

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2022 – 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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## 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 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 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, 2022 through June 30, 2022, the unduplicated count of expansion enrollees enrolled in an MCO was 737,646. 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 4**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>April 2022</b>						
<b>Ages 19 to 49</b>	53,855	69,808	123,076	158,649	162,753	568,141
<b>Ages 50 to 64</b>	20,163	18,140	34,559	36,609	42,355	151,826
<b>Total</b>	74,018	87,948	157,635	195,258	205,108	719,967
<b>May 2022</b>						
<b>Ages 19 to 49</b>	54,182	70,251	123,785	159,613	163,411	571,242
<b>Ages 50 to 64</b>	20,299	18,201	34,744	36,938	42,633	152,815
<b>Total</b>	74,481	88,452	158,529	196,551	206,044	724,057
<b>June 2022</b>						
<b>Ages 19 to 49</b>	54,392	70,514	124,312	160,451	163,947	573,616
<b>Ages 50 to 64</b>	20,447	18,286	35,004	37,199	42,913	153,849
<b>Total</b>	74,839	88,800	159,316	197,650	206,860	727,465
<b>SFY 2022 Q4 Total</b>						
<b>Ages 19 to 49</b>	55,536	71,619	126,686	163,274	166,950	582,621
<b>Ages 50 to 64</b>	20,897	18,710	35,753	37,855	43,754	156,622
<b>Total<sup>1</sup></b>	76,236	90,138	162,105	200,720	210,240	737,646
<b>SFY 2022 YTD<sup>1</sup></b>	<b>84,164</b>	<b>97,893</b>	<b>175,593</b>	<b>215,387</b>	<b>226,715</b>	<b>783,073</b>

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

<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 65% 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 2022 Quarter 4**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>April 2022</b>						
<b>Ages 19 to 49</b>	34,392	47,481	82,714	110,301	111,801	386,689
<b>Ages 50 to 64</b>	8,919	8,316	15,937	17,417	20,058	70,647
<b>Total</b>	43,311	55,797	98,651	127,718	131,859	457,336
<b>May 2022</b>						
<b>Ages 19 to 49</b>	35,210	48,427	84,363	112,525	113,833	394,358
<b>Ages 50 to 64</b>	9,167	8,552	16,360	17,915	20,579	72,573
<b>Total</b>	44,377	56,979	100,723	130,440	134,412	466,931
<b>June 2022</b>						
<b>Ages 19 to 49</b>	35,841	49,216	85,894	114,571	115,793	401,315
<b>Ages 50 to 64</b>	9,381	8,697	16,712	18,280	20,995	74,065
<b>Total</b>	45,222	57,913	102,606	132,851	136,788	475,380
<b>SFY 2022 Q4 Total</b>						
<b>Ages 19 to 49</b>	36,498	49,891	87,411	116,474	117,768	407,055
<b>Ages 50 to 64</b>	9,561	8,869	17,034	18,585	21,376	75,252
<b>Total<sup>2</sup></b>	45,962	58,661	104,248	134,830	138,898	481,438
<b>SFY 2022 YTD<sup>2</sup></b>	<b>50,121</b>	<b>63,069</b>	<b>112,002</b>	<b>143,757</b>	<b>148,746</b>	<b>508,157</b>

Source: Medicaid Eligibility Data System, data extracted on 8/19/2022.

<sup>2</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 fourth quarter of SFY 2022, total payments of \$1,682,034,557 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 4**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>April 2022<sup>3</sup></b>	\$58,771,366	\$66,741,439	\$118,411,917	\$139,372,946	\$157,962,683	\$541,260,351
<b>May 2022<sup>4</sup></b>	\$54,234,065	\$62,056,198	\$110,344,219	\$130,581,259	\$146,216,686	\$503,432,427
<b>June 2022<sup>5</sup></b>	\$66,778,969	\$78,691,028	\$139,144,631	\$167,938,099	\$184,789,052	\$637,341,779
<b>SFY 2022 Q4 Total</b>	\$179,784,400	\$207,488,665	\$367,900,767	\$437,892,304	\$488,968,421	\$1,682,034,557
<b>SFY 2022 YTD<sup>6</sup></b>	<b>\$630,603,557</b>	<b>\$723,306,895</b>	<b>\$1,259,448,933</b>	<b>\$1,495,182,228</b>	<b>\$1,695,600,490</b>	<b>\$5,804,142,103</b>

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 8/18/2022.

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 4**

	DentaQuest	MCNA	Total
<b>April 2022</b>	\$1,086,795	\$1,068,684	\$2,155,479
<b>May 2022</b>	\$1,091,546	\$1,071,364	\$2,162,910
<b>June 2022</b>	\$1,174,658	\$1,155,004	\$2,329,662
<b>SFY 2022 Q4 Total</b>	\$3,352,999	\$3,295,052	\$6,648,051
<b>SFY 2022 YTD<sup>6</sup></b>	<b>\$15,282,455</b>	<b>\$15,091,242</b>	<b>\$30,373,697</b>

Source: Medicaid Data Warehouse, data extracted on 8/18/2022.

