

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2022 – Quarter 3*

*Response to Act 482 of the 2018 Regular Legislative Session*

*Prepared by:*

**Louisiana Department of Health**

*Bureau of Health Services Financing*

July 2022



## Contents

Introduction .....	2
Acronyms Used in This Report .....	2
Louisiana Medicaid Expansion Population.....	3
Expansion Enrollment by Age Cohort and MCO .....	3
Expansion Enrollees with Earned Income .....	4
Expansion Per Member Per Month Payments.....	5
Medicaid Expansion Population Service Utilization.....	6
Pharmacy Benefit Managers (PBM).....	10
PBM Revenue Streams.....	10

## 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 USA Insurance Company, Inc. (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 fewer 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, January 1, 2022 through March 31, 2022, the unduplicated count of expansion enrollees enrolled in an MCO was 725,690. 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 3**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2022</b>						
<b>Ages 19 to 49</b>	53,146	68,815	120,588	155,263	160,090	557,902
<b>Ages 50 to 64</b>	19,864	17,912	33,830	35,893	41,602	149,101
<b>Total</b>	73,010	86,727	154,418	191,156	201,692	707,003
<b>February 2022</b>						
<b>Ages 19 to 49</b>	53,272	69,182	121,458	156,441	160,972	561,325
<b>Ages 50 to 64</b>	19,876	17,922	34,005	36,103	41,836	149,742
<b>Total</b>	73,148	87,104	155,463	192,544	202,808	711,067
<b>March 2022</b>						
<b>Ages 19 to 49</b>	53,564	69,488	122,271	157,412	161,860	564,595
<b>Ages 50 to 64</b>	20,034	18,045	34,329	36,374	42,120	150,902
<b>Total</b>	73,598	87,533	156,600	193,786	203,980	715,497
<b>SFY 2022 Q3 Total</b>						
<b>Ages 19 to 49</b>	54,812	70,766	124,710	160,347	164,892	573,527
<b>Ages 50 to 64</b>	20,603	18,529	35,141	37,168	43,034	154,003
<b>Total<sup>1</sup></b>	75,181	89,095	159,427	197,049	207,416	725,690

<b>SFY 2022 YTD<sup>1</sup></b>	<b>80,946</b>	<b>94,704</b>	<b>169,042</b>	<b>207,469</b>	<b>219,328</b>	<b>757,773</b>
---------------------------------	---------------	---------------	----------------	----------------	----------------	----------------

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

## Expansion Enrollees with Earned Income

Table 2 presents the number of expansion enrollees in each MCO with earned income. Approximately 63% of the expansion population for Quarter 3 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 3<sup>2</sup>**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2022</b>						
<b>Ages 19 to 49</b>	32,278	44,721	77,329	103,171	105,031	362,530
<b>Ages 50 to 64</b>	8,374	7,831	14,775	16,367	18,721	66,068
<b>Total</b>	40,652	52,552	92,104	119,538	123,752	428,598
<b>February 2022</b>						
<b>Ages 19 to 49</b>	32,972	45,757	79,361	105,936	107,618	371,644
<b>Ages 50 to 64</b>	8,518	7,978	15,186	16,755	19,167	67,604
<b>Total</b>	41,490	53,735	94,547	122,691	126,785	439,248
<b>March 2022</b>						
<b>Ages 19 to 49</b>	33,893	46,850	81,420	108,598	110,275	381,036
<b>Ages 50 to 64</b>	8,813	8,205	15,679	17,210	19,775	69,682
<b>Total</b>	42,706	55,055	97,099	125,808	130,050	450,718
<b>SFY 2022 Q3 Total</b>						
<b>Ages 19 to 49</b>	34,607	47,658	82,961	110,480	112,224	386,655
<b>Ages 50 to 64</b>	9,023	8,407	16,028	17,552	20,161	70,965

<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.

