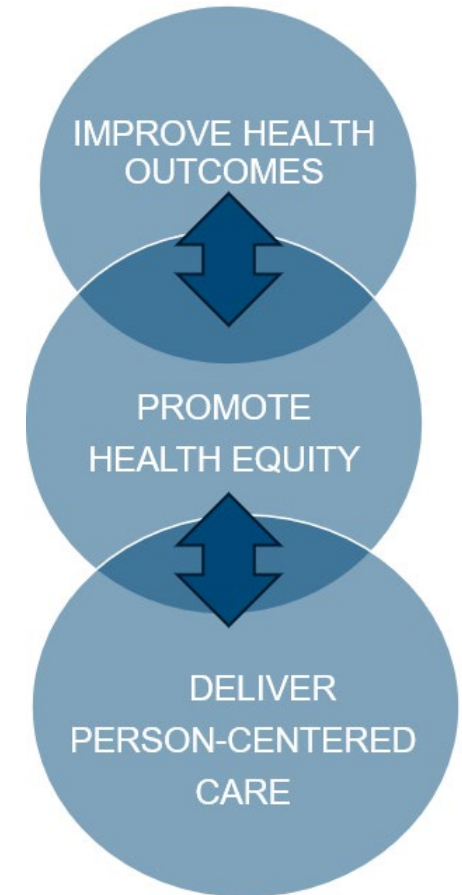
Population Health

2026 ANNUAL GOALS

- Establish CAHPS baseline Ratings & Develop Intervention Strategies to Target HEDIS Measures
- Improve Maternal and Infant Health Outcomes
- Improve Child and Adolescent Health
- Promote Effective Communication and Coordination of Care to Improve Behavioral Health Outcomes
- Promote Effective Prevention and Treatment of Chronic Disease

2026 IMPROVEMENT STRATEGIES

- Population Surveillance
- Strategic Member Engagement & Digital Campaigns
- Value-based Care & Strategic Provider Engagement
- Community Partnership Alignment
- Workflow Enhancements for Direct Gap Closure
- Effective Preventive, Chronic Care, BH, CM, Maternity & Pharmacy Initiatives
- Monitoring Over-utilization and Under-utilization
- Enhanced Benefit Utilization
- Data Access, Mapping & Integration
- Improving Health Outcomes



2026-2027 NCQA Health Plan Accreditation





DEDICATED TEAMS FOR SPECIAL POPULATIONS

- I. Foster Care- Coordinated by Amanda Gass, LMSW
- II. OB/Neonatal - MOMS AND BABY BEGINNINGS (MBB)- Clinical Case Rounds Bimonthly with team and Perinatal Medical Director- Dr. John Pappas
- II. NICU- MOMS AND BABY BEGINNINGS(MBB)-Clinical Case Rounds Bimonthly with team and Perinatal Medical Director- Dr. John Pappas
- IV. Incarcerated Youth- Awaiting member identification by Medicaid
- V. Behavioral Health Dedicated Medical Director – Multidisciplinary Case Rounds Bimonthly- CM team and Dr. Clyde Glenn





Foster Care

- TrueCare has hired a Specialized Child Welfare Advisor, Amanda Gass, LMSW who is coordinating care for our Foster Population with CPS, supported by a dedicated team of RNs and Social Workers.
- Our team has medical and behavioral health expertise to address all members' needs
- CM is working with our Child Welfare Advisor preparing a training deck which will be used to provide education to the CPS staff.
- CM has also developed a one-page hand out that specifically highlights how CM can support the CPS member.
- The member is given the care manager's (CM) direct phone line to call with questions or concerns





Foster Care

- . Our handout highlights how care management/care coordination can assist:
 - Help obtain medications and supplies.
 - Can outreach the doctor and/or provider for prior authorizations, communicate with Utilization Management for timely reviews, and follow up with updates.
 - Can provide Care Management services for members admitted to inpatient settings, coordinating with facility discharge planners to ensure a safe and timely discharge.
 - Provide education on chronic/acute medical conditions, nutrition, and behavioral health/substance use disorders.
 - Will collaborate with guardian or caregiver to provide education tailored to the members' needs.
 - We have a Dietitian on staff to educate on nutrition, special diets, and appropriate foods for children with special needs.
 - CMs will remind foster parents of pending or past due EPSDT requirements, educate them on the importance of completion, help locate in-network providers, and address any barriers to attending appointments.





