

A Limited Review of the Provision of Medical Services in Mississippi Correctional Facilities

PEER MISSISSIPPI
Joint Legislative Committee on Performance Evaluation and Expenditure Review

Issue Brief #736
October 21, 2026

PEER Committee

Chad McMahan, **Chair**
Kevin Ford, **Vice Chair**
Tracy Arnold, **Secretary**

Senators
Kevin Blackwell
David Blount
Lydia Chassaniol
Dean Kirby
Mike Thompson
Charles Younger

Representatives
Donnie Bell
Cedric Burnett
Becky Currie
Casey Eure
Kevin Felsher

Executive Director
James F. (Ted) Booth

About PEER:

The Mississippi Legislature created the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) by statute in 1973. A joint committee, the PEER Committee is composed of seven members of the House of Representatives appointed by the Speaker of the House and seven members of the Senate appointed by the Lieutenant Governor. Appointments are made for four-year terms, with one Senator and one Representative appointed from each of the U.S. Congressional Districts and three at-large members appointed from each house. Committee officers are elected by the membership, with officers alternating annually between the two houses. All Committee actions by statute require a majority vote of four Representatives and four Senators voting in the affirmative.

The *Mississippi Constitution of 1890* gives the Legislature broad power to conduct examinations and investigations. PEER is authorized by law to review any public entity, including contractors supported in whole or in part by public funds, and to address any issues that may require legislative action. PEER has statutory access to all state and local records and has subpoena power to compel testimony or the production of documents.

October 21, 2026

Honorable Tate Reeves, Governor
Honorable Delbert Hosemann, Lieutenant Governor
Honorable Jason White, Speaker of the House
Members of the Mississippi State Legislature

On October 21, 2026, the PEER Committee authorized release of the issue brief titled ***A Limited Review of the Provision of Medical Services in Mississippi Correctional Facilities.***

Senator Chad McMahan, Chair

Phone: (601) 359-1226 | Fax: (601) 359-1420 | www.peer.ms.gov
Woolfolk Building | 501 North West St, Suite 301-A | Jackson, MS 39201

PEER MISSISSIPPI
Joint Legislative Committee on Performance Evaluation and Expenditure Review

A Limited Review of the Provision of Medical Services in Mississippi Correctional Facilities

Report Highlights | Issue Brief #736 October 21, 2026

Background

The PEER Committee conducted a limited review of the medical services provided in correctional facilities administered by the Mississippi Department of Corrections (MDOC). In conducting this review, PEER sought to assess the performance of MDOC's medical services contractor, VitalCore Health Strategies (VitalCore), in fulfilling select requirements outlined in its contract with MDOC.

Meets Requirements	Partially Meets Requirements	Does Not Meet Requirements or Poor Data Quality
Monthly Log of Pregnant Inmates	Healthcare Intake Log	Staffing Levels
Mobile Medical Units	Completeness of Intake Physical Examinations	Timeliness of Sick Call Request Triage
Medical Advisory Committee Meetings	Completeness of Intake Mental Health Screenings	Completeness of Sick Call Request Triage
Continuous Quality Improvement Program Reporting		Timeliness of Annual Physical Assessments
Timeliness of Intake Physical Examinations		
Timeliness of Intake Mental Health Screenings		

Areas Where VitalCore Fully Meets Requirements:

- maintains a monthly log of pregnant inmates;
- maintains four mobile medical units;
- keeps Medical Advisory Committee meeting minutes;
- generates statistical reports for the Continuous Quality Improvement Program; and,
- provides timely physical and mental health intake screenings.

Scope

PEER analyzed the medical records for a random sample of 50 inmates.

This report reflects PEER's review of records requested on December 11, 2025, and provided by VitalCore through April 9, 2026.

Areas Where VitalCore Does Not Fully Meet Contractual Requirements:

- VitalCore did not record all required items on its healthcare intake log.
- VitalCore did not provide documentation for all required components of the intake physical assessment.
- VitalCore did not provide documentation for all required components of the mental health screenings.
- VitalCore did not achieve compliance with its required staffing levels, according to MDOC's analysis.
- VitalCore's records for inmate sick call requests presented inconsistencies and interpretability issues that prevented independent analysis.
- VitalCore did not provide an annual physical assessment for all inmates.

After the review period ended, VitalCore provided additional medical records to PEER. These records reflected some improvements, but VitalCore still did not achieve full contractual compliance in those areas. A summary of those records may be found in the report's addendum.

Summary of Report Recommendations

1. VitalCore should ensure that it completes all required components of inmates' intake physical and mental health assessments and keep the medical records necessary to reflect their completion.
2. MDOC should work with VitalCore to resolve the shortages in medical staffing.
3. VitalCore should continue implementing its plan to come into compliance with the contractual requirement to provide annual physical examinations to all inmates.
4. VitalCore should accurately record when sick call requests are submitted and triaged for all inmates' sick call requests in a clear and standardized manner.

