Medicaid Managed Care
Quarterly Transparency Report

State Fiscal Year 2019 – Quarter 4

Response to Act 482 of the 2018 Regular Legislative Session

Prepared by:

Louisiana Department of Health

Bureau of Health Services Financing

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LOUISIANA
DEPARTMENT OF HEALTH

Contents

Introduction

This report is submitted in response to Act 482 of the 2018 Regular Legislative Session. The report contains the requested Medicare Managed Care program data on the adult expansion population and payments to MCO pharmacy benefits managers (PBM). The report will be produced quarterly according to the following schedule.

State Fiscal Year Quarter	Months Reported	Report Issue Date
Q1	July, August, September	January 20
Q2	October, November, December	April 20
Q3	January, February, March	July 20
Q4	April, May, June	October 20

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2019 state fiscal year. A collective chart of the data submitted in each quarterly report will be included in the annual Medicaid Managed Care Transparency Report.

All data reported will be current as of the run date of each report; however, some data may change over time due to the dynamic nature of Medicaid enrollment and claims processing. Claims data will be reported based on date of payment, rather than date of service as previously reported under Senate Resolution 163 of the 2017 Regular Legislative Session. This will minimize fluctuations in data due to claim lag when data for the same reporting period is reported at a later date. Likewise, because Medicaid provides for retroactive enrollment, enrollment data presented each quarter may vary somewhat from data reported in the annual summary or other future reports.

Acronyms Used in This Report

Throughout this report, several acronyms are used to enable the concise presentation of data in tables. These acronyms are presented below.

Managed Care Organizations
ABH   Aetna Better Health
ACLA   Amerihealth Caritas of Louisiana
HB   Healthy Blue
LHCC   Louisiana Healthcare Connections
UHC   UnitedHealthCare Community Plan

Other Acronyms
MCO   Managed Care Organization
DBPM   Dental Benefits Plan Manager
PBM   Pharmacy Benefits Manager
SFY   State Fiscal Year
YTD   Year to Date

ED   Emergency Department
NEMT   Non-Emergency Medical Transportation
CMS   Centers for Medicare & Medicaid Services
MCNA Managed Care of North America, Inc. (the DBPM)

Louisiana Medicaid Expansion Population

On July 1, 2016, per Executive Order JBE 16-01, Louisiana expanded Medicaid coverage under the Affordable Care Act to adults aged 19 through 64 under 138% of the Federal Poverty Level. The majority the expansion group receive full Medicaid coverage through enrollment in one of five contracted Medicaid MCOs. Each month less than 1% of expansion enrollees are enrolled in cases such as incarceration or enrollment in Medicare that may require a period of coverage for some services under fee for service (FFS). Non-managed care data for these cases are not included in this report.

Expansion Enrollment by Age Cohort and MCO

During the current reporting quarter, April 1, 2019 through June 30, 2019, the unduplicated count of expansion enrollees was 491,096, representing a 4% decrease from quarter 3. Events that affected enrollment during this timeframe include quarterly wage checks, the continued phase-in of annual renewals, and auto-closure for individuals who failed to respond to a renewal request. Table 1 provides a breakdown of enrollees by age, MCO and month.

Table 1: Expansion enrollment by age cohort and MCO, SFY 2019 Quarter 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2019						
Ages 19 to 49	35,636	49,221	70,571	100,128	108,878	364,434
Ages 50 to 64	14,570	13,988	20,735	25,108	28,739	103,140
Total	50,206	63,209	91,306	125,236	137,617	467,574
May 2019						
Ages 19 to 49	34,818	48,208	69,571	98,660	107,181	358,438
Ages 50 to 64	14,310	13,782	20,549	24,690	28,267	101,598
Total	49,128	61,990	90,120	123,350	135,448	460,036
June 2019						
Ages 19 to 49	34,572	47,839	69,518	98,058	106,343	356,330
Ages 50 to 64	14,228	13,703	20,578	24,647	28,162	101,318
Total	48,800	61,542	90,096	122,705	134,505	457,648
SFY 2019 Q4 Total						
Ages 19 to 49	37,674	51,824	75,087	105,696	114,775	385,056
Ages 50 to 64	15,299	14,646	22,014	26,381	30,280	108,620
Total[1]	52,827	66,295	96,843	131,770	144,735	491,096
SFY 2019 YTD[1]	**69,147**	**84,111**	**120,448**	**166,069**	**181,840**	**601,879**

Source: Medicaid Data Warehouse, data extracted 8/12/19.

