



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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MEMORANDUM

TO: The Honorable Luke Torian
Chair, House Appropriations Committee

The Honorable Louise Lucas
Chair, Senate Finance and Appropriations Committee

Michael Maul
Director, Virginia Department of Planning and Budget

FROM: Cheryl J. Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Monthly Medicaid Expenditure Report (November Data)

This report is submitted in compliance with item 292.B.1. of the 2025 Appropriations Act, which states:

The Department of Medical Assistance Services (DMAS) shall submit monthly expenditure reports of the Medicaid program by service that shall compare expenditures to the official Medicaid forecast, adjusted to reflect budget actions from each General Assembly Session. The monthly report shall be submitted to the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees within 20 days after the end of each month.

Should you have any questions or need additional information, please feel free to contact me at (804) 664-2660.

CJR/wrf

Enclosure

Pc: The Honorable Janet Kelly, Secretary of Health and Human Resources

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Department of Medical Assistance Services
Detail Report on Medicaid Expenditures - November FY2026

| Category | Base Medicaid | | | Medicaid Expansion | | |
|---|---|---------------------------------------|---|--|---------------------------------------|--|
| | FY 2026 Official Forecast ¹ | FY 2026 Appropriation ¹ | Actual Expenditures through November FY 2026 | FY 2025 Official Forecast ² | FY 2025 Appropriation ³ | Expenditures through November FY 2026 |
| General Medical Care: Managed Care | 10,178,554,946 | 9,667,654,694 | 4,264,193,049 | 5,284,162,679 | 5,455,964,347 | 2,391,892,922 |
| MCO Capitation Payments: Low-Income Adults & Children | 3,191,996,155 | 3,321,496,777 | 1,357,897,718 | 3,647,457,247 | 3,978,315,839 | 1,550,771,949 |
| MCO Capitation Payments: CCC+ Program | 7,310,720,332 | 6,678,494,314 | 2,906,390,951 | 2,037,715,786 | 1,787,719,079 | 842,311,417 |
| MCO Pharmacy Rebates(Current Year) | -324,161,541 | -332,336,397 | -95,620 | -401,010,354 | -310,070,571 | -1,190,444 |
| General Medical Care: Fee-For-Service | 1,947,481,276 | 1,683,402,493 | 773,580,521 | 570,305,058 | 580,799,135 | 248,725,692 |
| Inpatient Hospital | 180,943,367 | 155,510,684 | 67,833,655 | 249,230,534 | 204,374,622 | 111,413,454 |
| Outpatient Hospital | 40,929,949 | 39,775,357 | 18,003,236 | 46,031,258 | 52,341,521 | 22,052,038 |
| Physician/Practitioner Services | 43,023,555 | 41,610,221 | 19,885,422 | 37,000,800 | 33,886,112 | 15,009,908 |
| Clinic Services | 235,980,396 | 139,550,306 | 101,015,562 | 8,908,094 | 7,585,479 | 3,688,381 |
| IHC Clinic Regular FMAP | - | 60,216,599 | 113,250 | 200,742 | 66,973,213 | 200,742 |
| Pharmacy (Point of Sale Only) | 14,755,522 | 14,632,772 | 5,951,013 | 16,076,428 | 15,786,190 | 6,054,775 |
| FFS Pharmacy Rebates(Current Year POS, Hospital and Physician) | -6,764,855 | -29,747,407 | 0 | -4,870,571 | 0 | 1,103,748 |
| Medicare Premiums Part A & B | 545,043,361 | 478,690,918 | 195,391,960 | 13,966,985 | 9,639,128 | 5,797,242 |
| Medicare Premiums Part D | 436,639,475 | 409,670,013 | 163,298,203 | 15,535,580 | 3,658,063 | 5,439,100 |
| Dental | 306,421,753 | 301,054,455 | 131,874,887 | 175,709,863 | 173,592,010 | 72,499,070 |
| Transportation | 118,851,160 | 80,384,650 | 57,397,892 | 10,088,628 | 6,552,813 | 4,323,885 |
| Indian Health Clinics (100% Fed) | - | -34,532,223 | -108,444 | -200,742 | 3,155,806 | -200,742 |
| All Other (Hospice, HIP Payments, Medical Appliances) | 31,657,593 | 26,586,147 | 12,923,884 | 2,627,459 | 3,254,178 | 1,344,091 |
| Behavioral Health & Rehabilitative Services: Fee-For-Service | 42,318,153 | 51,309,093 | 15,457,471 | 20,398,957 | 14,794,582 | 10,033,997 |
| MH Case Management | 1,297,083 | 1,433,978 | 592,471 | - | - | 297,154 |
| MH Residential Services(PRTF primarily, also psych commty res svcs) | 13,303,141 | 16,691,989 | 4,170,525 | - | - | 1,316 |
| MH Rehabilitative Services | 9,251,106 | 15,191,770 | 3,679,031 | - | - | 9,735,219 |
| Early Intervention & EPSDT-Authorized Services | 18,466,824 | 17,991,357 | 7,015,444 | - | - | 308 |
| Long-Term Care Services: Fee-For-Service | 2,923,382,264 | 2,948,760,714 | 1,213,523,561 | 120,425,662 | 105,111,640 | 48,831,749 |
| Nursing Facility | 268,611,970 | 327,711,439 | 101,995,735 | 22,682,078 | 41,257,885 | 4,429,277 |
| Private ICF/IIDs | 143,644,037 | 145,160,659 | 53,068,510 | - | - | 2,020,998 |
| PACE | 163,073,974 | 153,099,718 | 66,646,979 | - | - | 2,959,833 |
| HCBS Waivers: Personal Support | 361,501,435 | 394,561,628 | 147,621,177 | 97,743,584 | 63,853,755 | 6,783,253 |
| HCBS Waivers: Habilitation | 1,781,455,125 | 1,726,975,893 | 755,910,561 | - | - | 28,086,382 |
| HCBS Waivers: Nursing, EM/AT, Adult Day Care | 115,006,488 | 113,680,960 | 50,954,662 | - | - | 2,669,071 |
| HCBS Waivers: Case Management & Support | 90,089,235 | 87,570,417 | 37,325,937 | - | - | 1,882,934 |
| Supplemental Payments (DSH, IME/GME, Dx,SGO/NSGO Hosp, SGO/NSGO NF) | 1,052,002,370 | 913,606,172 | 231,375,912 | 263,252,757 | 182,458,171 | 43,422,001 |
| DSH | 27,164,850 | | 4,638,446 | - | - | - |
| IME/GME | 648,213,867 | | 142,011,835 | - | - | 5,966,250 |
| Nursing Facility Supplemental | 39,500,858 | | 8,109,111 | 406,815 | | 139,783 |
| Physician Supplemental Payments | 200,990,222 | | 33,531,042 | 194,353,303 | | 22,870,294 |
| Government & Nonprofit Clinics | 227,159 | | - | - | - | - |
| Private Hosp Physician Supplemental | - | | -338,861 | - | - | 700,306 |
| Enhanced Supplemental Hospital IGT | 62,689,514 | | 15,986,951 | 36,817,651 | | 15,178,757 |
| Hospital Supplemental payments | 73,215,900 | | 27,437,388 | 31,674,988 | | -1,433,389 |
| Private Acute Care Hospital Enhanced SupplementalPayments | 2,754,322,300 | 1,927,420,963 | 452,631,527 | 2,189,046,095 | 2,645,953,388 | 359,736,868 |
| Total Forecasted Medicaid Expenditures | 18,898,061,310 | 17,192,154,129 | 6,950,762,041 | 8,447,591,208 | 8,985,081,263 | 3,102,643,229 |
| Federal Funds | 9,494,614,596 | 8,609,371,002 | 3,496,851,235 | 7,580,403,180 | 8,091,342,285 | 2,776,330,773 |
| Rate Assessment | 1,363,703,504 | 953,345,416 | 221,834,711 | 218,904,609 | 264,595,339 | 35,973,686 |
| Coverage Assessment | - | - | - | 648,283,418 | 629,143,639 | 290,338,770 |
| Virginia Health Care Fund(Includes Tobacco Tax, Pharmacy Rebates, etc.) | 440,698,220 | 440,500,000 | 100,000,000 | - | - | - |
| General Funds | 7,599,044,990 | 7,188,937,712 | 3,132,076,095 | - | - | - |