For more information, contact: (601) 359-1226 | P.O. Box 1204, Jackson, MS 39215-1204
Senator Chad McMahan, Chair | James F. (Ted) Booth, Executive Director

This page left intentionally blank.

A Limited Review of the Provision of Medical Services in Mississippi Correctional Facilities

Authority, Scope, and Purpose

The PEER Committee, under the authority granted by MISS. CODE ANN. § 5-3-51 (1972) et seq., conducted a limited review of the medical services provided in correctional facilities administered by the Mississippi Department of Corrections (MDOC). In conducting this review, PEER sought to assess the performance of MDOC's medical services contractor, VitalCore Health Strategies (VitalCore), in fulfilling select requirements outlined in its contract with MDOC. Because PEER was conducting a limited review of medical services, PEER only requested medical records pertaining to routine screenings and assessments and not for chronic or specialty care.

Methodology

To conduct this review, PEER:

- analyzed the requirements contained in the contract between MDOC and VitalCore;
- requested and reviewed documentation that would affirm compliance with 13 contractual obligations selected for further analysis; and,
- analyzed the intake screening and sick call request records for a random sample of 50 inmates.[1]

To fulfill the records request, VitalCore initially provided spreadsheets reporting the dates of the inmates' medical services and later provided the actual medical records connected to those services. This report reflects PEER's review of records requested on December 11, 2025, and provided by VitalCore through April 9, 2026. (See Addendum on page 12 for a summary of records provided by VitalCore after the review period concluded.)

Overview of Limited Review of MDOC Medical Services

Exhibit 1: Overview of VitalCore's Contractual Compliance

Meets Requirements	Partially Meets Requirements	Does Not Meet Requirements or Poor Data Quality
Monthly Log of Pregnant Inmates	Healthcare Intake Log	Staffing Levels
Mobile Medical Units	Completeness of Intake Physical Examinations	Timeliness of Sick Call Request Triage
Medical Advisory Committee Meetings	Completeness of Intake Mental Health Screenings	Completeness of Sick Call Request Triage
Continuous Quality Improvement Program Reporting		Timeliness of Annual Physical Assessments
Timeliness of Intake Physical Examinations		
Timeliness of Intake Mental Health Screenings		

SOURCE: PEER analysis of documentation provided by the Mississippi Department of Corrections and VitalCore.

[1] PEER limited its random selection to inmates with sentencing dates between fourteen and twelve months prior to the records request date and excluded inmates residing in county jails.

PEER's review of the documentation submitted by MDOC and VitalCore demonstrates varying levels of compliance with the 13 contractual obligations selected for analysis. As illustrated in Exhibit 1 on page 1, VitalCore meets six of the requirements, partially meets three of the requirements, and does not meet or maintains poor data quality for four of the requirements. The following sections describe each of the contractual obligations that PEER analyzed and VitalCore's compliance or lack thereof in fulfilling its responsibilities.

Meets Requirements

Monthly Log of Pregnant Inmates

MDOC's medical services contract requires VitalCore to maintain a monthly log of all pregnant inmates at intake and the date and outcome of delivery. Upon request by PEER, VitalCore provided the pregnancy log for CY 2025, which contained a list of 22 individuals designated as pregnant at intake. Of these 22 individuals:

- 11 women delivered babies while in custody;
- seven women had not yet delivered their babies; and,
- four women were released from custody prior to delivery.

In addition to listing the women's estimated due dates and delivery dates, the pregnancy log also included the women's dates of intake into MDOC custody, demographic characteristics, and next appointment dates.

Mobile Medical Units

MDOC's medical services contract requires VitalCore to provide a fleet of at least four Mobile Medical Units (MMU) for use statewide. The contract defines an MMU as a modified passenger vehicle with exam room and lab station space that is designed for rapid response to emergencies or to supplement clinical space needs.

In response to PEER's request for information, MDOC and VitalCore explained that VitalCore purchased the MMUs in 2025. The largest MMU is stationed at Central Mississippi Correctional Facility, and two other MMUs are stationed at Mississippi State Penitentiary and South Mississippi Correctional Institute, respectively. As of December 11, 2025, the final MMU was in the body shop. According to MDOC and VitalCore, MMUs may be used for disaster response and satellite clinics.

Medical Advisory Committee

MDOC's medical services contract requires VitalCore to conduct monthly Medical Advisory Committee meetings at each MDOC facility where on-site services are provided. The Committee is to be chaired by the Medical Director at the facility and consist of members from all disciplines of services related to healthcare and security services supporting healthcare within the facility. Topics of discussion should include, but are not limited to, tracking and backlogs of appointments, status of critically ill inmates, upcoming training, scheduled off-site appointments, security concerns, medical and mental health trends, recent changes in facility or healthcare policy, non-compliance of inmates' treatments/medication, and access to services. Meeting minutes are to be taken and distributed to the Superintendent, other Committee members, and Regional Management staff within five working days of the meeting.