Goals of the TrueCare Mom and Baby Beginnings™ & NICU Programs

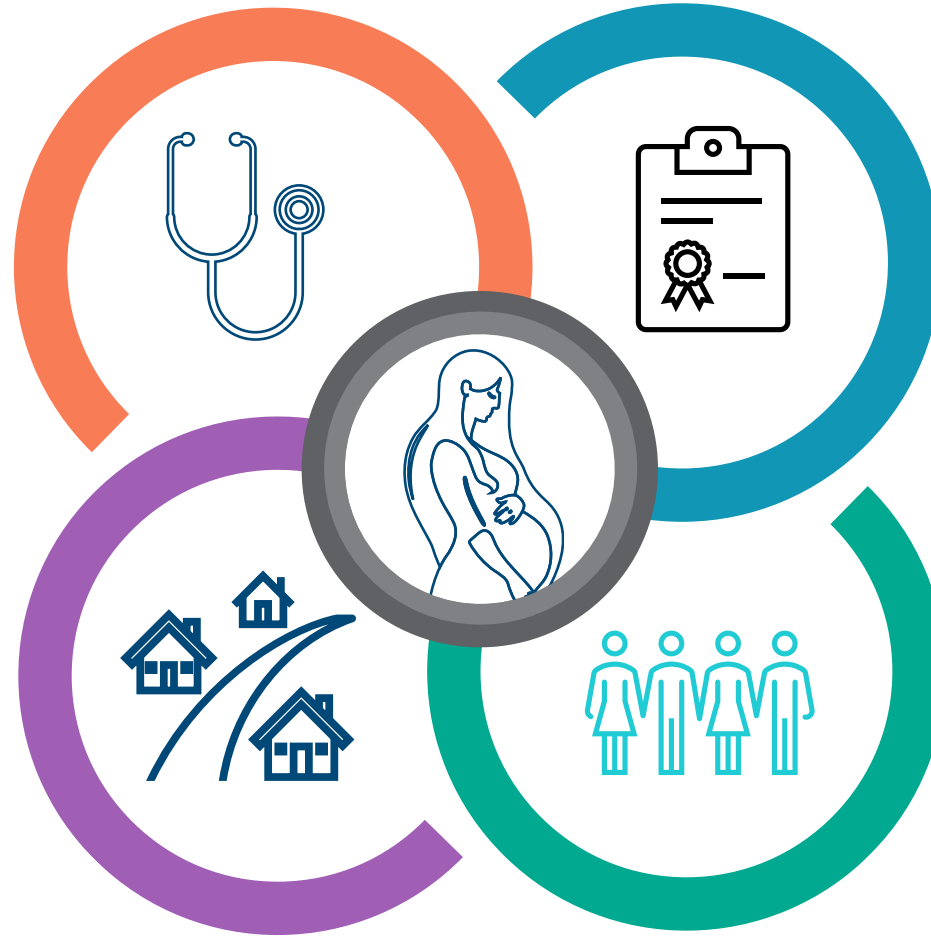
Optimized maternal and neonatal outcomes for at-risk population

Medical & Behavioral

- Perinatal Depression Screening
- Hypertension & Pre-Eclampsia Care Coordination
- Gestational Diabetes Care Coordination
- Low Birthweight & NICU Prevention

Neighborhood & Built Environment

- Transportation
- Housing
- Access to Food
- Job Resources
- Infant Care Supplies



Healthcare Access & Quality

- OB Provider Identification
- Health Equity & Culturally Competent Care
- Behavioral Health Support
- HEDIS Prenatal & Postpartum Visits
- Remote Patient Monitoring
- Lactation Support

Social & Community Context

- Support System Engagement
- Pregnancy Centering
- Maternal Health Literacy
- Intimate Partner Violence Screening
- Virtual Resources
- Adolescent Pregnancy Support
- Perinatal Loss Support