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

<b>Total<sup>3</sup></b>	43,530	55,954	98,766	127,797	132,117	456,679
<b>SFY 2022 YTD<sup>3</sup></b>	<b>46,523</b>	<b>59,101</b>	<b>104,222</b>	<b>134,058</b>	<b>139,075</b>	<b>475,104</b>

Source: Medicaid Eligibility Data System, data extracted on 5/13/2022.

### Expansion Per Member Per Month Payments

In the third quarter of SFY 2022, total payments of \$1,639,676,994 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 3**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2022<sup>4</sup></b>	\$52,051,947	\$58,612,038	\$101,748,864	\$119,564,748	\$136,916,804	\$468,894,401
<b>February 2022<sup>5</sup></b>	\$59,972,780	\$75,654,978	\$124,976,712	\$155,075,089	\$176,154,151	\$591,833,710
<b>March 2022<sup>6</sup></b>	\$63,224,087	\$71,246,203	\$126,144,332	\$149,643,086	\$168,691,175	\$578,948,883
<b>SFY 2022 Q3 Total</b>	\$175,248,814	\$205,513,219	\$352,869,908	\$424,282,923	\$481,762,130	\$1,639,676,994
<b>SFY 2022 YTD</b>	\$450,680,697	\$515,655,453	\$891,267,455	\$1,056,951,226	\$1,206,249,138	\$4,120,803,969

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 4/22/2022.

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.

<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.

<sup>4</sup> January payments include December date of service PMPMs paid via lump sum pending approval of the 1/1/21 rates. Includes \$33.4 million in payments for the Managed Care Incentive Program (MCIP).

<sup>5</sup> February payments include January date of service PMPMs paid via lump sum pending approval of the 1/1/22 rates. Includes \$12.3 million in payments for the Managed Care Incentive Program (MCIP) and \$147.7 million in net adjustments for January – February 2021 PMPMs, kick payments and retro enrollments.

<sup>6</sup> March payments include February date of service PMPMs paid via lump sum pending approval of the 1/1/22 rates. Includes \$25.5 million in payments for the Managed Care Incentive Program (MCIP) and \$120 million in net adjustments for the March – June 2021 PMPMs and retro enrollments.

**Table 4: Total payments for dental benefits for expansion population, SFY 2022 Quarter 3**

	DentaQuest	MCNA	Total
January 2022	\$1,526,153	\$958,068	\$2,484,221
February 2022	\$1,080,668	\$1,067,642	\$2,148,310
March 2022	\$1,964,357	\$1,940,947	\$3,905,303
SFY 2022 Q3 Total	\$4,571,177	\$3,966,656	\$8,537,834
SFY 2022 YTD	\$12,208,530	\$11,517,116	\$23,725,646

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 4/22/2022.

## 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 does 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 3 were \$804,182,717 for the expansion population and \$771,861,946 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 51% of total payments by the MCOs to providers for the six categories of services presented are attributed to utilization by the expansion population.

**Table 5a: Emergency Department<sup>7</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>8</sup>	Enrollees	0	0	0	0	36,238	26,398	34,909	87,229	0.0%
	Payments	\$0	\$0	\$0	\$0	\$7,470,533	\$5,563,459	\$7,724,043	\$20,758,036	0.0%
19 to 49	Enrollees	42,141	30,722	37,161	92,372	13,237	10,223	12,224	29,226	76.0%

<sup>7</sup> Emergency department (ED) includes facility payments only. ED associated payments for physician services are included in table 5f.

<sup>8</sup> Medicaid Expansion population covers adults ages 19 through 64.