Upon the request of PEER, VitalCore provided the Medical Advisory Committee meeting minutes for CY 2025. The Committee meetings took place at the eight state and private facilities, which include Central Mississippi Correctional Facility, Delta Correctional Facility, East Mississippi Correctional Facility, Marshall County Correctional Facility, Mississippi State Penitentiary, South Mississippi Correctional Institute, Walnut Grove Correctional Facility, and Wilkinson County Correctional Facility. According to the Committee minutes, the meetings covered a wide range of topics, including security, sanitation, supplies, medication administration, infection control, and health services reports.

Continuous Quality Improvement Program

MDOC's medical services contract requires VitalCore to establish self-monitoring tools specific for each facility's site-specific policies and procedures to assist in the Continuous Quality Improvement process. VitalCore is responsible for compiling data from all the facilities it serves and presenting reports of its findings at the quarterly Statewide MDOC Medical Advisory Committee meetings. To enable it to complete its data reporting, VitalCore must provide a management information system capable of collecting data, processing data to evaluate statistics and trends from the data, and generating reports on a routine (i.e., monthly, quarterly, semiannually, and annually) basis so that MDOC can evaluate and monitor healthcare services.

Upon request by PEER, VitalCore provided the following reports:

- monthly quality assurance performance improvement meeting minutes, which provide an overview of the status of health services and sometimes include additional data on the types of medical services provided, the number of individuals with particular diagnoses, and other related metrics for each of the state and private facilities;
- internal activity trackers for each state and private facility, which include the percentage of success in the facility's performance across various areas of service provision and administrative procedures; and,
- a monthly chart review for each of the state and private facilities focusing on different service areas, such as infection control, chronic care, and dietary services.

While PEER did not analyze the validity of the underlying data used to create these reports, VitalCore demonstrated that it has instituted protocols to store and generate performance-related statistics.

Timeliness of Intake History and Physical Examinations

According to the terms of its contract with MDOC, VitalCore must provide a comprehensive healthcare history and physical examination for all incoming inmates no later than 14 calendar days after reception into an MDOC facility. Based on analysis of VitalCore's documentation, at least 98% of the inmates in the sample received an intake history and physical examination within 14 days of entry into the facility.[2]

Timeliness of Mental Health Intake Screenings

Mental Health Intake Screening

According to the terms of its contract with MDOC, VitalCore must provide an intake screening by a qualified mental health professional or registered nurse with mental health training no later than 12 hours after an inmate's arrival into MDOC custody. While MDOC's intake data does not contain the exact hour

[2] The remaining 2% reflected an outlier in the data which likely signifies that the wrong screening form was submitted.

when inmates arrived at the facility, at least 92% of inmates in the sample received a mental health screening within one day or less of arrival.[3]

Suicide Risk Assessment

According to the terms of its contract with MDOC, VitalCore must provide a suicide risk assessment for each inmate conducted by a licensed counselor within 24 hours of intake into the MDOC facility. VitalCore seems to combine the suicide risk assessment with the mental health screening, which means that at least 92% of inmates in the sample also received a suicide risk assessment within one day or less of arrival.

Social History Assessment and Testing

According to the terms of its contract with MDOC, VitalCore must provide a social history assessment of every inmate within 14 days of the mental health intake screening. VitalCore seems to combine the social history assessment with the mental health screening, which means that at least 92% of inmates in the sample also received a social history assessment within one day or less of arrival.

Partially Meets Requirements

Healthcare Intake Log

MDOC's medical services contract requires VitalCore to implement an electronic healthcare intake log that can be remotely shared with authorized MDOC staff that documents the following for each incoming inmate:

- name;
- MDOC identification number;
- date of arrival;
- date of initial screening;
- purified protein derivative (PPD)/tuberculin skin test (TST) with millimeter results and/or chest x-ray results; and,
- tuberculosis screening form completion, to include PPD/TST placement with millimeter results or other required screening measures, at a minimum.

VitalCore provided a healthcare intake log that included two-thirds of the required elements but lacked PPD/TST results and tuberculosis screening form completion. Additionally, the log contained a field for "Last Medical Screening," which suggests that the dates in this column may reflect the inmates' most recent medical screening rather than their initial screening, as required by the contract. Finally, the "Last Medical Screening" field for 7% of the inmates was empty, reflecting incomplete records for these individuals.