<sup>3</sup> April payments include March date of service PMPMs paid via lump sum pending approval of 1/1/2022 rates. Includes net adjustments for July – October 2021 PMPMs.

<sup>4</sup> May payments include April date of service PMPMs paid via lump sum pending approval of 1/1/2022 rates. Includes net adjustments for November – December 2021 and January 2022 PMPMs. Includes \$16.6 million in payments for the Managed Care Incentive Program (MCIP) and \$2.3 million for COVID-19 Vaccine Administration.

<sup>5</sup> June payments include net adjustments for February – April 2022 PMPMs and \$98.4 million in payments for the Managed Care Incentive Program (MCIP).

<sup>6</sup> State fiscal year 2022 totals include adjustments made to previous months.

## 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 4 were \$880,136,698 for the expansion population and \$802,349,139 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 52% 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>7</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>8</sup>	Enrollees	0	0	0	0	31,575	30,271	31,589	83,364	0.0%
	Payments	\$0	\$0	\$0	\$0	\$6,931,627	\$6,767,582	\$7,022,980	\$20,722,189	0.0%
19 to 49	Enrollees	33,101	33,683	38,394	88,240	11,038	10,677	12,375	27,784	76.1%
	Payments	\$8,289,595	\$8,335,763	\$9,914,182	\$26,539,540	\$2,916,129	\$2,817,644	\$3,343,003	\$9,076,775	74.5%
50 to 64	Enrollees	7,565	7,664	8,702	20,180	3,780	3,804	4,252	9,304	68.4%
	Payments	\$1,994,082	\$2,010,436	\$2,465,712	\$6,470,230	\$1,112,963	\$1,115,558	\$1,323,192	\$3,551,712	64.6%
65+ <sup>8</sup>	Enrollees	0	0	0	0	129	144	158	361	0.0%
	Payments	\$0	\$0	\$0	\$0	\$45,924	\$41,393	\$52,442	\$139,759	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

<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.

**Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>9</sup>	Enrollees	0	0	0	0	5,407	4,568	5,148	14,073	0.0%
	Payments	\$0	\$0	\$0	\$0	\$34,509,946	\$29,135,662	\$33,047,372	\$96,692,980	0.0%
19 to 49	Enrollees	5,283	4,959	5,402	13,828	3,108	2,797	3,104	8,050	63.2%
	Payments	\$34,366,910	\$34,650,453	\$33,960,277	\$102,977,640	\$18,647,093	\$17,378,073	\$16,598,500	\$52,623,665	66.2%
50 to 64	Enrollees	1,842	1,641	1,865	4,596	1,264	1,092	1,252	2,932	61.1%
	Payments	\$18,597,881	\$16,463,504	\$18,939,885	\$54,001,270	\$12,829,668	\$12,029,313	\$11,377,812	\$36,236,794	59.8%
65+ <sup>9</sup>	Enrollees	0	0	0	0	80	52	64	170	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,166,333	\$452,210	\$664,627	\$2,283,170	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>9</sup>	Enrollees	0	0	0	0	71,381	68,228	68,191	156,982	0.0%
	Payments	\$0	\$0	\$0	\$0	\$17,776,749	\$17,528,915	\$17,539,693	\$52,845,358	0.0%
19 to 49	Enrollees	77,527	77,650	83,247	165,055	27,306	27,196	28,782	55,225	74.9%
	Payments	\$30,284,129	\$30,681,276	\$33,833,097	\$94,798,502	\$12,443,255	\$12,478,465	\$13,073,461	\$37,995,181	71.4%
50 to 64	Enrollees	33,592	33,190	34,761	63,413	12,741	12,628	12,911	22,652	73.7%
	Payments	\$20,279,244	\$19,691,772	\$21,599,691	\$61,570,707	\$10,660,259	\$10,502,156	\$10,781,374	\$31,943,789	65.8%
65+ <sup>9</sup>	Enrollees	0	0	0	0	690	681	730	1,305	0.0%
	Payments	\$0	\$0	\$0	\$0	\$574,035	\$497,302	\$607,711	\$1,679,047	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

