

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2023 – 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 the 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 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 aged 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, 2022 through December 31, 2022, the unduplicated count of expansion enrollees enrolled in an MCO was 759,952. 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 2023 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2022						
Ages 19 to 49	55,412	72,112	126,563	163,757	166,426	584,270
Ages 50 to 64	20,927	18,668	35,769	37,918	43,823	157,105
Total	76,339	90,780	162,332	201,675	210,249	741,375
November 2022						
Ages 19 to 49	55,952	73,515	127,047	164,587	166,993	588,094
Ages 50 to 64	21,243	19,477	35,984	38,154	44,090	158,948
Total	77,195	92,992	163,031	202,741	211,083	747,042
December 2022						
Ages 19 to 49	56,382	75,382	127,532	165,432	167,619	592,347
Ages 50 to 64	21,413	20,407	36,153	38,376	44,322	160,671
Total	77,795	95,789	163,685	203,808	211,941	753,018
SFY 2023 Q2 Total						
Ages 19 to 49	57,214	76,337	129,281	167,304	169,609	598,708
Ages 50 to 64	21,804	20,778	36,797	38,987	45,049	163,194
Total¹	78,804	96,889	165,642	205,767	214,110	759,952
SFY 2023 YTD¹	80,890	98,755	169,586	210,155	218,780	775,218

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

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 68% 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 2023 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2022						
Ages 19 to 49	37,366	51,337	89,532	119,182	120,058	417,429
Ages 50 to 64	9,964	9,148	17,707	19,237	22,052	78,102
Total	47,330	60,485	107,239	138,419	142,110	495,531
November 2022						
Ages 19 to 49	37,951	52,342	90,470	120,457	121,169	422,344
Ages 50 to 64	10,201	9,533	17,972	19,533	22,461	79,688
Total	48,152	61,875	108,442	139,990	143,630	502,032
December 2022						
Ages 19 to 49	38,475	53,598	91,354	121,761	122,456	427,573
Ages 50 to 64	10,358	9,993	18,237	19,839	22,822	81,231
Total	48,833	63,591	109,591	141,600	145,278	508,804
SFY 2022 Q2 Total						
Ages 19 to 49	39,079	54,294	92,657	123,208	123,974	432,431
Ages 50 to 64	10,555	10,201	18,555	20,154	23,134	82,485
Total²	49,498	64,374	110,953	143,031	146,763	513,722
SFY 2022 YTD³	50,644	65,511	113,350	145,914	149,757	523,330

Source: Medicaid Eligibility Data System, data extracted on 02/14/2023.

² 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 2023, total payments of \$2,105,311,118 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 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2022³	\$49,172,711	\$58,323,913	\$102,932,299	\$124,212,695	\$135,513,919	\$470,155,538
November 2022⁴	\$80,605,578	\$92,854,032	\$167,327,877	\$199,989,256	\$219,565,855	\$760,342,598
December 2022	\$88,741,360	\$111,621,294	\$188,635,589	\$233,119,861	\$252,694,879	\$874,812,982
SFY 2023 Q2 Total	\$218,519,649	\$262,799,239	\$458,895,765	\$557,321,812	\$607,774,653	\$2,105,311,118
SFY 2023 YTD	\$362,765,146	\$433,191,692	\$758,336,483	\$920,164,137	\$1,004,850,532	\$3,479,307,990

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 01/03/2023.

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 aged 19 and 20 years old 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 2023 Quarter 2

	DentaQuest	MCNA	Total
October 2022	\$1,257,192	\$1,230,990	\$2,488,182
November 2022	\$1,165,550	\$1,136,753	\$2,302,303
December 2022	\$1,167,624	\$1,135,868	\$2,303,493
SFY 2023 Q2 Total	\$3,590,367	\$3,503,611	\$7,093,978
SFY 2023 YTD	\$7,465,581	\$7,304,251	\$14,769,832

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 01/03/2023.

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

⁴ 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 age 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 2023 Quarter 2 were \$876,168,621 for the expansion population and \$845,438,044 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 service presented are attributed to utilization by the expansion population.