Completeness of Intake Physical Examinations

In its records request, PEER requested the date and supporting documentation for the intake history and physical examination for each of the 50 randomly selected inmates. VitalCore provided an initial health

[3] VitalCore provided documentation suggesting that the date of arrival for an additional 4% of the inmates was entered incorrectly into MDOC's system so that, if using the correct date, the calculation would show that these inmates also received the mental health screening within the required timeframe.

assessment form for each inmate. The form includes a review of the inmates' medical history, body systems, and vital signs. While the form contains some of the components required by the medical services contract (e.g., vital signs, review of systems), it does not provide evidence that the following required components were completed:

- COVID test;
- syphilis serology and HIV/AIDS screenings;
- urine dipstick;
- chlamydia and gonorrhea screening;
- capillary blood glucose;
- complete blood count;
- tuberculosis screening (i.e., tuberculosis information was marked as "none" on the assessment form for 80% of the inmates)[4]; and,
- mammograms for females (i.e., mammogram was marked as "no" on the assessment form for 67% of the females in the sample).

These additional components may be completed and reported separately from the initial health assessment form, but PEER cannot verify their fulfillment based on the records that have been provided.

Completeness of Intake Mental Health Screenings

In its records request, PEER requested the date and supporting documentation for the intake mental health screening, suicide risk assessment, and social history assessment for each of the 50 randomly selected inmates. VitalCore provided a behavioral health admission care screen form for each inmate. This form contains a series of questions about the inmate's current and past mental health condition, including suicidal ideation, self-harming behaviors, and previous psychiatric treatment.

While the behavioral health admission care screen form fulfills some of the components required by the medical services contract, it does not explicitly address all the components. First, the form does not contain an inquiry about the inmate's experience with substance abuse, which is required by MDOC policy. Secondly, the form does not contain sections identifying the completion of a suicide risk assessment and a social history assessment. Although the questions on the form contain aspects of all three contractual requirements—an intake screening, suicide risk assessment, and social history—the form does not conclusively fulfill the intention of the medical services contract, which describes the suicide risk assessment and social history assessment within a separate context and timeframe from the intake mental health screening. As with the intake physical assessment, these additional components may be completed separately from the behavioral health admission care screen form, but PEER cannot verify their fulfillment based on the records that have been provided.

[4] MDOC policy requires that all inmates undergo a tuberculosis screening upon intake. Although the screening is not mandated to occur in conjunction with the official intake examination, PEER included discussion of the screening since "TB information" appears on the health assessment form and suggests a potential lack of screening completion.

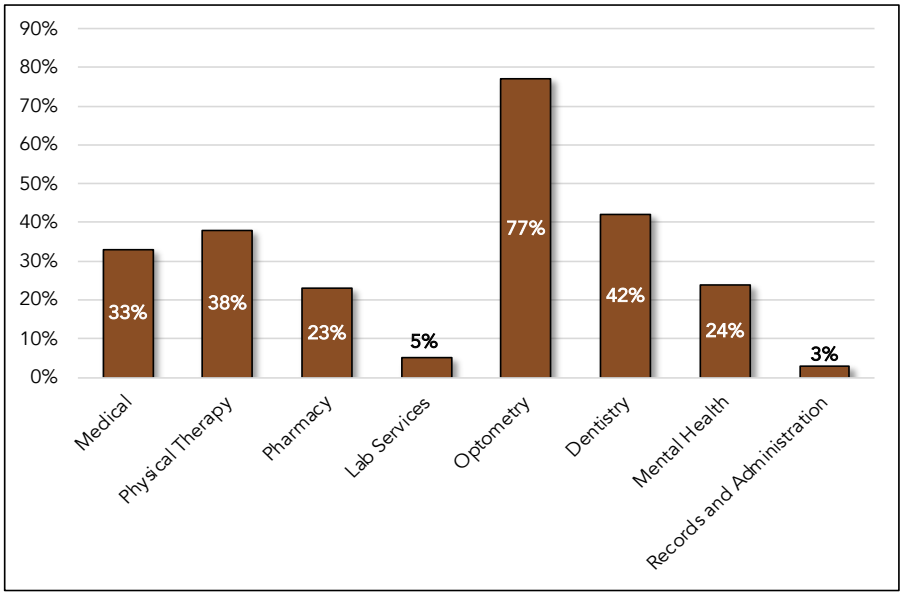
Does Not Meet Requirements or Poor Data Quality

Staffing Levels

Based on an analysis of MDOC's review of VitalCore's staffing hours, VitalCore's medical personnel has filled an average of 75% of the hours required by contract over the course of the first three quarters of Calendar Year (CY) 2025. As shown in Exhibit 2 on page 6, optometry staff has the highest percentage of unfilled hours (77%), followed by dental staff (42%) and physical therapy staff (38%). Conversely, staff working in laboratory services and records and administration have low rates of unfilled hours, registering at 5% and 3%, respectively.