TrueCare Mom & Baby Beginnings Program

- Dedicated multidisciplinary team of specialized nurses, social workers, behavioral health specialists, and lactation specialists with an average of **14+ years of maternity experience**, based in MS and provide culturally competent care aligned with the complexities of the state
- **Proprietary pregnancy screening tool** to address maternity member's most pressing issue first and create member-centric care plans
- **Comprehensive case conferences**, where the collective expertise of the MS Medical Director, Perinatal Health Director, BH Medical Director, and dedicated MBB team converge to deliver nuanced, multidisciplinary insights and guidance
- **Unique offerings of the MBB Program:**
 - **Safe Sleep Education:** Thorough education provided to all members throughout all trimesters of their pregnancy and postpartum period, including safe sleep education
 - **Mom's Meals:** 14 meals delivered to the member at home and are nutritionally balanced to accommodate for high blood pressure and diabetes
 - **Breast pumps:** All TrueCare postpartum members are eligible for a free electric breastpump fulfilled by Aeroflow
 - **Blood Pressure Cuffs:** Any member with pre-eclampsia, eclampsia, hypertension, etc. is provided an electronic blood pressure cuff to check blood pressures at home
 - **Transportation:** Free rides for members to prenatal care visits, the NICU, WIC offices, and other appointments, helping to mitigate concerns created by maternity deserts
 - **Car Seats and Training:** CM engaged members who complete at least 3 prenatal appointments qualify
 - **Smoking Cessation program**
 - **Scales for NICU graduates**



Resources for Moms and Babies

Mom & Baby Beginnings



Our team is here for you
during and after your pregnancy.

We connect you to resources and work with your providers to make sure you are healthy and safe. Our team helps you understand your pregnancy and how to take care of your newborn. We can also help coordinate care if you have a baby in the NICU.

Call 1-844-542-2610 (TDD/TTY: 711) to get started.

Your Resources

TrueCare MyLife

TrueCare MyLife is your personal online account. Use it to manage your pregnancy journey and get easy access to your health plan. Get started at MyLife.MSTrueCare.com.

Member Services

1-833-230-2050 (TDD/TTY: 711)

We are open Monday through Friday from 7 a.m. to 8 p.m. Central Time (CT).

We can help you:

- ✓ Learn more about your benefits and how to use them.
- ✓ Find providers near you and much more!

24-Hour Nurse Advice Line

1-833-687-7321 (TTY: 711)

Get the help you need 24 hours a day, 7 days a week, 365 days a year. We can help you:

- ✓ Decide when a visit to a provider, urgent care, or ER visit is needed.
- ✓ Learn about a health problem and much more!

TrueCare Addiction Support Line

If you would like to make changes like limiting alcohol use or stopping drug use, we can help. Call the TrueCare Addiction Support Line at 1-866-286-9738 (TDD/TTY: 711).

Tobacco Cessation

One of the best things you can do for the health of you and your baby is to stop using tobacco. Call the Tobacco Quitline at 1-800-QUIT-NOW for help.

Preventive Care

Preventive care is key for the whole family.

It covers:

- ✓ Yearly well-adult exams*
- ✓ Breast cancer screenings (mammograms) and cervical cancer screenings (Pap tests) *
- ✓ Routine dental* and vision exams and much more!





TrueCare Value-Added Benefits

Why do we offer Value-Added Benefits?

We believe these additional benefits/services help us make a lasting difference in our members' lives by improving their health and well-being.





What We Offer

Enhanced Nonemergent Transportation (NET)

To ensure MSCAN and CHIP members never have to choose between spending money on transportation to attend doctor visits, grocery visits, or community engagement activities or food for their family, we provide an extended NET benefit that allows our members to access all the Value-Added Benefits (VABs) we offer.

- Unlimited transportation to and from healthcare appointments with no copayment requirement
- 5 grocery trips per month
- Coordinated Care Organization (CCO)-sponsored educational events
- High School Equivalency (HSE) classes, job interviews, and other approved activities for members
- Eligibility and redetermination appointments at local Women, Infants, and Children (WIC) and Medicaid offices
- Parental visits with their infants in an inpatient setting
- Cardiopulmonary Resuscitation (CPR) and parenting classes for parents/caregivers
- Parent/caregiver visits at Residential Treatment Facilities
- Faith-based organization programs, church or faith services and community social service programs



What We Offer

MyKids / MyHealth Rewards and Incentives Program

- Our mother and infant incentive and wellness program encourages mothers to attend routine postpartum and wellness visits to ensure both the mother and infant receive necessary screenings and checkups during the first stages of life. Members who complete specific visits are eligible to receive a gift card of their choosing once per calendar year.
- To encourage members to be active participants in their own health care journey, we make a rewards and incentive program available to all members to promote engagement in preventive health activities and encourage ongoing management of chronic health conditions, including diabetes. As members complete wellness and incentive activities, they can earn gift cards of their choice.