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[1] Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

Expansion Enrollees with Earned Income

Table 2 presents the number of expansion enrollees in each MCO with earned income. Approximately 54% of the expansion population for quarter 4 reported earned income. This analysis may include individuals with a disability or other persons identified in CMS guidance whose ability to work may be limited, such as students and individuals with complex medical conditions.

Table 2: Unduplicated expansion enrollees with earned income by age cohort and MCO, SFY 2019 Quarter 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2019						
Ages 19 to 49	17,361	26,349	37,391	55,782	60,109	196,992
Ages 50 to 64	4,848	4,916	7,276	9,358	10,326	36,724
Total	22,209	31,265	44,667	65,140	70,435	233,716
May 2019						
Ages 19 to 49	17,435	26,530	37,886	56,498	60,731	199,080
Ages 50 to 64	4,933	5,009	7,394	9,484	10,493	37,313
Total	22,368	31,539	45,280	65,982	71,224	236,393
June 2019						
Ages 19 to 49	17,875	26,949	38,967	57,439	61,769	202,999
Ages 50 to 64	5,025	5,073	7,613	9,734	10,759	38,204
Total	22,900	32,022	46,580	67,173	72,528	241,203
SFY 2019 Q4 Total						
Ages 19 to 49	20,168	30,014	43,200	63,429	68,412	224,412
Ages 50 to 64	5,646	5,641	8,448	10,728	12,009	42,293
Total[2]	25,769	35,593	51,564	74,036	80,298	266,270

Source: Medicaid Eligibility Data System, data extracted on 6/15/19, 7/15/19, and 8/15/19.

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[2] Quarterly totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

Expansion Per Member Per Month Payments

In the fourth quarter of SFY 2019, total payments of $856,148,565 were issued to the five MCOs to manage the care of individuals in the expansion population for medical, specialized behavioral health, pharmacy and transportation services. Table 3 presents the total payments to each MCO to manage the care of the individuals in the expansion population assigned to their MCO by month of payment. These figures represent rate adjustments made effective April 1, 2019.

Table 3: Total payments to MCOs for expansion population, SFY 2019 Quarter 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2019	$31,488,220	$37,757,486	$56,501,797	$73,412,163	$86,488,411	$285,648,078
May 2019	$30,966,199	$37,093,993	$53,759,791	$70,971,669	$82,223,362	$275,015,013
June 2019	$33,928,058	$40,903,243	$59,689,130	$80,170,657	$89,794,386	$304,485,474
SFY 2019 Q4 Total	$96,382,478	$115,754,722	$169,950,718	$224,554,489	$258,506,159	$865,148,565
SFY 2019 YTD[3]	$360,588,421	$431,465,245	$610,909,657	$835,437,003	$951,894,342	$3,190,294,669

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 7/1/19 and 7/15/19.

In addition to the services provided by the MCOs, the state contracts with a single dental benefit program manager, MCNA, Inc., to provide administration of dental benefits for the expansion population. Expansion enrollees aged 19 and 20 years are eligible for all Medicaid covered dental services. Enrollees 21 years of age and over are eligible for covered denture services only. Table 4 provides total payments for dental benefits by month of payment.

Table 4: Total payments for dental benefits for expansion population, SFY 2019 Quarter 4

	MCNA
April 2019	$1,140,036
May 2019	$1,151,967
June 2019	$1,171,355
SFY 2019 Q4 Total	$3,463,359
SFY 2019 YTD[4]	$14,506,438

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 7/1/19 and 7/15/19.

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[3]Includes $70,925,835 of payments for Health Information Provider Fee that was miscoded to expenditure org 8114, sub-object EX rather than the expansion expenditure org 812A in ISIS.

[4]Includes $359,457 of payments for Health Information Provider Fee that was miscoded to expenditure org 8114, sub-object EX rather than the expansion expenditure org 812A in ISIS.

Medicaid Expansion Population Service Utilization

As requested in Act 482 of the 2018 Regular Legislative Session, this section provides a comparison of specified service utilization for the expansion population and the non-expansion population, by age cohort. The expansion population covers any adult who meets the eligibility criteria of aged 19 to 64 years old and has a household income less than 138% of the federal poverty level that do not meet other Medicaid categorical (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare) eligibility criteria. Non-expansion includes all other groups of individuals including children under 19, pregnant women, low-income parents/caretakers relatives of minor children, and individuals over 65, blind or disabled. Note that the data are not directly comparable to data presented in previous SR 163 reports due to the change in methodology from date of service to date of payment as discussed in the introduction.