| Unforecasted Medicaid Expenditures | | |
|---|---|------------|
| Mental Health Services CSA | - | 79,426,681 |
| Federal Funds | - | 48,212,331 |
| State Funds | - | 31,214,350 |
| Payments for Graduate Medical Education Residencies (45606) | | 11,700,000 |
| Federal Funds | | 5,850,000 |
| State Funds | | 5,850,000 |
| DBHDS Facility Reimbursements (45607) | | 59,169,094 |
| Federal Funds | | 30,170,321 |
| State Funds | | 28,998,773 |
| Pharmacy Rebate Holding Acct Balance to be Reclassed in the following month | | - |

| CHIP | | |
|---------------------------|-------------|-------------|
| FAMIS Expenditures (446) | 529,957,554 | 477,247,426 |
| Federal Funds | 349,775,350 | 313,258,837 |
| Special Funds | 14,065,627 | 14,065,627 |
| State Funds | 166,116,577 | 149,922,962 |
| M-CHIP Expenditures (466) | 316,975,150 | 335,777,426 |
| Federal Funds | 211,393,906 | 221,273,794 |
| State Funds | 105,581,244 | 114,503,632 |

| Summary of Rebates by Quarter | Base Medicaid | | | | Medicaid Expansion | | | |
|-------------------------------------|---------------|-------------|----|----|--------------------|-------------|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| MCO Pharmacy Rebates - Current Year | | | | | | | | |
| FFS Pharmacy Rebates - Current Year | | | | | | | | |
| MCO Pharmacy Rebates - Prior Year | 118,678,653 | 158,933,477 | | | 145,804,261 | 214,872,367 | | |
| FFS Pharmacy Rebates - Prior Year | 2,199,022 | 2,998,384 | | | 1,281,768 | 2,085,372 | | |

¹ Pharmacy rebates received in the first half of the year are from prior year invoices and treated as revenue in the Virginia Health Care Fund.

² This represents the Pharmacy Rebate receipts currently in the holding account, which will be reclassified in the following month into revenue or expenditure refunds in Base Medicaid or Expansion, MCO or FFS.

³ Forecast is Official Forecast as of 11/1/2025. Appropriation is per 2025 Appropriation Act, Chapter 275 updated with funding changes.