As shown in Appendix A on page 10, three positions (i.e., OB/GYN Physician, Utilization Management Physician, and Ombudsman Licensed Practical Nurse) have recorded no staff hours for the first three quarters of 2025, and an additional nine positions (e.g., Optometrist, Chief Psychiatrist) have recorded less than 50% of the hours required in contract. On the high end, 17 positions (e.g., Nurse Practitioner, Director of Nursing) recorded 100% or more of the required hours.

Exhibit 2: Average Percentage of Unfilled VitalCore Staffing Hours by Service Category, January through September 2025



NOTE: These percentages exclude one position, Director of Nursing – Reception and Classification, because the Mississippi Department of Corrections stopped assessing the hours for this position beginning in July 2025.

NOTE: PEER recorded the percentage of unfilled hours for positions that exceeded 100% of the required hours as 0% unfilled rather than a negative percentage.

SOURCE: PEER analysis of the Mississippi Department of Corrections' analysis of VitalCore's staffing hours.

According to the terms of its contract with VitalCore, MDOC may seek paybacks if the required number of staffing hours in any one quarter falls below 90% for physicians, dentists, psychologists, nurse practitioners, and physician assistants and below 85% for all other staff positions. MDOC assesses paybacks at a rate equal to the average hourly wage of the unfilled position plus 20% (i.e., hourly rate X 1.20).

MDOC's analysis of VitalCore's staffing hours determined that VitalCore owed a total of $6 million for unfilled staffing hours across the first three quarters of CY 2025. MDOC received a $2.1 million credit on its June 2025 invoice for staffing shortages in Quarter 1 of 2025. As of January 13, 2026, MDOC had requested paybacks for Quarters 2 and 3 of 2025 but had not yet received the remaining balance VitalCore owes for those quarters.

Timeliness of Sick Call Request Triage

According to the terms of its contract, VitalCore must provide timely triaging of inmates' sick call requests. For MDOC facilities with daily nursing services, sick call requests must be reviewed and triaged within 24 hours of a sick call request being submitted by the inmate. For MDOC facilities without daily nursing services, sick call requests must be reviewed and triaged the next scheduled clinic day.

In its records request to MDOC, PEER requested the dates when sick call requests were submitted and triaged by nursing staff for each inmate in the sample. VitalCore originally self-reported the dates for these services in a spreadsheet. However, PEER could not confirm the dates provided in the spreadsheet or the timeliness of services based on the inmates' medical records for the following reasons:

- 90 of the 122 (74%) sick call request records do not contain the initial sick call request date. Of the remaining 32 that do provide a request date, 10 (26%) of the dates differ from the dates included in the spreadsheet originally sent by MDOC and VitalCore.
- The records do not clearly designate the date when the sick call requests were triaged by nursing staff. All the records contain dates, but the documents sometimes contain more than one date (e.g., electronic signature date, date sick call received by medical), so PEER cannot confidently and consistently determine which one serves as the correct triage date.

The inconsistencies between the dates in the original spreadsheet and the inmates' actual medical records suggest potential issues with the quality of VitalCore's data collection and the accuracy of its reporting. Without verified sick call request dates and supporting documentation, PEER cannot assess whether VitalCore is responding to inmates' sick call requests in a timely manner.

Completeness of Sick Call Request Triage

In addition to the inconsistencies between the dates in VitalCore's original spreadsheet and the inmates' actual medical records, VitalCore's documentation also revealed discrepancies in the number of sick call requests originally reported and the documentation provided. These discrepancies included the following:

- The records for nine inmates contain between one and 11 fewer sick call records than reported in the original spreadsheet.
- The records for four inmates contain between one and three more sick call records than reported in the original spreadsheet.

Similar to the issues pertaining to evaluating the timeliness of sick call request triaging, the inconsistencies in the number of sick call requests reported by VitalCore suggest concerns with the quality of VitalCore's record-keeping practices.

Annual Physical Assessments

According to the terms of its contract, VitalCore must provide physicals for inmates by qualified healthcare professionals at least annually. Of the 50 inmates included in the sample, 29 of the inmates had been in an MDOC facility for longer than 365 days at the time PEER requested the medical records and would have been due for an annual examination. VitalCore's records show that only two (7%) of those 29 inmates had received an annual physical assessment.

VitalCore asserts that it has not provided annual assessments for all inmates because it was following an older MDOC policy approved in 2021 that schedules periodic health assessments every one to four years based on the inmates' age and health status. VitalCore further explained that the National Commission on Correctional Health Care (NCCHC) changed its standards in January 2026 to begin requiring annual physical examinations and that VitalCore has already implemented a plan to come into compliance with the new standard. While VitalCore is making progress towards providing annual physical assessments, PEER notes that VitalCore should abide by the requirements outlined in its contract with MDOC inasmuch as it abides by MDOC policy and NCCHC standards.

