

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2022 – Quarter 1*

*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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## Introduction

This report is submitted in response to Act 482 of the 2018 Regular Legislative Session. The report contains requested data on the Medicaid expansion population and managed care organization (MCO) pharmacy benefit managers (PBM). As part of the Medicaid Managed Care Transparency Report, this report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits. 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
Q2	October, November, December	April
Q3	January, February, March	July
Q4	April, May, June	October

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2022 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 claims 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	ED	Emergency Department
DBPM	Dental Benefits Plan Manager	NEMT	Non-Emergency Medical Transportation
PBM	Pharmacy Benefits Manager	CMS	Centers for Medicare & Medicaid Services
SFY	State Fiscal Year	MCNA	Managed Care of North America, Inc. (DBPM)
YTD	Year to Date	DQ	DentaQuest

## 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 ages 19 through 64 under 138% of the Federal Poverty Level. The majority of the expansion group receives 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, July 1, 2021 through September 30, 2021, the unduplicated count of expansion enrollees enrolled in an MCO was 690,979. Table 1 provides a breakdown of enrollees by age, MCO and month. Totals for each MCO and for the fiscal year-to-date (YTD) are unduplicated and therefore will not equal the sum or counts by MCO or the sum of counts by month.

**Table 1: Expansion enrollment by age cohort and MCO, SFY 2022 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2021</b>						
<b>Ages 19 to 49</b>	49,950	64,712	111,692	143,249	150,799	520,402
<b>Ages 50 to 64</b>	19,016	17,110	31,809	33,665	39,420	141,020
<b>Total</b>	68,966	81,822	143,501	176,914	190,219	661,422
<b>August 2021</b>						
<b>Ages 19 to 49</b>	50,868	66,095	113,981	146,527	153,985	531,456
<b>Ages 50 to 64</b>	19,293	17,388	32,327	34,120	39,911	143,039
<b>Total</b>	70,161	83,483	146,308	180,647	193,896	674,495
<b>September 2021</b>						
<b>Ages 19 to 49</b>	51,207	66,680	114,998	147,902	155,149	535,936
<b>Ages 50 to 64</b>	19,354	17,434	32,547	34,357	40,123	143,815
<b>Total</b>	70,561	84,114	147,545	182,259	195,272	679,751
<b>SFY 2022 Q1 Total</b>						
<b>Ages 19 to 49</b>	52,383	67,902	117,399	150,761	158,007	545,451
<b>Ages 50 to 64</b>	19,931	17,917	33,418	35,229	41,182	147,415
<b>Total<sup>1</sup></b>	72,099	85,597	150,390	185,503	198,655	690,979
<b>SFY 2022 YTD<sup>1</sup></b>	72,099	85,597	150,390	185,503	198,655	690,979

Source: Medicaid Data Warehouse, data extracted 11/15/2021.

<sup>1</sup> 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 59% of the expansion population for quarter 1 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 2022 Quarter 1<sup>2</sup>**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2021</b>						
<b>Ages 19 to 49</b>	28,694	40,451	68,324	91,665	94,872	324,006
<b>Ages 50 to 64</b>	7,524	7,036	12,886	14,410	16,427	58,283
<b>Total</b>	36,218	47,487	81,210	106,075	111,299	382,289
<b>August 2021</b>						
<b>Ages 19 to 49</b>	29,466	41,495	70,227	94,350	97,461	332,999
<b>Ages 50 to 64</b>	7,686	7,231	13,259	14,783	16,869	59,828
<b>Total</b>	37,152	48,726	83,486	109,133	114,330	392,827
<b>September 2021</b>						
<b>Ages 19 to 49</b>	29,988	42,264	71,529	96,091	99,143	339,015
<b>Ages 50 to 64</b>	7,838	7,381	13,551	15,114	17,212	61,096
<b>Total</b>	37,826	49,645	85,080	111,205	116,355	400,111
<b>SFY 2022 Q1 Total</b>						
<b>Ages 19 to 49</b>	30,718	43,131	73,240	98,274	101,344	346,103
<b>Ages 50 to 64</b>	8,062	7,558	13,889	15,433	17,639	62,493
<b>Total<sup>3</sup></b>	38,674	50,582	86,907	113,437	118,685	407,593
<b>SFY 2022 YTD<sup>3</sup></b>	38,674	50,582	86,907	113,437	118,685	407,593

Source: Medicaid Eligibility Data System, data extracted on 11/19/2021.

<sup>2</sup> Methodology for pulling data regarding earned income was updated starting Fiscal Year 2021 to assure that the income corresponds to the current reporting period.