Beginning with this SFY 2019 quarter 4 report, Medicaid has reformatted the data presented to better enable comparison of utilization by the expansion and non-expansion populations. A separate table for each of the six specified service categories is presented in tables 5a through 5f below.

The number of recipients who received services is unduplicated within each service category and reporting time period and, as a result, cannot be added to ascertain the total number of recipients who received services each month. Total MCO expenditures within these reporting categories in SFY 2019 quarter 4 were $447,977,970 for the expansion population and $567,645,558 for the non-expansion population. This includes claim payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 44% of total payments by the MCOs to providers for the six categories of service presented are attributed to utilization by the expansion population.

Table 5a: <u>Emergency Department</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[5]	Recipients	0	0	0	0	36,357	43,248	32,712	98,128	0.0%
	Payments	$0	$0	$0	$0	$5,150,248	$7,774,330	$5,216,801	$18,141,380	0.0%
19 to 49	Recipients	32,017	35,761	31,572	80,261	14,978	17,396	15,516	37,467	68.2%
	Payments	$5,535,590	$7,214,935	$6,303,659	$19,054,184	$2,677,981	$3,616,297	$3,253,198	$9,547,477	66.6%
50 to 64	Recipients	7,665	8,878	7,500	19,633	4,783	5,696	5,026	11,702	62.7%
	Payments	$1,506,567	$2,052,982	$1,723,358	$5,282,907	$986,975	$1,386,703	$1,245,666	$3,619,344	59.3%
65+[5]	Recipients	0	0	0	0	119	127	118	287	0.0%
	Payments	$0	$0	$0	$0	$24,567	$34,636	$36,625	$95,827	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

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[5] Medicaid Expansion population covers adults ages 19 through 64.

Table 5b: <u>Hospital Inpatient</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[6]	Recipients	0	0	0	0	4,184	4,199	4,034	11,659	0.0%
	Payments	$0	$0	$0	$0	$26,057,321	$25,757,353	$27,481,817	$79,296,491	0.0%
19 to 49	Recipients	4,433	4,310	4,252	11,722	3,274	3,449	3,357	9,202	56.0%
	Payments	$23,797,685	$22,801,870	$24,167,923	$70,767,478	$15,139,495	$15,519,664	$16,632,973	$47,292,131	59.9%
50 to 64	Recipients	1,548	1,496	1,566	4,046	1,305	1,233	1,280	3,168	56.1%
	Payments	$12,195,687	$12,095,862	$12,901,872	$37,193,420	$11,802,910	$9,833,069	$10,818,179	$32,454,158	53.4%
65+[6]	Recipients	0	0	0	0	43	46	55	121	0.0%
	Payments	$0	$0	$0	$0	$444,440	$662,789	$411,543	$1,518,772	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

Table 5c: <u>Hospital Outpatient</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[6]	Recipients	0	0	0	0	69,880	78,343	64,725	163,262	0.0%
	Payments	$0	$0	$0	$0	$11,628,631	$16,885,340	$11,557,703	$40,071,674	0.0%
19 to 49	Recipients	62,127	65,727	60,990	129,941	30,725	34,040	32,382	63,325	67.2%
	Payments	$17,321,865	$20,435,288	$18,301,487	$56,058,640	$9,264,293	$11,008,203	$10,112,008	$30,384,503	64.9%
50 to 64	Recipients	28,012	29,034	27,241	51,912	14,413	15,346	14,650	25,710	66.9%
	Payments	$12,137,680	$13,673,008	$12,945,195	$38,755,883	$7,830,353	$9,140,794	$8,607,102	$25,578,249	60.2%
65+[6]	Recipients	0	0	0	0	464	509	468	849	0.0%
	Payments	$0	$0	$0	$0	$264,019	$335,531	$309,127	$908,678	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

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[6] Medicaid Expansion population covers adults ages 19 through 64.