Healthy Homes Asthma Remediation Program

- We provide a free complete bedding set for kids with asthma who are enrolled in care management with an asthma diagnosis to reduce exposure to environmental triggers.
- Members must be enrolled in care management and have a qualifying diagnosis. Limited to one bedding set annually.



What We Offer

MyStrength

- Our online emotional health tool is a safe and secure tool designed to support member's emotional health and strengthen their mind, body, and spirit. This tool offers:
- Online learning topics such as depression, anxiety and substance abuse
- Empowering self-help tools such as a mood tracker, thought, and feeling log and a fitness log
- Wellness resources such as mindfulness exercise, parenting tips, weight and stress management, and smoking cessation
- Daily inspirational quotes
- A chance to establish goals and earn badges when goals are met
- Articles and videos on a variety to topics such as depression, anxiety, and substance use disorder

MyResources

- We offer all members, including parents and guardians of members, access to our social care referral platform for on-demand access to local community resources. Members can search for organizations like food banks and food pantries and receive information in real time, including hours of operation, contact information, eligibility information, distance from the zip code where they live, directions to the organization, and other locations near to them. Members can access the platform from a desktop or mobile device, and they can choose to search anonymously, or log in for additional features and functionality. For added accessibility, users can translate the site into 109 languages, share information about available programs with others, and print program information in a preferred language.



What We Offer

Youth & Family Community Activity Membership

- We will offer up to \$40/month toward the cost of a single membership with Boys and Girls Club, YMCA, and other organizations that provide engagement opportunities through community-based activities. Limited to members 18 years of age and younger

OTC Flex Card

- When members have access to OTC medications and supplies to treat minor illnesses and injuries, they are less likely to utilize the ED for the same needs. Member benefits include a monthly allowance of up to \$10 per member to support purchase of non-prescription, commonly used OTC and hygiene items. These include first aid supplies, cold/cough medications, eye drops, toothpaste, pain relievers, vitamins, tobacco cessation, diapers, and hygiene items. Members are supplied with a catalog of allowable OTC items.

Weight Watchers

- We provide eligible members engaged in care management a WW membership for 12 weeks. Limited to members 18 years of age and older with a diagnosis of obesity.



Community Outreach



National Diaper Need Awareness Week



Community Baby Shower



Bridging the Gap: Boots on the Ground
Food Distribution: Hattiesburg



Hinds Community Resource Event

Successes:
The TrueCare Community Marketing Team has provided over 7,000 diapers to new or expectant mothers across the state.



Leland Medical Trunk or Treat



JONI & Friends Disability Day at the State Fair

Successes:
The Community Marketing Team has attended over 140 events which has allowed us to educate members on TrueCare as well as Rewards and Enhanced Benefits.





Call Center Statistics

In 2025, the Contact Center consistently delivered best-in-class performance outcomes, reflecting disciplined operational execution, strong workforce leadership, and a relentless focus on member and provider experience.

Member Services achieved a **97%** Service Level with an Average Speed of Answer (ASA) of 7 seconds,

Provider Services delivered a **92%** Service Level with an ASA of 20 second

Performance benchmarks that exceed industry standards and demonstrate exceptional accessibility,

Date Range: 7/1/2025-12/31/2025										
Line of Business	Contacts Offered	Contacts Answered	ASA (MM:SS)	Service Level	AHT (MM:SS)	Abandon Rate	Average Hold Time (MM:SS)	Max Wait Time (MM:SS)	Contacts Answered W/ Service Level	Abandon Count
Member	23,918	23,800	00:07	97.97%	11:11	0.47%	01:02	30:01	23,433	113
Medicaid	23,918	23,800	00:07	97.97%	11:11	0.47%	01:02	30:01	23,433	113
Childrens Health Insurance Program (CHIP)	2,846	2,835	00:07	97.68%	10:31	0.32%	00:59	05:38	2,780	9
Coordinated Access Network (CAN)	21,072	20,965	00:07	98.01%	11:17	0.49%	01:02	30:01	20,653	104
Provider	19,627	19,436	00:20	91.67%	11:17	0.94%	00:32	19:50	17,993	184
Medicaid	19,627	19,436	00:20	91.67%	11:17	0.94%	00:32	19:50	17,993	184
Childrens Health Insurance Program (CHIP)	1,929	1,911	00:16	92.43%	11:54	0.83%	00:36	12:12	1,783	16
Coordinated Access Network (CAN)	17,698	17,525	00:20	91.59%	11:13	0.95%	00:32	19:50	16,210	168
Total	43,545	43,236	00:13	95.13%	11:14	0.68%	00:49	30:01	41,426	297