<sup>3</sup> Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs. Members can be in more than one age group in the quarter at different months therefore the quarterly totals are de-duplicated and will not equal the total between age groups.

## Expansion Per Member Per Month Payments

In the first quarter of SFY 2022, total payments of \$1,169,626,607 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.

**Table 3: Total payments to MCOs for expansion population, SFY 2022 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2021<sup>4</sup></b>	\$43,066,348	\$48,493,388	\$84,182,975	\$98,922,906	\$113,279,688	\$387,945,305
<b>August 2021<sup>5</sup></b>	\$42,933,196	\$48,343,502	\$83,922,793	\$98,617,185	\$112,929,566	\$386,746,242
<b>September 2021<sup>6</sup></b>	\$43,842,518	\$49,367,481	\$85,700,410	\$100,706,077	\$115,321,574	\$394,938,060
<b>SFY 2022 Q1 Total</b>	\$129,842,062	\$146,204,371	\$253,806,178	\$298,246,168	\$341,530,828	\$1,169,629,607
<b>SFY 2022 YTD</b>	\$129,842,062	\$146,204,371	\$253,806,178	\$298,246,168	\$341,530,828	\$1,169,629,607

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted 10/28/2021.

Effective January 1, 2021, the Louisiana Department of Health contracted with DentaQuest and MCNA Dental to provide administration of dental benefits for qualified Medicaid enrollees, which includes the expansion population. Expansion enrollees ages 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 along with quarterly summation and the YTD total.

**Table 4: Total payments for dental benefits for expansion population, SFY 2022 Quarter 1**

	DentaQuest	MCNA	Total
<b>July 2021<sup>7</sup></b>	\$1,136,587	\$1,127,531	\$2,264,118
<b>August 2021<sup>8</sup></b>	\$1,419,531	\$1,410,721	\$2,830,253
<b>September 2021<sup>9</sup></b>	\$1,257,873	\$1,247,942	\$2,505,816
<b>SFY 2022 Q1 Total</b>	\$3,813,992	\$3,786,195	\$7,600,186
<b>SFY 2022 YTD</b>	\$3,813,992	\$3,786,195	\$7,600,186

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/28/2021.

<sup>4</sup> July payments include June DOS PMPMs paid via lump sum pending approvals of 1/1/21 rates.

<sup>5</sup> August payments include July DOS PMPMs paid via lump sum pending approvals of 1/1/21 rates.

<sup>6</sup> September payments include August DOS PMPMs paid via lump sum pending approvals of 1/1/21 rates.

<sup>7</sup> July payments for DentaQuest and MCNA include lump sum payment for July 2021 due to pending approval of 1/1/21 rates.

<sup>8</sup> August payments for DentaQuest and MCNA include lump sum payment for July 2021 due to pending approval of 1/1/21 rates as well as adjustments for January and February 2021 rates due to approval of 1/1/21 rates.

<sup>9</sup> September payments for DentaQuest and MCNA include adjustments for March and April 2021 rates due to approval of 1/1/21 rates.

## 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 ages 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 eligibility criteria (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare). 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.

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 2022 Quarter 1 were \$793,607,963 for the expansion population and \$853,984,481 for the non-expansion population. This includes claims payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 48% 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: Emergency Department<sup>10</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>11</sup>	Recipients	0	0	0	0	29,786	34,565	33,499	86,055	0.0%
	Payments	\$0	\$0	\$0	\$0	\$5,311,110	\$6,628,178	\$7,089,965	\$19,029,252	0.0%
19 to 49	Recipients	34,109	41,051	34,577	90,933	13,079	14,530	12,343	32,120	73.9%
	Payments	\$7,694,515	\$9,197,117	\$8,371,561	\$25,263,193	\$3,118,526	\$3,482,600	\$3,292,463	\$9,893,589	71.9%
50 to 64	Recipients	7,644	8,847	7,906	20,455	4,411	4,619	4,219	10,399	66.3%
	Payments	\$1,901,105	\$2,161,325	\$2,091,021	\$6,153,451	\$1,200,240	\$1,243,215	\$1,278,097	\$3,721,553	62.3%
65+ <sup>11</sup>	Recipients	0	0	0	0	127	145	122	328	0.0%
	Payments	\$0	\$0	\$0	\$0	\$33,061	\$45,837	\$32,882	\$111,780	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

<sup>10</sup> Emergency department (ED) includes facility payments only. ED associated payments for physician services are included in table 5f.