Table 5d: <u>NEMT</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[7]	Recipients	0	0	0	0	2,968	3,192	2,740	6,718	0.0%
	Payments	$0	$0	$0	$0	$477,335	$458,305	$368,529	$1,304,169	0.0%
19 to 49	Recipients	3,809	4,154	3,696	7,955	4,318	4,851	4,330	8,132	49.4%
	Payments	$538,528	$579,677	$572,844	$1,691,050	$473,331	$519,440	$470,064	$1,462,836	53.6%
50 to 64	Recipients	2,710	2,915	2,541	5,004	5,856	6,469	5,842	9,728	34.0%
	Payments	$256,568	$283,436	$245,050	$785,054	$489,809	$580,631	$508,069	$1,578,509	33.2%
65+[7]	Recipients	0	0	0	0	1,944	2,228	2,029	3,338	0.0%
	Payments	$0	$0	$0	$0	$134,333	$166,453	$147,020	$447,806	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

Table 5e: <u>Pharmacy</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[7]	Recipients	0	0	0	0	188,883	176,544	132,881	303,546	0.0%
	Payments	$0	$0	$0	$0	$20,935,447	$23,587,642	$17,777,770	$62,300,859	0.0%
19 to 49	Recipients	140,785	137,621	124,445	203,092	64,644	66,133	60,897	93,186	68.5%
	Payments	$26,370,019	$36,257,930	$31,202,998	$93,830,948	$15,650,278	$23,000,652	$19,975,655	$58,626,585	61.5%
50 to 64	Recipients	64,701	63,610	59,643	79,280	31,978	32,775	31,425	37,545	67.9%
	Payments	$16,062,764	$21,375,027	$18,335,112	$55,772,903	$13,290,608	$18,886,820	$16,537,606	$48,715,034	53.4%
65+[7]	Recipients	0	0	0	0	1,136	1,155	1,120	1,460	0.0%
	Payments	$0	$0	$0	$0	$264,758	$366,898	$335,023	$966,678	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

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[7] Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: <u>Physicians</u> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2019 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2019	May 2019	June 2019	SFY 2019 Q4	April 2019	May 2019	June 2019	SFY 2019 Q4	
0 to 18[8]	Recipients	0	0	0	0	188,883	175,491	162,346	348,323	0.0%
	Payments	$0	$0	$0	$0	$22,112,572	$20,868,384	$19,230,258	$62,211,214	0.0%
19 to 49	Recipients	99,535	98,445	93,112	178,948	48,638	50,424	48,644	85,103	67.8%
	Payments	$15,278,094	$15,355,638	$14,715,433	$45,349,165	$8,497,694	$9,024,973	$8,747,031	$26,269,699	63.3%
50 to 64	Recipients	38,057	38,214	36,751	63,764	20,220	20,573	20,248	31,364	67.0%
	Payments	$7,765,999	$8,005,595	$7,664,744	$23,436,338	$4,679,224	$4,846,586	$4,789,933	$14,315,743	62.1%
65+[8]	Recipients	0	0	0	0	632	705	689	1,130	0.0%
	Payments	$0	$0	$0	$0	$166,941	$191,744	$179,059	$537,744	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/14/19.

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[8] Medicaid Expansion population covers adults ages 19 through 64.

Pharmacy Benefit Managers

All five MCOs manage pharmacy benefits for members enrolled with full-benefits coverage. Partial-benefit members continue to receive pharmacy benefits under fee-for-service Medicaid.

An MCO can self-administer its pharmacy benefits or subcontract with a pharmacy benefit manager (PBM). Table 6 lists the name of each PBM, identified as contracted or owned and whether the PBM was a subsidiary of the MCO's parent company during SFY 2019 quarter 4.

Table 6: MCO PBMs, SFY 2019 Quarter 4

	ABH	ACLA	HB	LHCC	UHC
PBM Name	CVS Caremark	PerformRx	IngenioRx[9]	Envolve Pharmacy Solutions	OptumRx
Contracted/Owned	Owned	Owned	Owned	Contracted	Owned
Subsidiary of Parent	Yes	No	Yes	No	Yes

Source: Self-reported by MCO, Report 054, template accessible at http://ldh.la.gov/index.cfm/page/1700.

PBM Revenue Streams

Table 7 provides a listing of revenues paid monthly to each PBM for management of the MCO's pharmacy benefit, including any rebates earned and retained by either the PBM or the MCO. All amounts are reported on a cash basis in the month received or remitted. The time period for collection of rebates by the PBM and remittance to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected by the MCO are not remitted to the Department; however, these amounts are used by the actuary as a reduction in net pharmacy costs in the calculation of capitation rates. A quarterly and year-to-date summary for SFY 2019 are provided in Table 8.

In advance of the statutory deadline established by Act 483 of the 2018 regular legislative session, MCO contracts were amended to implement certain changes in the managed care pharmacy program that impact the data presented in this section. Effective May 1, 2019, these changes specifically limited contracts for PBM services to a transaction fee only, based on a set rate established by LDH. The current rate set by the Department is $1.25 per processed claim. PBMs are no longer allowed to enter into supplemental rebate or discount arrangements, nor are they allowed to engage in spread pricing. However, because these figures are reported on a cash-flow basis, some rebates and discounts that were accrued prior to the May 1 contract amendment were paid and reported after the May 1 effective date.