Table 5a: Emergency Department⁵ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ⁶	Enrollees	0	0	0	0	45,583	43,589	39,263	112,147	0.0%
	Payments	\$0	\$0	\$0	\$0	\$11,093,978	\$9,763,290	\$8,790,277	\$29,647,546	0.0%
19 to 49	Enrollees	37,973	33,260	35,939	90,147	12,603	11,439	12,096	29,406	75.4%
	Payments	\$9,684,239	\$8,417,203	\$9,097,343	\$27,198,784	\$3,355,876	\$2,994,792	\$3,154,591	\$9,505,260	74.1%
50 to 64	Enrollees	8,865	7,564	8,217	20,987	4,157	3,588	3,723	9,029	69.9%
	Payments	\$2,439,270	\$2,069,832	\$2,316,824	\$6,825,926	\$1,326,546	\$1,114,120	\$1,174,014	\$3,614,680	65.4%
65+ ⁶	Enrollees	0	0	0	0	175	124	159	391	0.0%
	Payments	\$0	\$0	\$0	\$0	\$58,397	\$39,797	\$50,880	\$149,073	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

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

⁶ 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 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ⁷	Enrollees	0	0	0	0	5,665	4,751	4,657	14,028	0.0%
	Payments	\$0	\$0	\$0	\$0	\$37,616,989	\$32,342,242	\$28,856,082	\$98,815,313	0.0%
19 to 49	Enrollees	5,363	4,868	4,947	13,659	3,218	2,956	2,747	8,077	62.8%
	Payments	\$36,998,940	\$32,098,560	\$31,140,851	\$100,238,350	\$19,506,366	\$17,193,393	\$15,369,139	\$52,068,899	65.8%
50 to 64	Enrollees	1,777	1,494	1,509	4,144	1,209	1,069	988	2,675	60.8%
	Payments	\$18,653,530	\$14,795,838	\$14,889,924	\$48,339,292	\$12,591,293	\$10,873,436	\$9,972,450	\$33,437,179	59.1%
65+ ⁷	Enrollees	0	0	0	0	60	63	56	154	0.0%
	Payments	\$0	\$0	\$0	\$0	\$648,518	\$622,683	\$617,512	\$1,888,712	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ⁷	Enrollees	0	0	0	0	88,294	89,988	80,328	193,489	0.0%
	Payments	\$0	\$0	\$0	\$0	\$24,523,512	\$22,398,593	\$20,624,046	\$67,546,152	0.0%
19 to 49	Enrollees	82,659	78,963	78,590	167,165	29,037	28,395	27,826	56,300	74.8%
	Payments	\$34,513,358	\$30,582,918	\$31,387,624	\$96,483,900	\$14,554,330	\$12,335,940	\$12,751,199	\$39,641,468	70.9%
50 to 64	Enrollees	36,094	34,191	33,312	64,709	13,145	12,669	12,039	22,452	74.2%
	Payments	\$22,198,832	\$20,358,971	\$19,923,993	\$62,481,797	\$11,255,410	\$10,451,609	\$9,774,466	\$31,481,486	66.5%
65+ ⁷	Enrollees	0	0	0	0	736	734	686	1,340	0.0%
	Payments	\$0	\$0	\$0	\$0	\$779,240	\$577,990	\$584,994	\$1,942,224	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

⁷ 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 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ⁸	Enrollees	0	0	0	0	1,563	1,701	1,758	3,642	0.0%
	Payments	\$0	\$0	\$0	\$0	\$367,853	\$377,742	\$403,962	\$1,149,557	0.0%
19 to 49	Enrollees	3,520	3,806	3,957	7,213	3,009	3,266	3,421	5,574	56.4%
	Payments	\$1,281,715	\$1,400,536	\$1,713,286	\$4,395,536	\$1,020,519	\$1,087,862	\$1,284,967	\$3,393,348	56.4%
50 to 64	Enrollees	2,372	2,588	2,664	4,402	4,070	4,330	4,325	6,634	39.9%
	Payments	\$675,623	\$709,513	\$818,970	\$2,204,106	\$1,185,688	\$1,249,990	\$1,449,629	\$3,885,306	36.2%
65+ ⁸	Enrollees	0	0	0	0	1,686	1,809	1,844	2,812	0.0%
	Payments	\$0	\$0	\$0	\$0	\$515,535	\$527,631	\$599,296	\$1,642,462	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ⁸	Enrollees	0	0	0	0	202,851	234,262	183,529	371,776	0.0%
	Payments	\$0	\$0	\$0	\$0	\$36,493,611	\$42,476,856	\$33,925,928	\$112,896,394	0.0%
19 to 49	Enrollees	199,800	215,304	197,838	300,125	62,495	67,502	62,232	93,207	76.3%
	Payments	\$81,703,495	\$96,440,589	\$81,942,134	\$260,086,218	\$31,492,556	\$35,275,467	\$31,472,867	\$98,240,890	72.6%
50 to 64	Enrollees	84,640	90,286	86,101	109,470	29,474	30,092	29,039	34,610	76.0%
	Payments	\$44,596,151	\$51,908,267	\$44,266,594	\$140,771,012	\$23,983,433	\$27,353,695	\$23,453,580	\$74,790,709	65.3%
65+ ⁸	Enrollees	0	0	0	0	1,887	1,952	1,918	2,534	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,041,134	\$1,269,209	\$1,090,690	\$3,401,032	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