<sup>11</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>12</sup>	Recipients	0	0	0	0	5,225	7,427	7,021	18,408	0.0%
	Payments	\$0	\$0	\$0	\$0	\$37,037,508	\$62,016,131	\$56,410,220	\$155,463,859	0.0%
19 to 49	Recipients	6,352	7,101	7,288	18,914	4,711	4,915	5,503	13,869	57.7%
	Payments	\$37,842,137	\$44,615,991	\$50,625,742	\$133,083,870	\$26,289,129	\$28,614,184	\$33,783,289	\$88,686,601	60.0%
50 to 64	Recipients	2,160	2,399	2,591	6,326	1,719	1,783	1,833	4,446	58.7%
	Payments	\$19,649,270	\$22,360,961	\$26,479,877	\$68,490,108	\$16,770,609	\$18,471,035	\$21,121,983	\$56,363,626	54.9%
65+ <sup>12</sup>	Recipients	0	0	0	0	74	90	81	208	0.0%
	Payments	\$0	\$0	\$0	\$0	\$914,891	\$882,730	\$1,098,967	\$2,896,589	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>12</sup>	Recipients	0	0	0	0	65,698	81,602	79,190	173,261	0.0%
	Payments	\$0	\$0	\$0	\$0	\$14,618,044	\$17,278,229	\$18,072,899	\$49,969,172	0.0%
19 to 49	Recipients	76,901	89,825	74,934	168,209	31,035	33,575	28,080	61,989	73.1%
	Payments	\$27,778,572	\$30,554,486	\$26,919,045	\$85,252,104	\$12,738,730	\$13,359,949	\$11,961,886	\$38,060,565	69.1%
50 to 64	Recipients	33,069	36,407	30,534	62,649	14,855	15,454	12,687	25,902	70.7%
	Payments	\$18,928,752	\$18,993,339	\$17,443,760	\$55,365,852	\$11,584,073	\$11,243,813	\$10,251,265	\$33,079,151	62.6%
65+ <sup>12</sup>	Recipients	0	0	0	0	599	704	535	1,133	0.0%
	Payments	\$0	\$0	\$0	\$0	\$458,454	\$517,048	\$436,653	\$1,412,155	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

<sup>12</sup> Medicaid Expansion population covers adults ages 19 through 64.



**Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>13</sup>	Recipients	0	0	0	0	992	858	547	1,911	0.0%
	Payments	\$0	\$0	\$0	\$0	\$190,183	\$161,408	\$90,065	\$441,657	0.0%
19 to 49	Recipients	2,377	2,094	1,595	4,376	2,794	2,156	1,536	4,312	50.4%
	Payments	\$795,229	\$669,112	\$436,701	\$1,901,042	\$814,929	\$626,107	\$402,493	\$1,843,529	50.8%
50 to 64	Recipients	1,797	1,582	1,185	2,980	4,002	3,277	2,275	5,825	33.8%
	Payments	\$458,171	\$379,906	\$231,283	\$1,069,360	\$1,151,279	\$883,462	\$531,141	\$2,565,882	29.4%
65+ <sup>13</sup>	Recipients	0	0	0	0	1,481	1,226	900	2,148	0.0%
	Payments	\$0	\$0	\$0	\$0	\$453,879	\$341,273	\$225,930	\$1,021,082	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>13</sup>	Recipients	0	0	0	0	156,108	171,735	173,548	309,307	0.0%
	Payments	\$0	\$0	\$0	\$0	\$25,908,685	\$28,772,474	\$30,199,111	\$84,880,270	0.0%
19 to 49	Recipients	185,640	202,120	198,021	293,471	66,380	66,107	63,837	98,018	75.0%
	Payments	\$60,913,196	\$64,006,798	\$69,412,692	\$194,332,687	\$29,379,983	\$28,033,796	\$29,604,237	\$87,018,016	69.1%
50 to 64	Recipients	80,651	84,193	84,013	105,009	34,224	32,503	31,958	40,289	72.3%
	Payments	\$34,315,732	\$35,473,235	\$38,184,406	\$107,973,373	\$23,169,568	\$22,020,079	\$24,073,998	\$69,263,645	60.9%
65+ <sup>13</sup>	Recipients	0	0	0	0	1,574	1,694	1,668	2,209	0.0%
	Payments	\$0	\$0	\$0	\$0	\$681,045	\$711,385	\$764,331	\$2,156,761	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