	Payments	\$9,514,113	\$7,442,189	\$9,819,170	\$26,775,472	\$3,167,799	\$2,634,780	\$3,408,119	\$9,210,698	74.4%
50 to 64	Enrollees	8,567	7,097	8,425	20,392	3,952	3,485	3,930	9,055	69.2%
	Payments	\$2,151,533	\$1,895,429	\$2,452,683	\$6,499,644	\$1,124,736	\$1,050,042	\$1,247,120	\$3,421,898	65.5%
65+ <sup>8</sup>	Enrollees	0	0	0	0	160	127	163	386	0.0%
	Payments	\$0	\$0	\$0	\$0	\$40,537	\$39,661	\$59,295	\$139,493	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

**Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>9</sup>	Enrollees	0	0	0	0	5,092	5,280	5,638	14,948	0.0%
	Payments	\$0	\$0	\$0	\$0	\$34,644,643	\$27,553,716	\$40,165,020	\$102,363,380	0.0%
19 to 49	Enrollees	5,036	4,715	5,713	13,844	3,256	2,926	3,476	8,742	61.3%
	Payments	\$34,905,345	\$31,826,859	\$39,788,258	\$106,520,462	\$18,285,866	\$16,980,261	\$20,484,976	\$55,751,103	65.6%
50 to 64	Enrollees	1,748	1,723	2,149	4,856	1,141	1,144	1,390	3,026	61.6%
	Payments	\$17,605,047	\$18,477,715	\$22,585,995	\$58,668,757	\$11,931,441	\$12,184,729	\$14,750,630	\$38,866,800	60.2%
65+ <sup>9</sup>	Enrollees	0	0	0	0	64	60	74	168	0.0%
	Payments	\$0	\$0	\$0	\$0	\$736,913	\$754,253	\$993,211	\$2,484,377	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>9</sup>	Enrollees	0	0	0	0	84,088	70,083	77,995	176,349	0.0%

<sup>9</sup> Medicaid Expansion population covers adults ages 19 through 64.



19 to 49	Payments	\$0	\$0	\$0	\$0	\$18,055,550	\$16,498,898	\$20,853,907	\$55,408,355	0.0%
	Enrollees	87,890	73,912	83,074	171,587	29,183	25,867	29,124	56,074	75.4%
50 to 64	Payments	\$29,997,693	\$25,706,578	\$35,150,628	\$90,854,899	\$13,157,560	\$10,639,291	\$14,570,315	\$38,367,166	70.3%
	Enrollees	32,946	31,626	35,888	63,019	12,527	12,027	13,365	22,722	73.5%
65+ <sup>9</sup>	Payments	\$19,553,804	\$17,379,068	\$24,708,785	\$61,641,656	\$10,782,270	\$9,308,190	\$12,260,049	\$32,350,509	65.6%
	Enrollees	0	0	0	0	652	653	732	1,262	0.0%
	Payments	\$0	\$0	\$0	\$0	\$496,173	\$511,343	\$701,159	\$1,708,676	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

**Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>10</sup>	Enrollees	0	0	0	0	972	1,216	1,222	2,474	0.0%
	Payments	\$0	\$0	\$0	\$0	\$175,273	\$259,932	\$269,386	\$704,590	0.0%
19 to 49	Enrollees	2,561	2,903	2,975	5,551	2,341	2,493	2,607	4,414	55.7%
	Payments	\$829,023	\$1,001,801	\$1,060,749	\$2,891,572	\$688,286	\$792,955	\$852,762	\$2,334,003	55.3%
50 to 64	Enrollees	1,866	2,005	2,099	3,549	3,397	3,589	3,793	5,847	37.8%
	Payments	\$456,271	\$507,636	\$576,943	\$1,540,851	\$966,007	\$1,060,780	\$1,213,439	\$3,240,226	32.2%
65+ <sup>10</sup>	Enrollees	0	0	0	0	1,336	1,445	1,498	2,300	0.0%
	Payments	\$0	\$0	\$0	\$0	\$389,577	\$439,916	\$496,397	\$1,325,890	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>10</sup>	Enrollees	0	0	0	0	164,886	167,986	193,344	318,967	0.0%
	Payments	\$0	\$0	\$0	\$0	\$28,021,149	\$29,827,938	\$38,620,646	\$96,469,733	0.0%
19 to 49	Enrollees	193,037	187,933	204,138	292,028	59,115	58,145	62,783	88,097	76.8%

<sup>10</sup> Medicaid Expansion population covers adults ages 19 through 64.