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[9] In May of 2019, Healthy Blue's PBM changed from Express Scripts to IngenioRx.

Table 7: MCO PBM revenues by month, SFY 2019 Quarter 4

	ABH	ACLA	HB[10]	LHCC	UHC
April 2019					
Transaction Fees Paid by MCO to PBM	$110,401	$0	$326,644	$604,017	$1,337,445
Rebates and Discounts Retained by the MCO or PBM	$0	$0	$0	$0	$1,645,296
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	$0	$0	$0	$0	$0
Amount Retained by the PBM through Spread Pricing	$0	$0	$3,294,192	$0	$3,840,827
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists[11,12,13]	$0	$500,477	$593	$0	$12,356
May 2019					
Transaction Fees Paid by MCO to PBM	$114,935	$482,810	$181,934	$603,334	$947,868
Rebates and Discounts Retained by the MCO or PBM	$855,146	$0	$1,951,127	$0	$1,908,769
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	$0	$0	$0	$0	$0
Amount Retained by the PBM through Spread Pricing[14]	$0	$0	$1,024,851	$0	$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists[12]	$0	$0	$597	$0	$0
June 2019					
Transaction Fees Paid by MCO to PBM	$71,322	$475,523	$138,536	$533,356	$843,334
Rebates and Discounts Retained by the MCO or PBM	$0	$1,623,502	$0	$4,034,266	$1,383,585
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	$0	$0	$0	$0	$0
Amount Retained by the PBM through Spread Pricing[14]	$0	$0	-$1,010	$0	$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists[12]	$0	$0	$228	$0	$0

Source: MCO self-reported, Report 054, template accessible at http://ldh.la.gov/index.cfm/page/1700.

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[10] May and June amounts for Healthy Blue include data for Express Scripts and IngenioRX combined.

[11] Other monies reported by ACLA for April are listed as total per member per month payments to PBM.

[12] Other monies reported by HB are listed as fees for vaccine administration, member notifications of contract transition, and coordination of benefits billed quarterly for services provided prior to May 1, 2019.

[13] Other monies reported by UHC are listed as payment for PreCheckMyScript (formerly RxLink) program, which links OptumRx claims adjudication program with prescribers' EHR systems.

[14] Spread pricing amounts reported by Healthy Blue in May and June are reflective of claims paid and adjustments made for services received prior to May 2019.

Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2019

	ABH	ACLA	HB[15]	LHCC	UHC
SFY 2019 Q4 Total					
Transaction Fees Paid by MCO to PBM	$296,658	$958,333	$647,114	$1,740,706	$3,128,647
Rebates and Discounts Retained by the MCO or PBM	$855,146	$1,623,502	$1,951,127	$4,034,266	$4,937,650
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	$0	$0	$0	$0	$0
Amount Retained by the PBM through Spread Pricing[16]	$0	$0	$4,318,033	$0	$3,840,827
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists[17,18,19]	$0	$500,477	$1,418	$0	$12,356
SFY 2019 YTD (July 2018 – June 2019)					
Transaction Fees Paid by MCO to PBM	$1,088,392	$958,333	$3,937,974	$12,648,326	$13,444,971
Rebates and Discounts Retained by the MCO or PBM	$3,210,547	$5,947,545	$8,398,795	$14,240,543	$21,468,258
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	$0	$0	$0	$0	$0
Amount Retained by the PBM through Spread Pricing[16]	$0	$0	$33,661,280	$0	$34,573,319
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists[17,18,19]	$0	$4,442,216	$16,235	$0	$48,644

Source: MCO self-reported, Report 054, template accessible at http://ldh.la.gov/index.cfm/page/1700.

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[15] Amounts for Healthy Blue include data for Express Scripts and IngenioRX combined.

[16] Spread pricing amounts reported by Healthy Blue in May and June are reflective of claims paid and adjustments made for services received prior to May 2019.

[17] Other monies reported by ACLA are listed as total per member per month payments to PBM for April 2019.

[18] Other monies reported by HB include fees for vaccine administration, member notifications of contract transition, and coordination of benefits billed quarterly for services provided prior to May 1, 2019.

[19] Other monies reported by UHC are listed as payments for: third-party MTM vendor, Mirixa for their clinical services and to PreCheckMyScript (formerly RxLink) program, which links OptumRx claims adjudication program with prescribers' EHR systems.