

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2022 – Quarter 2

Response to Act 482 of the 2018 Regular Legislative Session

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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 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 Benefit 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 (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 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, October 1, 2021 through December 31, 2021, the unduplicated count of expansion enrollees enrolled in an MCO was 712,274. 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 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2021						
Ages 19 to 49	51,676	67,202	116,154	149,387	156,564	540,983
Ages 50 to 64	19,492	17,537	32,865	34,695	40,487	145,076
Total	71,168	84,739	149,019	184,082	197,051	686,059
November 2021						
Ages 19 to 49	52,279	68,002	117,692	151,391	158,036	547,400
Ages 50 to 64	19,795	17,854	33,323	35,219	41,137	147,328
Total	72,074	85,856	151,015	186,610	199,173	694,728
December 2021						
Ages 19 to 49	52,917	68,792	118,838	152,934	159,303	552,784
Ages 50 to 64	20,006	18,095	33,650	35,538	41,454	148,743
Total	72,923	86,887	152,488	188,472	200,757	701,527
SFY 2022 Q2 Total						
Ages 19 to 49	54,040	69,970	121,185	155,552	162,158	561,843
Ages 50 to 64	20,597	18,566	34,537	36,432	42,487	152,360
Total¹	74,423	88,309	155,284	191,517	204,063	712,274
SFY 2022 YTD¹	76,740	90,522	159,453	196,188	208,972	728,536

Source: Medicaid Data Warehouse, data extracted 2/14/2022.

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 60% of the expansion population for Quarter 2 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 2²

	ABH	ACLA	HB	LHCC	UHC	Total
October 2021						
Ages 19 to 49	30,300	42,575	72,218	96,840	99,921	341,854
Ages 50 to 64	7,906	7,446	13,749	15,246	17,445	61,792
Total	38,206	50,021	85,967	112,086	117,366	403,646
November 2021						
Ages 19 to 49	30,996	43,408	73,909	98,881	101,670	348,864
Ages 50 to 64	8,118	7,648	14,143	15,601	17,932	63,442
Total	39,114	51,056	88,052	114,482	119,602	412,306
December 2021						
Ages 19 to 49	31,837	44,374	75,585	100,920	103,620	356,336
Ages 50 to 64	8,320	7,864	14,532	16,005	18,361	65,082
Total	40,157	52,238	90,117	116,925	121,981	421,418
SFY 2022 Q2 Total						
Ages 19 to 49	32,471	45,072	76,991	102,532	105,328	361,690
Ages 50 to 64	8,558	8,060	14,888	16,336	18,759	66,496
Total³	40,926	53,005	91,645	118,638	123,796	427,201
SFY 2022 YTD³	42,230	54,357	94,217	121,799	127,037	437,798

Source: Medicaid Eligibility Data System, data extracted on 2/17/2022.

² Methodology for pulling data regarding earned income was updated SFY 2021 to assure that the income corresponds to the current reporting period.

³ 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 second quarter of SFY 2022, total payments of \$1,311,497,368 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 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2021⁴	\$46,640,811	\$52,518,698	\$91,170,919	\$107,134,549	\$122,682,815	\$420,147,792
November 2021⁵	\$52,255,365	\$58,841,241	\$102,146,802	\$120,032,420	\$137,452,246	\$470,728,074
December 2021⁶	\$46,693,645	\$52,577,924	\$91,273,648	\$107,255,166	\$122,821,119	\$420,621,502
SFY 2022 Q2 Total	\$145,589,821	\$163,937,863	\$284,591,369	\$334,422,135	\$382,956,180	\$1,311,497,368
SFY 2022 YTD	\$275,431,883	\$310,142,234	\$538,397,547	\$632,668,303	\$724,487,008	\$2,481,126,975

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 1/20/2022.

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 a quarterly summation and the YTD total.

Table 4: Total payments for dental benefits for expansion population, SFY 2022 Quarter 2

	DentaQuest	MCNA	Total
October 2021⁷	\$1,292,828	\$1,277,247	\$2,570,075
November 2021	\$1,262,034	\$1,245,552	\$2,507,586
December 2021	\$1,268,499	\$1,241,466	\$2,509,965
SFY 2022 Q2 Total	\$3,823,361	\$3,764,265	\$7,587,626
SFY 2022 YTD	\$7,637,352	\$7,550,460	\$15,187,812

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 1/20/2022.

⁴ October payments include September date of service PMPMs paid via lump sum pending approval of 1/1/21 rates. Includes \$22.4 million in payments for the Managed Care Incentive Program (MCIP).

