

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2023 – Quarter 1*

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

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February 2023



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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 2023 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 the date of payment, rather than the 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 are 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, July 1, 2022 through September 30, 2022, the unduplicated count of expansion enrollees enrolled in an MCO was 747,754. Table 1 provides a breakdown of enrollees by age, MCO, and month. Totals for each MCO and the fiscal year-to-date (YTD) are unduplicated and therefore will not equal the sum of counts by MCO or the sum of counts by month.

**Table 1: Expansion enrollment by age cohort and MCO, SFY 2023 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2022</b>						
<b>Ages 19 to 49</b>	54,599	70,796	124,864	161,260	164,556	576,075
<b>Ages 50 to 64</b>	20,527	18,303	35,173	37,397	43,168	154,568
<b>Total</b>	75,126	89,099	160,037	198,657	207,724	730,643
<b>August 2022</b>						
<b>Ages 19 to 49</b>	54,886	71,184	125,523	162,269	165,383	579,245
<b>Ages 50 to 64</b>	20,618	18,412	35,424	37,609	43,383	155,446
<b>Total</b>	75,504	89,596	160,947	199,878	208,766	734,691
<b>September 2022</b>						
<b>Ages 19 to 49</b>	55,029	71,570	125,807	163,022	165,873	581,301
<b>Ages 50 to 64</b>	20,736	18,487	35,552	37,810	43,652	156,237
<b>Total</b>	75,765	90,057	161,359	200,832	209,525	737,538
<b>SFY 2023 Q1 Total</b>						
<b>Ages 19 to 49</b>	56,170	72,623	128,136	165,550	168,614	590,316
<b>Ages 50 to 64</b>	21,213	18,867	36,337	38,601	44,563	159,385
<b>Total<sup>1</sup></b>	77,146	91,257	164,026	203,679	212,621	747,754
<b>SFY 2023 YTD<sup>1</sup></b>	<b>77,146</b>	<b>91,257</b>	<b>164,026</b>	<b>203,679</b>	<b>212,621</b>	<b>747,754</b>

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

<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 67% 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 2023 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2022</b>						
<b>Ages 19 to 49</b>	36,152	49,650	86,701	115,662	116,832	404,997
<b>Ages 50 to 64</b>	9,527	8,789	16,909	18,497	21,285	75,007
<b>Total</b>	45,679	58,439	103,610	134,159	138,117	480,004
<b>August 2022</b>						
<b>Ages 19 to 49</b>	36,730	50,469	88,093	117,525	118,607	411,424
<b>Ages 50 to 64</b>	9,727	8,948	17,285	18,850	21,679	76,489
<b>Total</b>	46,457	59,417	105,378	136,375	140,286	487,913
<b>September 2022</b>						
<b>Ages 19 to 49</b>	37,252	51,226	89,342	119,194	120,151	417,165
<b>Ages 50 to 64</b>	9,926	9,093	17,577	19,155	22,050	77,801
<b>Total</b>	47,178	60,319	106,919	138,349	142,201	494,966
<b>SFY 2023 Q1 Total</b>						
<b>Ages 19 to 49</b>	37,923	51,917	90,807	120,934	121,975	422,992
<b>Ages 50 to 64</b>	10,116	9,254	17,900	19,491	22,446	79,137
<b>Total<sup>2</sup></b>	47,897	61,041	108,457	140,147	144,078	500,986
<b>SFY 2023 YTD<sup>2</sup></b>	<b>47,897</b>	<b>61,041</b>	<b>108,457</b>	<b>140,147</b>	<b>144,078</b>	<b>500,986</b>

Source: Medicaid Eligibility Data System, data extracted on 11/15/2022.

<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 first quarter of SFY 2023, total payments of \$1,373,996,872 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 2023 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2022<sup>3</sup></b>	\$47,312,564	\$55,889,263	\$98,217,094	\$119,013,418	\$130,241,882	\$450,674,221
<b>August 2022<sup>4</sup></b>	\$49,134,998	\$58,041,590	\$101,999,883	\$123,596,702	\$135,257,822	\$468,030,995
<b>September 2022</b>	\$47,797,935	\$56,461,600	\$99,223,741	\$120,232,205	\$131,576,175	\$455,291,656
<b>SFY 2023 Q1 Total</b>	\$144,245,497	\$170,392,453	\$299,440,718	\$362,842,325	\$397,075,879	\$1,373,996,872
<b>SFY 2023 YTD</b>	\$144,245,497	\$170,392,453	\$299,440,718	\$362,842,325	\$397,075,879	\$1,373,996,872

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/10/2022.