Conclusion

In conclusion, PEER's limited review finds that VitalCore demonstrates inconsistent performance in fulfilling its contractual obligations to provide healthcare services to inmates housed in MDOC facilities. While VitalCore succeeds in meeting around half of the requirements selected for review, it only partially meets or fails to meet the other half of its requirements. Analysis of the sample of inmates' medical records shows that VitalCore achieves standards of timeliness for intake physical and mental health screenings but is lacking in the completeness of the intake screenings, the timely provision of annual physical assessments, and the quality of record-keeping for sick call requests. These findings suggest that intake-related services may be more reliably delivered than services required later in an inmate's incarceration. Overall, the combination of VitalCore's proficiencies and deficiencies indicates that VitalCore only partially meets its contractual obligations and may be underserving the inmates entrusted to its care.

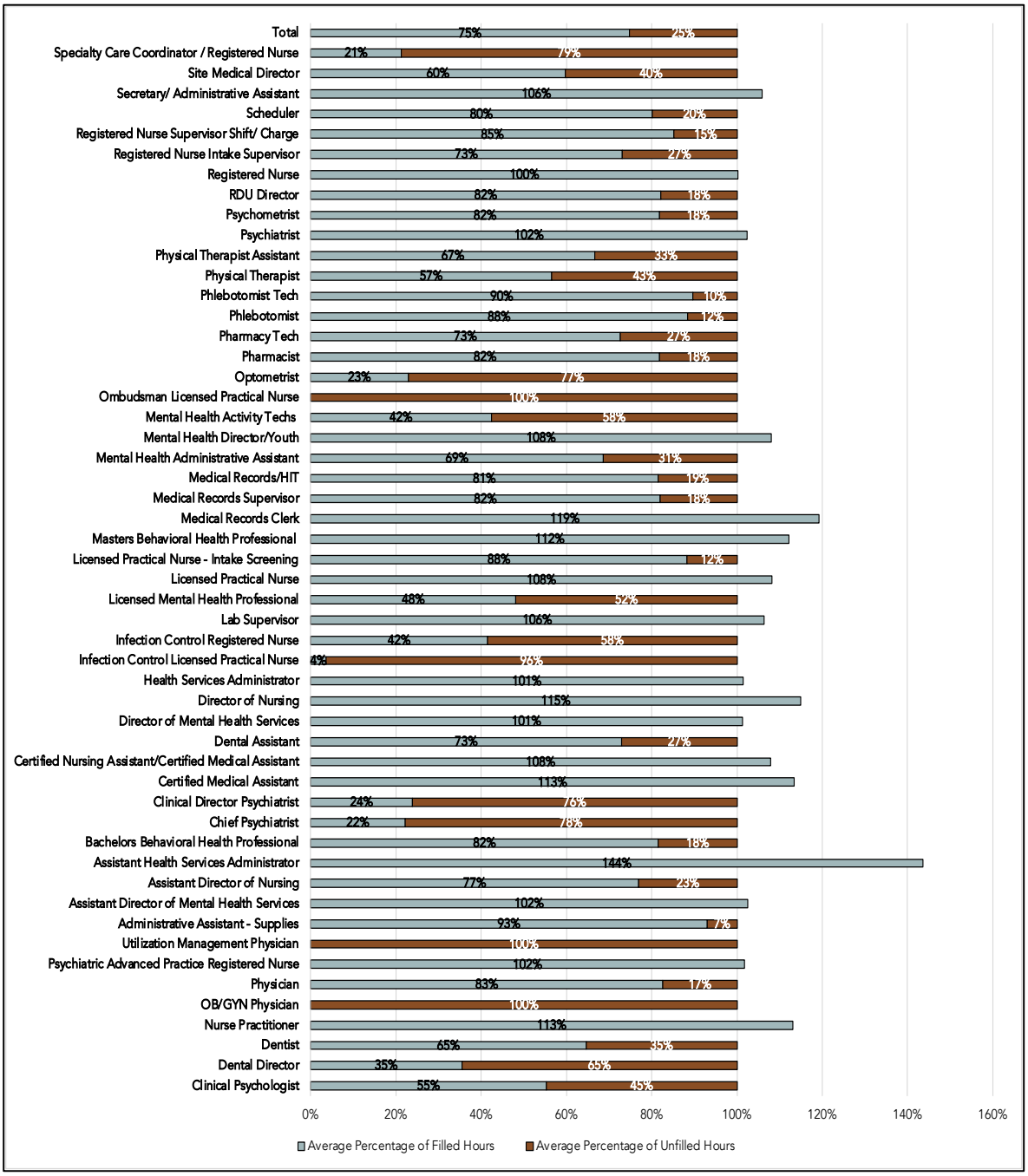
Recommendations

1. To ensure compliance with its contract with MDOC regarding inmate intake exams and screenings, VitalCore should:
    a. ensure that it completes all the required components of inmates' intake physical examinations and keep the medical records necessary to reflect their completion;
    b. include a question about inmates' past experience with substance abuse on the behavioral health admission care screen form; and,
    c. keep records clearly identifying the completion of a suicide risk assessment and a social history assessment.
2. MDOC should work with VitalCore to resolve the shortages in medical staffing by identifying the root causes of the shortages and developing strategies to combat them, including, but not limited to, advertising and recruitment efforts.