⁵ November payments include October date of service PMPMs paid via lump sum pending approval of 1/1/21 rates. Includes \$14.3 million in payments for the Managed Care Incentive Program (MCIP) and \$56.8M in lump sum maternity kick payments.

⁶ December payments include November date of service PMPMs paid via lump sum pending approval of 1/1/21 rates. Includes \$14.7 million in payments for the Managed Care Incentive Program (MCIP).

⁷ October payments for DentaQuest and MCNA include adjustments for May, June, July and Aug 2021 rates due to approval of 1/1/21 rates.

Medicaid Expansion Population Service Utilization

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 enrollees 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 enrollees who received services each month. Total MCO expenditures within these reporting categories in SFY 2022 Quarter 2 were \$778,289,184 for the expansion population and \$776,870,883 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 50% 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 Department⁸ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ⁹	Enrollees	0	0	0	0	33,606	32,308	32,805	87,195	0.0%
	Payments	\$0	\$0	\$0	\$0	\$7,356,501	\$7,136,583	\$7,358,533	\$21,851,617	0.0%
19 to 49	Enrollees	35,509	34,028	33,129	85,918	12,101	11,421	10,880	27,989	75.4%
	Payments	\$9,072,077	\$8,909,563	\$8,474,205	\$26,455,845	\$3,338,936	\$3,173,921	\$2,910,992	\$9,423,849	73.7%
50 to 64	Enrollees	8,476	7,826	7,342	20,042	4,273	3,849	3,739	9,381	68.1%
	Payments	\$2,324,679	\$2,207,709	\$2,015,544	\$6,547,933	\$1,300,279	\$1,212,225	\$1,167,259	\$3,679,763	64.0%
65+ ⁹	Enrollees	0	0	0	0	147	133	144	360	0.0%
	Payments	\$0	\$0	\$0	\$0	\$39,952	\$48,327	\$41,091	\$129,371	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

⁸ Emergency department (ED) includes facility payments only. ED associated payments for physician services are included in table 5f.

⁹ 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 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ¹⁰	Enrollees	0	0	0	0	5,416	4,341	4,747	13,511	0.0%
	Payments	\$0	\$0	\$0	\$0	\$40,633,063	\$27,524,863	\$33,041,195	\$101,199,122	0.0%
19 to 49	Enrollees	5,227	4,163	4,076	12,037	3,581	2,627	2,655	7,991	60.1%
	Payments	\$39,743,852	\$28,230,779	\$27,152,711	\$95,127,342	\$21,667,979	\$15,364,401	\$16,083,366	\$53,115,746	64.2%
50 to 64	Enrollees	1,988	1,393	1,432	4,123	1,447	1,011	952	2,825	59.3%
	Payments	\$22,818,841	\$15,909,248	\$15,938,831	\$54,666,920	\$16,645,289	\$10,692,225	\$10,523,312	\$37,860,825	59.1%
65+ ¹⁰	Enrollees	0	0	0	0	94	50	57	175	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,073,627	\$549,008	\$1,141,114	\$2,763,749	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ¹⁰	Enrollees	0	0	0	0	78,825	76,224	72,923	171,113	0.0%
	Payments	\$0	\$0	\$0	\$0	\$19,115,712	\$18,497,167	\$18,559,893	\$56,172,772	0.0%
19 to 49	Enrollees	81,013	79,505	76,435	164,050	29,023	28,323	27,203	55,755	74.6%
	Payments	\$31,121,211	\$30,808,149	\$30,933,025	\$92,862,385	\$12,935,638	\$12,831,435	\$12,844,172	\$38,611,245	70.6%
50 to 64	Enrollees	34,295	34,168	33,228	62,968	13,521	13,284	12,720	23,512	72.8%
	Payments	\$20,008,750	\$20,239,202	\$20,599,275	\$60,847,228	\$10,777,394	\$11,214,323	\$11,178,201	\$33,169,917	64.7%
65+ ¹⁰	Enrollees	0	0	0	0	656	696	671	1,257	0.0%
	Payments	\$0	\$0	\$0	\$0	\$538,711	\$525,727	\$552,439	\$1,616,877	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