	Payments	\$62,139,331	\$67,985,338	\$84,475,632	\$214,600,301	\$25,138,729	\$27,507,631	\$34,442,369	\$87,088,729	71.1%
50 to 64	Enrollees	82,446	82,838	87,477	106,601	29,767	29,668	30,741	35,511	75.0%
	Payments	\$34,661,860	\$37,493,929	\$48,672,621	\$120,828,409	\$20,029,708	\$21,422,169	\$27,039,259	\$68,491,135	63.8%
65+ <sup>10</sup>	Enrollees	0	0	0	0	1,775	1,814	1,955	2,453	0.0%
	Payments	\$0	\$0	\$0	\$0	\$720,446	\$856,212	\$1,261,279	\$2,837,937	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

**Table 5f: Physician<sup>11</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2022	February 2022	March 2022	SFY 2022 Q3	January 2022	February 2022	March 2022	SFY 2022 Q3	
0 to 18 <sup>12</sup>	Enrollees	0	0	0	0	197,644	197,472	196,703	378,934	0.0%
	Payments	\$0	\$0	\$0	\$0	\$32,142,136	\$32,922,194	\$34,981,420	\$100,045,750	0.0%
19 to 49	Enrollees	147,085	139,303	141,980	260,867	47,336	46,244	48,169	82,570	76.0%
	Payments	\$24,942,005	\$24,574,740	\$27,040,114	\$76,556,859	\$9,708,531	\$9,931,672	\$11,190,004	\$30,830,207	71.3%
50 to 64	Enrollees	48,132	49,381	51,704	83,259	18,379	18,746	19,634	29,695	73.7%
	Payments	\$10,891,399	\$12,300,990	\$13,611,445	\$36,803,834	\$5,017,411	\$5,615,456	\$6,164,748	\$16,797,614	68.7%
65+ <sup>12</sup>	Enrollees	0	0	0	0	958	994	1,028	1,737	0.0%
	Payments	\$0	\$0	\$0	\$0	\$255,320	\$291,387	\$318,933	\$865,640	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/10/2022.

<sup>11</sup> Includes both emergency and non-emergency services.

<sup>12</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 3.

**Table 6: MCO PBMs, SFY 2022 Quarter 3**

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 3**

	ABH	ACLA	HB	LHCC	UHC
<b>January 2022</b>					
Transaction Fees Paid by MCO to PBM	\$190,656	\$499,906	\$421,093	\$657,055	\$1,121,438
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$49,424	\$0	\$445,285
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>February 2022</b>					
Transaction Fees Paid by MCO to PBM	\$174,386	\$491,754	\$419,968	\$602,265	\$1,055,928
Rebates and Discounts Retained by the MCO or PBM	\$165,162	\$0	\$48,757	\$0	\$196,588
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>March 2022</b>					
Transaction Fees Paid by MCO to PBM	\$201,414	\$471,279	\$419,665	\$690,051	\$1,259,459
Rebates and Discounts Retained by the MCO or PBM	\$0	\$222,969	\$134,234	\$229,470	\$4,376
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 Q3 Total</b>					
Transaction Fees Paid by MCO to PBM	\$566,456	\$1,462,939	\$1,260,726	\$1,949,371	\$3,436,825
Rebates and Discounts Retained by the MCO or PBM	\$165,162	\$222,969	\$232,415	\$229,470	\$646,249
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</b>					
Transaction Fees Paid by MCO to PBM	\$1,508,030	\$4,612,160	\$3,986,196	\$5,830,879	\$9,810,569
Rebates and Discounts Retained by the MCO or PBM	\$613,144	\$638,342	\$828,134	\$523,861	\$1,917,115
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*



[www.facebook.com/LaHealthDept](https://www.facebook.com/LaHealthDept)



[www.twitter.com/LADeptHealth](https://www.twitter.com/LADeptHealth)