3. VitalCore should continue implementing its plan to come into compliance with the contractual requirement to provide annual physical examinations to all inmates.
4. VitalCore should accurately track and record when sick call requests are submitted and triaged for all inmates' sick call requests. In particular, VitalCore should:
    a. transition from paper to electronic sick call request forms to improve the documentation of sick call request submission dates;
    b. include initial sick call request submission dates on all inmates' medical records; and,
    c. clearly designate triage dates on all inmates' medical records.

Appendix

Appendix A: Average Percentage of Filled and Unfilled VitalCore Staffing Hours by Position, January through September 2025



NOTE: This chart excludes one position, Director of Nursing – Reception and Classification, because the Mississippi Department of Corrections stopped assessing the hours for this position beginning in July 2025.

SOURCE: PEER analysis of the Mississippi Department of Corrections' analysis of VitalCore's staffing hours.

Agency Response

The Mississippi Department of Corrections (MDOC) declined to participate in the exit process with PEER regarding this report. Therefore, MDOC did not submit an agency response to the report's findings.

MDOC did respond to certain aspects of information in the Addendum. (See page 12.) MDOC did not address the report findings regarding the correctional healthcare records.

Addendum

PEER did not independently verify the healthcare records provided by VitalCore reflected in this addendum.

After completion of the review period on April 9, 2026, VitalCore provided PEER additional medical records and other information pertaining to the areas in this review. This information is reflected in the following addendum to the original report.

The following sections provide a summary of the changes evident in the updated documentation pertaining to the contractual responsibilities that PEER assigned a "partially meets requirements" or "does not meet requirements or poor data quality" designation on page 1 of the original report.

Healthcare Intake Log

VitalCore provided updated healthcare intake logs for Central Mississippi Correctional Facility, South Mississippi Correctional Institute, and Mississippi State Penitentiary. These logs were similar in format to the log initially provided but included additional fields indicating the dates when tuberculosis tests were completed and evaluated. However, the logs did not include the results of the tuberculosis tests, as required by contract. Additionally, the tuberculosis test date field for 29 of 567 (5%) inmates was empty, reflecting incomplete records for these individuals.

Completeness of Intake Physical Examinations

VitalCore provided additional documentation that showed the completion of required tuberculosis, HIV/AIDS, and syphilis testing for each inmate.[5] VitalCore also explained that mammograms were provided to women based on their age and the date of their last mammogram in accordance with American College of Obstetrics and Gynecological guidelines, as permitted by the contract.

VitalCore reported that the other components required by the contract that were missing from the inmates' intake physical examination records were provided only as clinically indicated. VitalCore stated to PEER that it had requested amendments to the medical services contract to align with clinical guidelines, but that MDOC did not agree to the amendments. PEER requested a response from MDOC about VitalCore's practice of abiding by clinical guidelines instead of the contract's stipulations, but MDOC declined to provide a response.

Completeness of Intake Mental Health Screenings

In the updated collection of documents, VitalCore provided an additional psychological evaluation form for 98% of the inmates. While not entitled a social history assessment, this evaluation form contained inquiry into the inmate's biographical, mental health, and family history, which could be taken to fulfill the

[5] The tuberculosis form for one inmate did not include test results.

social history assessment requirement.[6] The form was completed within 14 days of the mental health intake screening for all inmates, as the contract requires for the social history assessment.

VitalCore's updated documentation still lacked evidence of inquiry about an inmate's substance abuse history by mental health professionals upon his or her first entry into the facility. VitalCore provided a separate medical screening form conducted upon an inmate's arrival that contains questions pertaining to substance abuse, but the majority of these forms were not completed by a qualified mental health professional or a registered nurse with mental health training, which the medical services contract requires for the completion of mental health intake screenings.

Annual Physical Assessments

As stated earlier in the Issue Brief, VitalCore explained that it implemented a plan to come into compliance with the new NCCHC standard requiring annual physical examinations in January 2026. To demonstrate its progress toward achieving compliance with the new standard, VitalCore submitted updated documentation on May 12, 2026, which showed that the percentage of inmates due for an annual examination who had received the required assessment had increased from 7% to 86%.

Staffing Levels

VitalCore stated to PEER that it had entered into negotiations with MDOC over the calculation of unfilled staffing hours, contending that MDOC was using an incorrect formula to assess the staffing shortages. VitalCore explained that it hired a third-party auditor which confirmed that the calculation should be completed differently and that MDOC had agreed to the auditor's findings. PEER requested a response from MDOC in May 2026 for its perspective on the staffing hour calculation, but MDOC declined to provide a response.