⁸ Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: Physician⁹ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2023 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2022	November 2022	December 2022	SFY 2023 Q2	October 2022	November 2022	December 2022	SFY 2023 Q2	
0 to 18 ¹⁰	Enrollees	0	0	0	0	299,692	230,158	211,212	416,625	0.0%
	Payments	\$0	\$0	\$0	\$0	\$42,497,829	\$41,634,394	\$37,470,217	\$121,602,440	0.0%
19 to 49	Enrollees	152,188	143,070	145,245	266,019	51,568	48,792	49,404	86,548	75.5%
	Payments	\$30,543,686	\$27,501,121	\$27,408,495	\$85,453,302	\$12,784,951	\$11,023,399	\$11,124,746	\$34,933,096	71.0%
50 to 64	Enrollees	54,850	50,878	50,805	87,233	19,689	18,257	18,327	29,046	75.0%
	Payments	\$15,127,050	\$13,488,578	\$13,074,770	\$41,690,398	\$6,414,010	\$6,163,043	\$6,104,377	\$18,681,430	69.1%
65+ ¹⁰	Enrollees	0	0	0	0	1,102	1,075	1,063	1,878	0.0%
	Payments	\$0	\$0	\$0	\$0	\$384,230	\$306,335	\$392,824	\$1,083,388	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/15/2023.

⁹ Includes both emergency and non-emergency services.

¹⁰ 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 2.

Table 6: MCO PBMs, SFY 2023 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	CarelonRx	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 CarelonRx. CarelonRx provides PBM services to Healthy Blue under a master intercompany services agreement. (Note: On January 1, 2023, the company's name was changed to CarelonRx).
LHCC	Envolve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Envolve 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 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 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 2023 Quarter 2

	ABH	ACLA	HB	LHCC	UHC
October 2022					
Transaction Fees Paid by MCO to PBM	\$202,126	\$624,439	\$465,173	\$707,136	\$1,194,461
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$251,710	\$0	\$82,631
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 2022					
Transaction Fees Paid by MCO to PBM	\$201,628	\$613,918	\$442,729	\$704,366	\$1,272,986
Rebates and Discounts Retained by the MCO or PBM	\$370,139	\$0	\$238,823	\$0	\$223,624
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 2022					
Transaction Fees Paid by MCO to PBM	\$195,391	\$412,308	\$561,205	\$610,621	\$1,199,034
Rebates and Discounts Retained by the MCO or PBM	\$0	\$168,534	\$412,297	\$369,757	\$194,619
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
SFY 2023 Q2 Total					
Transaction Fees Paid by MCO to PBM	\$599,145	\$1,650,664	\$1,469,106	\$2,022,123	\$3,666,481
Rebates and Discounts Retained by the MCO or PBM	\$370,139	\$168,534	\$902,830	\$369,757	\$500,874
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 2023 YTD(July 2022-December 2022)					
Transaction Fees Paid by MCO to PBM	\$1,193,790	\$3,442,163	\$2,990,053	\$3,504,253	\$7,127,209
Rebates and Discounts Retained by the MCO or PBM	\$585,014	\$339,950	\$1,671,035	\$469,279	\$1,532,484
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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