<sup>9</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 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>10</sup>	Enrollees	0	0	0	0	1,142	763	902	2,058	0.0%
	Payments	\$0	\$0	\$0	\$0	\$160,155	\$146,621	\$184,977	\$491,753	0.0%
19 to 49	Enrollees	3,005	2,033	2,060	4,808	2,594	1,875	1,771	3,926	55.0%
	Payments	\$581,237	\$577,853	\$709,821	\$1,868,911	\$461,177	\$437,945	\$593,120	\$1,492,242	55.6%
50 to 64	Enrollees	2,056	1,467	1,381	3,040	3,766	2,778	2,374	5,260	36.6%
	Payments	\$309,866	\$292,541	\$393,907	\$996,314	\$625,162	\$621,645	\$834,370	\$2,081,177	32.4%
65+ <sup>10</sup>	Enrollees	0	0	0	0	1,477	1,092	889	2,065	0.0%
	Payments	\$0	\$0	\$0	\$0	\$229,555	\$222,914	\$318,546	\$771,016	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>10</sup>	Enrollees	0	0	0	0	173,675	170,136	164,505	308,120	0.0%
	Payments	\$0	\$0	\$0	\$0	\$30,975,506	\$32,591,674	\$44,390,466	\$107,957,646	0.0%
19 to 49	Enrollees	191,166	194,301	206,047	291,149	58,437	59,358	63,171	88,033	76.8%
	Payments	\$71,111,546	\$74,666,995	\$112,006,190	\$257,784,731	\$29,170,285	\$29,067,222	\$45,147,484	\$103,384,991	71.4%
50 to 64	Enrollees	83,794	84,474	88,330	107,039	29,702	29,814	30,560	35,249	75.2%
	Payments	\$40,137,436	\$41,661,678	\$60,705,109	\$142,504,223	\$22,261,286	\$23,037,268	\$32,659,792	\$77,958,345	64.6%
65+ <sup>10</sup>	Enrollees	0	0	0	0	1,859	1,807	1,928	2,491	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,045,980	\$893,972	\$1,252,477	\$3,192,428	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

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

**Table 5f: Physician<sup>11</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2022 Quarter 4**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2022	May 2022	June 2022	SFY 2022 Q4	April 2022	May 2022	June 2022	SFY 2022 Q4	
0 to 18 <sup>12</sup>	Enrollees	0	0	0	0	196,973	188,632	180,466	365,980	0.0%
	Payments	\$0	\$0	\$0	\$0	\$35,268,177	\$35,076,281	\$33,409,520	\$103,753,977	0.0%
19 to 49	Enrollees	143,268	144,978	144,615	260,877	47,864	47,760	47,683	82,810	75.9%
	Payments	\$27,057,199	\$29,713,933	\$29,598,368	\$86,369,501	\$10,943,029	\$11,468,765	\$11,883,314	\$34,295,108	71.6%
50 to 64	Enrollees	51,583	53,586	51,759	86,176	19,338	19,761	19,116	29,800	74.3%
	Payments	\$13,407,659	\$15,756,132	\$15,091,338	\$44,255,129	\$6,073,246	\$7,152,268	\$6,883,081	\$20,108,596	68.8%
65+ <sup>12</sup>	Enrollees	0	0	0	0	1,067	1,100	1,105	1,865	0.0%
	Payments	\$0	\$0	\$0	\$0	\$322,394	\$373,631	\$375,413	\$1,071,439	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/12/2022.

<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 4.

**Table 6: MCO PBMs, SFY 2022 Quarter 4**

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 4**

	ABH	ACLA	HB	LHCC	UHC
<b>April 2022</b>					
Transaction Fees Paid by MCO to PBM	\$187,923	\$489,936	\$526,980	\$641,991	\$1,194,221
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$140,132	\$0	\$400,466
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>May 2022</b>					
Transaction Fees Paid by MCO to PBM	\$196,039	\$483,590	\$425,104	\$656,914	\$1,093,626
Rebates and Discounts Retained by the MCO or PBM	\$180,811	\$0	\$189,837	\$0	\$1,352
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>June 2022</b>					
Transaction Fees Paid by MCO to PBM	\$194,153	\$465,602	\$410,420	\$641,218	\$1,188,023
Rebates and Discounts Retained by the MCO or PBM <sup>13</sup>	\$0	\$178,409	\$185,303	-\$43,161	\$50,648
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>.

<sup>13</sup> LHCC reported a negative amount for the June reporting due to the timing of collection and reconciliation of item.

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

	ABH	ACLA	HB	LHCC	UHC
<b>SFY 2022 Q4 Total</b>					
Transaction Fees Paid by MCO to PBM	\$578,115	\$1,439,128	\$1,362,504	\$1,940,123	\$3,475,870
Rebates and Discounts Retained by the MCO or PBM <sup>14</sup>	\$180,811	\$178,409	\$515,272	-\$43,161	\$452,466
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	\$2,086,145	\$6,051,288	\$5,348,700	\$7,771,002	\$13,286,439
Rebates and Discounts Retained by the MCO or PBM	\$793,955	\$816,751	\$1,343,406	\$480,700	\$2,369,581
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>.

<sup>14</sup> LHCC reported a negative amount for the June reporting due to the timing of collection and reconciliation of item.

*Louisiana Department of Health*

628 North Fourth Street, Baton Rouge, Louisiana 70802

(225) 342-9500

*www.ldh.la.gov*



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