Top Call Drivers:

- Eligibility Inquiries
- ID Card Questions
- Benefit Inquiry

Top Call Drivers:

- Claim Inquiry
- Requesting Authorizations
- Eligibility Inquiries



TrueCare Care Success Stories

- A young member needed out-of-state care, and the Care Manager arranged transportation, lodging, and supplies, earning the parents' gratitude and commendation to leadership.
- The Care Manager facilitated the member's access to special eye drops at a neighboring clinic by collaborating with staff and securing necessary authorizations.
- The Care Manager assisted a member in finding local hot meals and a food bank, addressing their previous difficulties, and the member expressed gratitude for the support.
- The member's mother called the Team Lead to express appreciation for the Care Manager's thorough and professional care for her special needs child.
- A member needed a car seat for her newborn but couldn't afford one and was being induced that evening. The Mom & Baby Beginnings (MBB) Care Manager had already given her resources, but local organizations had no car seats due to funding shortages. The MBB Care Manager contacted other organizations for a car seat but couldn't secure one in time. With no local options, the MBB Care Manager submitted a Member Assistance Fund request, which was approved, and the car seat was delivered to the member's home hours before going to the hospital.

CMS Final Rule 9115 and 0057

Interoperability & Patient Access



What is Patient Access?

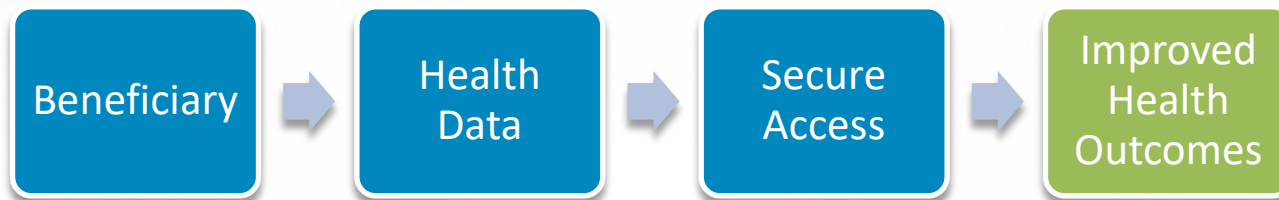
- *A federal initiative to modernize how healthcare information is securely accessed and shared.*
- *Focuses on allowing Medicaid beneficiaries to electronically access their own health information via 3rd party apps of their choice.*
- *Supports future improvements across the healthcare system.*

* * *

Initiatives: CMS Final Rules 9115 (Interoperability and Patient Access) and 0057 (Interoperability and Prior Authorization)

Why does Patient Access matter?

- Easier access to personal health information
- Better continuity of care across providers
- Increased transparency and member engagement
- Secure, standardized data exchange



What We've Accomplished

Meeting data and infrastructure modernization and standards

Met CMS Patient Access requirements for Provider Directory and Patient Access

Security and privacy safeguards implemented

Set the foundation for the next layer of the project

Here's What You Can Expect

2026

- Apps available late JAN/early FEB
- Continued member outreach and education
- Ongoing monitoring and improvements

2027 and Beyond

- Provider-to-provider clinical data exchange
- Payer-to-payer clinical data sharing
- Prior authorization improvements (CMS 0057)

Access, Safety, and Outreach

- Members choose whether to use third-party apps
- DOM does not endorse or require any specific app
- Apps are authorized to connect but are not owned by DOM
- Data is shared only with member permission
- Outreach and education statewide

This initiative gives members more access to and control of their health information while continuing to strengthen connection and efficiency across Mississippi's Medicaid program.

Questions/Comments