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 are eligible for all Medicaid-covered dental services. Enrollees 21 years old 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 2023 Quarter 1**

	DentaQuest	MCNA	Total
<b>July 2022</b>	\$1,173,041	\$1,149,452	\$2,322,493
<b>August 2022</b>	\$1,353,958	\$1,329,032	\$2,682,990
<b>September 2022</b>	\$1,348,215	\$1,322,156	\$2,670,371
<b>SFY 2023 Q1 Total</b>	\$3,875,213	\$3,800,641	\$7,675,854
<b>SFY 2023 YTD</b>	\$3,875,213	\$3,800,641	\$7,675,854

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/10/2022.

<sup>3</sup> July date of service PMPMs paid via lump sum pending approval of 7/1/2022 rates.

<sup>4</sup> August date of service PMPMs paid via lump sum pending approval of 7/1/2022 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 y 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 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 2023 Quarter 1 were \$864,744,268 for the expansion population and \$802,934,796 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>5</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>6</sup>	Enrollees	0	0	0	0	28,631	34,241	42,013	88,805	0.0%
	Payments	\$0	\$0	\$0	\$0	\$4,472,896	\$6,273,596	\$10,320,562	\$21,067,054	0.0%
19 to 49	Enrollees	38,090	43,432	36,689	95,626	12,338	14,144	12,132	30,495	75.8%
	Payments	\$7,957,197	\$10,374,275	\$9,497,009	\$27,828,482	\$2,692,846	\$3,593,456	\$3,233,683	\$9,519,985	74.5%
50 to 64	Enrollees	9,202	10,177	8,738	22,759	4,210	4,848	3,973	9,816	69.9%
	Payments	\$2,122,499	\$2,698,940	\$2,473,780	\$7,295,219	\$1,040,266	\$1,483,783	\$1,236,483	\$3,760,533	66.0%
65+ <sup>6</sup>	Enrollees	0	0	0	0	167	191	156	411	0.0%
	Payments	\$0	\$0	\$0	\$0	\$42,258	\$62,887	\$57,224	\$162,369	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

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

<sup>6</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 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>7</sup>	Enrollees	0	0	0	0	4,837	5,554	5,222	14,675	0.0%
	Payments	\$0	\$0	\$0	\$0	\$33,293,793	\$37,165,878	\$33,819,907	\$104,279,578	0.0%
19 to 49	Enrollees	5,562	5,906	5,075	14,676	3,264	3,874	3,189	9,285	61.2%
	Payments	\$35,649,884	\$38,977,646	\$34,167,122	\$108,794,653	\$17,898,191	\$21,409,009	\$17,783,918	\$57,091,118	65.6%
50 to 64	Enrollees	1,796	1,948	1,599	4,510	1,210	1,301	1,118	2,952	60.4%
	Payments	\$16,996,188	\$18,166,859	\$15,351,375	\$50,514,423	\$12,073,214	\$13,100,588	\$12,407,885	\$37,581,687	57.3%
65+ <sup>7</sup>	Enrollees	0	0	0	0	59	77	62	170	0.0%
	Payments	\$0	\$0	\$0	\$0	\$626,834	\$940,435	\$839,850	\$2,407,119	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>7</sup>	Enrollees	0	0	0	0	66,464	75,947	83,695	167,149	0.0%
	Payments	\$0	\$0	\$0	\$0	\$14,295,854	\$17,230,218	\$22,166,242	\$53,692,314	0.0%
19 to 49	Enrollees	82,853	88,948	79,297	171,107	28,792	30,887	28,181	57,380	74.9%
	Payments	\$29,363,275	\$33,934,770	\$32,666,057	\$95,964,102	\$12,193,631	\$13,210,727	\$13,524,981	\$38,929,340	71.1%
50 to 64	Enrollees	35,121	37,423	34,346	65,639	12,878	13,912	12,556	22,910	74.1%
	Payments	\$19,769,036	\$21,648,786	\$22,020,608	\$63,438,429	\$10,459,733	\$11,233,958	\$10,942,571	\$32,636,262	66.0%
65+ <sup>7</sup>	Enrollees	0	0	0	0	723	750	678	1,326	0.0%
	Payments	\$0	\$0	\$0	\$0	\$564,441	\$644,424	\$666,386	\$1,875,251	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