¹⁰ 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 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ¹¹	Enrollees	0	0	0	0	962	1,043	1,228	2,453	0.0%
	Payments	\$0	\$0	\$0	\$0	\$184,470	\$199,221	\$256,054	\$639,744	0.0%
19 to 49	Enrollees	2,496	2,562	2,921	5,360	2,343	2,402	2,661	4,524	54.2%
	Payments	\$766,751	\$785,842	\$1,001,520	\$2,554,114	\$653,044	\$667,787	\$830,482	\$2,151,312	54.3%
50 to 64	Enrollees	1,745	1,867	2,063	3,417	3,456	3,628	3,928	6,064	36.0%
	Payments	\$421,894	\$427,375	\$520,387	\$1,369,655	\$927,686	\$945,652	\$1,149,761	\$3,023,099	31.2%
65+ ¹¹	Enrollees	0	0	0	0	1,340	1,428	1,558	2,326	0.0%
	Payments	\$0	\$0	\$0	\$0	\$385,338	\$396,074	\$484,749	\$1,266,161	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ¹¹	Enrollees	0	0	0	0	170,555	184,708	199,867	332,787	0.0%
	Payments	\$0	\$0	\$0	\$0	\$28,287,681	\$31,372,986	\$36,467,726	\$96,128,393	0.0%
19 to 49	Enrollees	187,689	191,419	205,430	290,549	60,045	60,728	63,344	89,982	76.4%
	Payments	\$63,394,830	\$67,288,130	\$77,742,358	\$208,425,318	\$26,371,731	\$27,935,427	\$32,124,780	\$86,431,938	70.7%
50 to 64	Enrollees	80,875	82,374	86,985	105,464	30,540	30,531	31,195	36,382	74.4%
	Payments	\$35,234,482	\$37,203,710	\$43,060,430	\$115,498,621	\$20,902,683	\$21,997,397	\$25,862,188	\$68,762,267	62.7%
65+ ¹¹	Enrollees	0	0	0	0	1,686	1,721	1,886	2,344	0.0%
	Payments	\$0	\$0	\$0	\$0	\$774,960	\$781,092	\$996,945	\$2,552,997	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

¹¹ Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: Physician¹² service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2021	November 2021	December 2021	SFY 2022 Q2	October 2021	November 2021	December 2021	SFY 2022 Q2	
0 to 18 ¹³	Enrollees	0	0	0	0	196,575	201,640	201,672	381,300	0.0%
	Payments	\$0	\$0	\$0	\$0	\$34,508,225	\$36,053,499	\$34,954,739	\$105,516,463	0.0%
19 to 49	Enrollees	135,923	134,719	134,781	247,601	48,128	46,722	45,746	82,163	75.1%
	Payments	\$26,067,370	\$25,779,010	\$25,138,883	\$76,985,263	\$11,165,055	\$10,670,553	\$10,356,525	\$32,192,133	70.5%
50 to 64	Enrollees	47,880	48,404	47,981	81,028	19,313	19,244	18,604	30,230	72.8%
	Payments	\$12,293,078	\$12,558,824	\$12,096,659	\$36,948,560	\$6,033,024	\$6,012,672	\$5,625,772	\$17,671,468	67.6%
65+ ¹³	Enrollees	0	0	0	0	919	976	968	1,670	0.0%
	Payments	\$0	\$0	\$0	\$0	\$312,141	\$296,675	\$331,239	\$940,055	0.0%

Source: Medicaid Data Warehouse, data extracted on 2/14/2022.

¹² Includes both emergency and non-emergency services.

¹³ 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 2.

Table 6: MCO PBMs, SFY 2022 Quarter 2

MCO	PBM	MCO/PBM Relationship
ABH	CVS Caremark	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 2

	ABH	ACLA	HB	LHCC	UHC
October 2021					
Transaction Fees Paid by MCO to PBM	\$155,594	\$469,776	\$506,724	\$635,163	\$1,048,030
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$50,040	\$0	\$207,672
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
November 2021					
Transaction Fees Paid by MCO to PBM	\$159,111	\$445,081	\$401,196	\$657,119	\$1,082,481
Rebates and Discounts Retained by the MCO or PBM	\$170,828	\$0	\$43,786	\$0	\$214,048
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
December 2021					
Transaction Fees Paid by MCO to PBM	\$163,336	\$444,138	\$519,898	\$669,698	\$1,115,116
Rebates and Discounts Retained by the MCO or PBM	\$0	\$202,401	\$49,075	\$183,352	\$3,944
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
SFY 2022 Q2 Total					
Transaction Fees Paid by MCO to PBM	\$478,041	\$1,358,995	\$1,427,818	\$1,961,980	\$3,245,627
Rebates and Discounts Retained by the MCO or PBM	\$170,828	\$202,401	\$142,901	\$183,352	\$425,664
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
SFY 2022 YTD					
Transaction Fees Paid by MCO to PBM	\$941,574	\$3,149,221	\$2,725,470	\$3,881,508	\$6,373,744
Rebates and Discounts Retained by the MCO or PBM	\$447,982	\$415,373	\$595,719	\$294,391	\$1,270,866
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>.

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