Timeliness of Sick Call Request Triage

VitalCore provided additional sick call documents containing the inmate's sick call request date for 62 of 137 (45%) of the records—a higher percentage than the 32 of 122 (26%) contained in the original collection. However, with the majority of documents still lacking the inmate's sick call request date, PEER declined to complete a full analysis of the timeliness of sick call request triaging due to the limited sample size.

All of the other issues identified in this issue brief, including lack of a clear designation of the triage date and discrepancies between the actual records and VitalCore's self-reported dates, persisted in the updated documents. Furthermore, VitalCore indicated that it may have still not supplied all the sick call request forms to PEER and explained that it misunderstood PEER's request and submitted documents that do not pertain to inmate-initiated sick call requests.

Completeness of Sick Call Request Triage

VitalCore supplied an updated collection of the inmates' sick call request records that corrected all of the cited issues except for one missing record each for two inmates. VitalCore admitted that the discrepancies identified in the initial collection of records may have been due to human error.

[6] PEER determined whether or not VitalCore could produce documentary evidence of the completion of select mental health requirements outlined in its contract with MDOC but did not evaluate the clinical validity of the questionnaires.

Impact of Addendum Information to the Original Report: While VitalCore provided additional healthcare records to reflect improvement in certain areas of deficiency from the original report, VitalCore still did not achieve full contractual compliance in those areas. (See Exhibit A-1.) Therefore, improvements are still needed.

Exhibit A-1: Impact of Addendum Information to Original Report

Fully Meets Requirements
Monthly Log of Pregnant Inmates
Mobile Medical Units
Medical Advisory Committee Meetings
Continuous Quality Improvement Program Reporting
Timeliness of Intake Physical Examinations
Timeliness of Intake Mental Health Screenings

Does Not Fully Meet Requirements	
Healthcare Intake Log	Staffing Levels*
Completeness of Intake Physical Examinations	Timeliness of Sick Call Request Triage
Completeness of Intake Mental Health Screenings	Completeness of Sick Call Request Triage
Timeliness of Annual Physical Assessments	

SOURCE: PEER analysis of documentation provided by the Mississippi Department of Corrections and VitalCore.

Response to Addendum

STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
BURL CAIN
COMMISSIONER

July 23, 2026

Mr. Ted Booth
Executive Director
Joint Committee on Performance Evaluation and Expenditure Review
Woolfolk Building, Suite 301-A
501 North West St.
Jackson, MS 39201

Dear Mr. Booth,

The Mississippi Department of Corrections ("MDOC") is in general agreement with the findings in the Performance Evaluation and Expenditure Review ("PEER") report based on PEER's limited review of medical services provided by VitalCore Health Strategies, LLC ("VitalCore"). Specifically, PEER's review was confined to a chart review of fifty inmates in the custody of the MDOC and evaluated records pertaining to routine screenings and assessments but not chronic or specialty care.

MDOC writes to clarify one significant point. Specifically, MDOC has not executed any written amendment to the contract with VitalCore for the provision of mental and medical care. The contract may only be amended by written agreement executed by the parties. MDOC has not agreed to any findings by VitalCore's auditor regarding the staffing penalty calculation. MDOC is committed to enforcing the terms of the contact as written, including, but not limited to, all staffing and testing requirements. MDOC confirms that negotiations are ongoing regarding the penalties for staffing vacancies for the last two quarters of 2025.

Sincerely,

Burl Cain
Commissioner

301 NORTH LAMAR STREET• JACKSON, MISSISSIPPI 39201 • PH (601) 359-5600
FAX: (601) 359-3875

SOURCE: Mississippi Department of Corrections.

PEER MISSISSIPPI
Joint Legislative Committee on Performance Evaluation and Expenditure Review

James F. (Ted) Booth, Executive Director

Performance Evaluation
Lonnie Edgar, Deputy Director
Jennifer Sebren, Deputy Director
Taylor Burns
Emily Cloys
Kim Cummins
Will Harper
Matthew Holmes
Patrick Jones
Meri Clare Ringer
Colby Spence
Julie Winkeljohn

Administration
Kirby Arinder
Stephanie Harris
Gale Taylor
Aimee Moncure

Quality Assurance and Reporting
Tracy Bobo
Bryan "Jay" Giles

Reapportionment
Ben Collins

A Limited Review of the Provision of Medical Services in Mississippi Correctional Facilities

October 21, 2026

For more information, contact: (601) 359-1226 | P.O. Box 1204, Jackson, MS 39215-1204

Senator Chad McMahan, Chair | James F. (Ted) Booth, Executive Director

PEER MISSISSIPPI
Joint Legislative Committee on Performance Evaluation and Expenditure Review