

**Social Services Estimating Conference
Medicaid Caseloads and Expenditures
December 4 and 22, 2025
Executive Summary**

The Social Services Estimating Conference (SSEC) develops its new materials for Medicaid over multiple conferences. For this cycle, it convened on December 4, 2025, to adopt a new Medicaid caseload forecast and on December 22, 2025, to revise the FMAP estimates and to update the expenditure forecast for the period covering FY 2025-26 through FY 2030-31.

Caseload Estimating Conference – In response to the end of the continuous coverage provision that was in place from the early days of the pandemic through March 2023, Florida’s redetermination process began in May 2023. Total caseload for FY 2023-24 finished the year at 4,836,670, which reflected a 13.3% drop from the prior year’s historic caseload peak of 5,575,548. Total caseload for FY 2024-25 continued the double-digit decline (-12.6%) to 4,226,347. The overall caseload decline is still expected to persist into FY 2025-26, producing a fiscal year total of 4,006,508 (-5.3%)—a deeper drop than the -1.7% anticipated in July. Even at this level, the cycle low remains higher than the pre-pandemic caseload level. Caseload essentially flattens in FY 2026-27 and then resumes growth in FY 2027-28, increasing to 4,035,250. Weak growth continues throughout the remainder of the forecast, producing a caseload total of 4,104,329 in FY 2030-31.

Fiscal Year	Medicaid Caseload	Percent Change
2012-13	3,313,699	
2013-14	3,457,449	4.3%
2014-15	3,752,934	8.5%
2015-16	3,967,169	5.7%
2016-17	4,017,726	1.3%
2017-18	3,931,828	-2.1%
2018-19	3,812,142	-3.0%
2019-20	3,814,033	0.0%
2020-21	4,524,393	18.6%
2021-22	5,082,185	12.3%
2022-23	5,575,548	9.7%
2023-24	4,836,670	-13.3%
2024-25	4,226,347	-12.6%
2025-26	4,006,508	-5.3%
2026-27	4,006,308	0.0%
2027-28	4,035,250	0.7%
2028-29	4,062,411	0.7%
2029-30	4,083,810	0.5%
2030-31	4,104,329	0.5%

Expenditure Estimating Conference – The new expenditure forecast takes account of the Medicaid caseload changes described above, which had a material effect on projected costs in the near term. There are several other important funding notes. First, no funding is currently included for the Disproportionate Share Hospital Funding (DSH) allotments. While the DSH reductions are currently set to go into effect October 1, 2025, it is unknown how the Legislature will respond to the loss of these federal funds. Florida has previously implemented other federal matching programs that may offset DSH losses, including the Directed Payment Program (DPP) and the Indirect Medical Education (IME) Program. The aggregate reductions to the Medicaid DSH allotments nationwide equal \$8.0 billion for each of the next three federal fiscal years, of which Florida’s annual share would be \$118.6 million (an estimated 39.6% of the state’s total allotment). Second, the Low Income Pool (along with other supplemental payment programs funded through Intergovernmental Transfers [IGTs] from local taxing authorities) is also contingent upon a pending Legislative Budget Commission amendment. Third, the forecast does not assume continuation of IGTs for DSH, although county transfers are assumed for Graduate Medical Education.

In the expenditure forecast, an overall rate increase of 1.73% was applied to the Prepaid Health Plan general category beginning October 1, 2025. This masks, however, significant movements among the component pieces. Examining the Prepaid Health Plan categories separately clarifies this point.

- For Prepaid Health Plan—Excluding CMS, a rate decrease of -2.4% was applied in October 1, 2025. In subsequent years, the MMA—Excluding CMS capitation rate is expected to grow 2.5% in October 2026, 2.7% in October 2027, 2.6% in October 2028, 2.5% in October 2029 and 2.5% in October 2030.
- For the Prepaid Health Plan – CMSN category, a rate increase of 13.8% was applied on October 1, 2025. In the outer years, the overall CMSN capitation rate is projected to grow 6.0% in October 2026, 6.0% in October 2027, 5.0% in October 2028, 4.0% in October 2029, and 3.0% in October 2030.
- For the Prepaid Health Plan – Dental category, a rate decrease of -5.4% was applied on October 1, 2025. In the outer years, the overall Dental capitation rate is projected to grow 2.67% in October 2026, and an annual 3.0% beginning in October 2027 and continuing through October 2030.
- For the Prepaid Health Plan – Long Term Care (LTC) category, an overall rate increase of 8.2% was applied October 1, 2025. In the outer years, an annual 2.0% beginning in October 2027 and continuing through October 2030.

For FY 2025-26, program expenditures are expected to decrease by -0.5% from the prior year to \$37,501.5 million. The overall total is higher than the appropriated level, but slightly lower than the estimate adopted in July. In either case, the mix of funds and caseload is different, leading the current-year estimate to produce a General Revenue surplus of \$78.7 million relative to the appropriated level. For FY 2026-27, program expenditures are expected to drop to \$36,635.8 million or -2.3% below the new estimate for the 2025-26 fiscal year. Coupled with an unfavorable change to FMAP (see below), this level results in a General Revenue need for an additional \$1,230.9 million above the base budget level or \$268.1 million more than expected in July. See the table on the following page for more details relating to the first two years.

Federal Medical Assistance Percentage – Using new population and personal income data for the nation and for Florida, the Conference made modifications to the Federal Medical Assistance Percentages (FMAP) that are the federal funding shares used for state budgeting purposes. Overall, the

new FMAP forecast has changes that are unfavorable to the State. The base FMAP for 2026-27 has been confirmed at 55.43%. After adjusting to the State's fiscal year, the effective state FMAP is 55.88% for FY 2026-27, much lower than the 57.21% seen in FY 2025-26.

Expenditure Forecast Compared to Appropriation (millions)	FY 2025-26		FY 2026-27	
	Forecast	Surplus/Deficit	Forecast	Comparison to Base Budget
General Revenue	\$11,898.8	\$78.7	\$13,194.4	(\$1,230.9)
Medical Care TF	\$19,764.4	(\$1,701.8)	\$18,892.2	(\$849.8)
Refugee Assistance TF	\$192.8	\$122.6	\$194.9	\$120.5
Public Medical Assistance TF	\$1,088.7	(\$181.8)	\$990.7	(\$83.8)
Other State Funds	\$1,028.1	(\$957.0)	\$55.9	\$15.2
Grants and Donations TF	\$2,705.5	\$229.0	\$2,595.0	\$339.0
Health Care Trust Fund	\$579.0	(\$29.8)	\$504.3	\$44.9
Tobacco Settlement TF	\$244.2	\$0.0	\$208.4	\$35.7
Total	\$37,501.5	(\$2,440.0)	\$36,635.8	(\$1,609.2)