<sup>13</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5f: Physician<sup>14</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2021	August 2021	September 2021	SFY 2022 Q1	July 2021	August 2021	September 2021	SFY 2022 Q1	
0 to 18 <sup>15</sup>	Recipients	0	0	0	0	175,206	198,649	180,119	368,667	0.0%
	Payments	\$0	\$0	\$0	\$0	\$30,689,044	\$33,062,724	\$27,910,841	\$91,662,608	0.0%
19 to 49	Recipients	136,524	150,035	125,401	252,951	54,175	52,534	45,254	89,978	73.8%
	Payments	\$26,877,492	\$27,707,650	\$22,734,555	\$77,319,697	\$12,869,449	\$11,553,373	\$9,996,564	\$34,419,386	69.2%
50 to 64	Recipients	49,093	50,237	43,645	80,769	22,345	20,618	18,046	32,813	71.1%
	Payments	\$13,758,748	\$12,766,581	\$10,877,897	\$37,403,226	7,542,336	\$6,224,848	\$5,295,756	\$19,062,940	66.2%
65+ <sup>15</sup>	Recipients	0	0	0	0	920	939	821	1,537	0.0%
	Payments	\$0	\$0	\$0	\$0	\$348,355	\$326,497	\$285,959	\$960,811	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2021.

<sup>14</sup> Includes both emergency and non-emergency services.

<sup>15</sup> 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 2022 Quarter 1.

**Table 6: MCO PBMs, SFY 2022 Quarter 1**

MCO	PBM	MCO/PBM Relationship
ABH	CaremarkPCS Health	CVS Health Corporation is the ultimate owner of both Aetna (MCO) and Caremark (PBM). Aetna has an intercompany agreement with Caremark for PBM services.
ACLA	PerformRx	Both AmeriHealth Caritas Louisiana, Inc. and PerformRx are wholly-owned by AmeriHealth Caritas Health Plan. ACLA subcontracts with PerformRx for PBM services.
HB	IngenioRx	Healthy Blue is a joint venture between Blue Cross Blue Shield Louisiana and Amerigroup Partnership Plan, LLC. Anthem, Inc. is the ultimate parent company of Amerigroup and IngenioRx. IngenioRx provides PBM services to Healthy Blue under a master intercompany services agreement.
LHCC	Involve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Involve Pharmacy Solutions (EPS). LHCC has a PBM contract with EPS and CVS is a subcontractor of EPS.
UHC	OptumRx	UnitedHealth Group is the parent company of both OptumRx and UnitedHealthcare of Louisiana. UnitedHealthcare of Louisiana has a contractual relationship with OptumRx for PBM Services.

Source: Self-reported by MCOs

## 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 2022 is provided in Table 8.

In advance of the statutory deadline established by Act 482 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 maximum rate set by the Department is \$1.25 per processed claim. With implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter into supplemental rebate agreements on drugs included on the single PDL nor are they allowed to engage in spread pricing. For dates of services on and after May 1, 2019, the MCO/PBMs may only collect rebates on items not included on the single PDL, such as diabetes testing supplies.

**Table 7: MCO PBM revenues by month, SFY 2022 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC
<b>July 2021</b>					
Transaction Fees Paid by MCO to PBM	\$160,206	\$702,393	\$512,190	\$652,848	\$1,020,176
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$20	\$0	\$194,197
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	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
<b>August 2021</b>					
Transaction Fees Paid by MCO to PBM	\$159,272	\$578,388	\$428,046	\$661,873	\$1,079,021
Rebates and Discounts Retained by the MCO or PBM	\$277,154	\$0	\$404,749	\$0	\$432,796
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	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
<b>September 2021</b>					
Transaction Fees Paid by MCO to PBM	\$144,055	\$509,445	\$357,416	\$604,808	\$1,028,919
Rebates and Discounts Retained by the MCO or PBM	\$0	\$212,972	\$48,049	\$111,039	\$218,209
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	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

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

**Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2022**

	ABH	ACLA	HB	LHCC	UHC
<b>SFY 2022 Q1 Total</b>					
Transaction Fees Paid by MCO to PBM	\$463,533	\$1,790,226	\$1,297,652	\$1,919,529	\$3,128,116
Rebates and Discounts Retained by the MCO or PBM	\$277,154	\$212,972	\$452,818	\$111,039	\$845,202
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	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
<b>SFY 2022 YTD (July 2021 – June 2022)</b>					
Transaction Fees Paid by MCO to PBM	\$463,533	\$1,790,226	\$1,297,652	\$1,919,529	\$3,128,116
Rebates and Discounts Retained by the MCO or PBM	\$277,154	\$212,972	\$452,818	\$111,039	\$845,202
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	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

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

*Louisiana Department of Health*

628 North Fourth Street, Baton Rouge, Louisiana 70802

(225) 342-9500

*www.ldh.la.gov*



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