<sup>7</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 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>8</sup>	Enrollees	0	0	0	0	1,487	1,461	1,703	3,419	0.0%
	Payments	\$0	\$0	\$0	\$0	\$322,885	\$333,530	\$370,300	\$1,026,715	0.0%
19 to 49	Enrollees	4,166	3,667	3,878	7,717	3,375	3,138	3,293	5,745	57.3%
	Payments	\$1,517,564	\$1,367,320	\$1,545,698	\$4,430,582	\$1,142,613	\$1,038,560	\$1,157,915	\$3,339,089	57.0%
50 to 64	Enrollees	2,684	2,447	2,623	4,593	4,525	4,251	4,308	7,045	39.5%
	Payments	\$746,210	\$684,228	\$792,258	\$2,222,697	\$1,498,258	\$1,337,385	\$1,411,941	\$4,247,584	34.4%
65+ <sup>8</sup>	Enrollees	0	0	0	0	1,876	1,746	1,768	2,851	0.0%
	Payments	\$0	\$0	\$0	\$0	\$583,060	\$550,840	\$610,014	\$1,743,913	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>8</sup>	Enrollees	0	0	0	0	139,107	173,440	192,500	311,677	0.0%
	Payments	\$0	\$0	\$0	\$0	\$28,786,768	\$38,470,099	\$34,786,653	\$102,043,521	0.0%
19 to 49	Enrollees	192,505	208,615	196,485	293,442	59,243	64,640	61,627	90,114	76.5%
	Payments	\$74,457,050	\$89,980,324	\$78,477,026	\$242,914,400	\$28,633,035	\$33,681,414	\$30,350,756	\$92,665,205	72.4%
50 to 64	Enrollees	84,620	89,180	85,671	108,228	29,350	30,397	29,261	34,842	75.6%
	Payments	\$42,348,383	\$50,581,938	\$43,346,911	\$136,277,233	\$22,547,639	\$26,772,605	\$23,292,544	\$72,612,788	65.2%
65+ <sup>8</sup>	Enrollees	0	0	0	0	1,842	1,904	1,818	2,457	0.0%
	Payments	\$0	\$0	\$0	\$0	\$980,064	\$1,297,267	\$983,782	\$3,261,114	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

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

**Table 5f: Physician<sup>9</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2022	August 2022	September 2022	SFY 2023 Q1	July 2022	August 2022	September 2022	SFY 2023 Q1	
0 to 18 <sup>10</sup>	Enrollees	0	0	0	0	173,845	198,383	213,036	382,079	0.0%
	Payments	\$0	\$0	\$0	\$0	\$31,462,062	\$35,718,086	\$37,320,084	\$104,500,232	0.0%
19 to 49	Enrollees	146,921	150,779	144,294	266,225	48,769	50,507	49,009	85,526	75.7%
	Payments	\$28,281,150	\$28,315,115	\$27,032,415	\$83,628,680	\$11,641,676	\$11,749,131	\$11,293,522	\$34,684,329	70.7%
50 to 64	Enrollees	51,199	53,885	51,940	87,288	18,749	19,346	18,813	29,376	74.8%
	Payments	\$13,901,909	\$14,210,264	\$13,323,197	\$41,435,370	\$6,344,111	\$6,382,450	\$6,067,629	\$18,794,191	68.8%
65+ <sup>10</sup>	Enrollees	0	0	0	0	1,015	1,094	1,069	1,832	0.0%
	Payments	\$0	\$0	\$0	\$0	\$343,212	\$350,959	\$319,335	\$1,013,505	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/09/2022.

<sup>9</sup> Includes both emergency and non-emergency services.

<sup>10</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 2023 Quarter 1.

**Table 6: MCO PBMs, SFY 2023 Quarter 1**

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 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 2023 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 the implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter into supplemental rebate agreements on drugs included in 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 in the single PDL, such as diabetes testing supplies.

**Table 7: MCO PBM revenues by month, SFY 2023 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC
<b>July 2022</b>					
Transaction Fees Paid by MCO to PBM	\$185,369	\$468,991	\$513,470	\$612,377	\$1,103,018
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$221,390	\$0	\$633,113
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 2022</b>					
Transaction Fees Paid by MCO to PBM	\$208,428	\$576,289	\$431,023	\$174,496	\$1,123,093
Rebates and Discounts Retained by the MCO or PBM	\$214,875	\$0	\$217,432	\$0	\$196,839
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 2022</b>					
Transaction Fees Paid by MCO to PBM	\$200,849	\$746,220	\$576,455	\$695,257	\$1,234,618
Rebates and Discounts Retained by the MCO or PBM	\$0	\$171,416	\$329,384	\$99,522	\$201,658
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 2023**

	ABH	ACLA	HB	LHCC	UHC
<b>SFY 2023 Q1 Total</b>					
Transaction Fees Paid by MCO to PBM	\$594,646	\$1,791,500	\$1,520,948	\$1,482,130	\$3,460,729
Rebates and Discounts Retained by the MCO or PBM	\$214,875	\$171,416	\$768,206	\$99,522	\$1,031,610
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 2023 YTD</b>					
Transaction Fees Paid by MCO to PBM	\$594,646	\$1,791,500	\$1,520,948	\$1,482,130	\$3,460,729
Rebates and Discounts Retained by the MCO or PBM	\$214,875	\$171,416	\$768,206	\$99,522	\$1,031,610
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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