

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2025 – Quarter 1

Response to Act 482 of the 2018 Regular Legislative Session

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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 and unduplicated year-to-date (YTD) totals for the 2025 state fiscal year (SFY). The annual Medicaid Managed Care Transparency Report will include a collective chart of the data submitted in each quarterly 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

This report uses the following acronyms to concisely present data in tables.

Managed Care Organizations

ABH	Aetna Better Health
ACLA	AmeriHealth Caritas of Louisiana
HBL	Healthy Blue
HUM	Humana Healthy Horizons
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

Louisiana provides Medicaid coverage under the Affordable Care Act to adults ages 19 to 64 under 138% of the Federal Poverty Level. Most of the expansion group receives full Medicaid coverage through enrollment in one of six contracted Medicaid MCOs. Each month, less than 1% of expansion enrollees are enrolled in cases such as incarceration or enrollment in Medicare, which 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, 2024, through September 30, 2024, the unduplicated count of expansion enrollees enrolled in an MCO was 562,006. Table 1 provides a breakdown of enrollees by age, MCO, and month.

Table 1: Expansion enrollment by age cohort and MCO, SFY 2025 Quarter 1

	ABH	ACLA	HBL	HUM	LHCC	UHC	TOTAL
July-2024							
Ages 19 to 49	46,618	44,014	87,055	37,224	110,171	99,830	424,912
Ages 50 to 64	14,818	11,041	23,588	10,430	24,884	26,898	111,659
Total	61,436	55,055	110,643	47,654	135,055	126,728	536,571
August-2024							
Ages 19 to 49	46,845	43,857	86,791	36,903	109,764	99,597	423,757
Ages 50 to 64	14,880	11,022	23,520	10,401	24,679	26,831	111,333
Total	61,725	54,879	110,311	47,304	134,443	126,428	535,090
September-2024							
Ages 19 to 49	47,124	43,724	86,659	36,652	109,483	99,507	423,149
Ages 50 to 64	14,910	11,007	23,428	10,369	24,644	26,804	111,162
Total	62,034	54,731	110,087	47,021	134,127	126,311	534,311
SFY 2025 Q1 Total							
Ages 19 to 49	49,826	46,292	91,689	39,070	115,534	105,205	446,571
Ages 50 to 64	15,756	11,570	24,729	10,996	25,917	28,190	116,917
Total	65,395	57,702	116,115	49,935	141,119	133,027	562,006
SFY 2025 YTD¹	65,395	57,702	116,115	49,935	141,119	133,027	562,006

Source: Medicaid Data Warehouse, data extracted on 11/15/2024

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 59% 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 2025 Quarter 1

	ABH	ACLA	HBL	HUM	LHCC	UHC	Total
July-2024							
Ages 19 to 49	27,966	30,655	52,720	21,790	68,077	62,126	263,334
Ages 50 to 64	6,091	5,022	9,789	3,843	10,843	11,443	47,031
Total	34,057	35,677	62,509	25,633	78,920	73,569	310,365
August-2024							
Ages 19 to 49	28,075	28,075	52,162	22,432	68,318	62,174	261,236
Ages 50 to 64	6,075	4,992	9,823	3,892	10,846	11,535	47,163
Total	34,150	33,067	61,985	26,324	79,164	73,709	308,399
September-2024							
Ages 19 to 49	29,415	31,032	52,717	22,193	67,971	61,958	265,286
Ages 50 to 64	6,200	5,024	9,864	3,933	10,869	11,530	47,420
Total	35,615	36,056	62,581	26,126	78,840	73,488	312,706
SFY 2025 Q1 Total							
Ages 19 to 49	33,697	35,546	58,984	25,218	75,644	69,225	282,167
Ages 50 to 64	6,985	5,617	10,870	4,378	11,901	12,663	50,734
Total ²	40,604	41,062	69,701	29,538	87,369	81,692	332,136
SFY 2025 YTD	40,604	41,062	69,701	29,538	87,369	81,692	332,136

Source: Medicaid Eligibility Data System, data extracted on 11/15/2024.

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 (PMPM) Payments

In the first quarter of SFY 2025, the six MCOs received total payments of \$1,401,276,739 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 the expansion population, SFY 2025 Quarter 1

	ABH	ACLA	HBL	HUM	LHCC	UHC	Totals
Jul-2024	\$45,223,011	\$36,924,507	\$74,843,684	\$23,408,411	\$89,909,263	\$90,192,339	\$360,501,214
Aug-2024³	\$40,391,555	\$32,982,610	\$66,848,732	\$20,908,593	\$80,307,912	\$80,558,470	\$321,997,872
Sep-2024⁴	\$90,170,093	\$73,617,050	\$149,228,326	\$46,671,650	\$179,260,506	\$179,830,027	\$718,777,653
SFY 2025 Q1	\$175,784,659	\$143,524,167	\$290,920,742	\$90,988,655	\$349,477,681	\$350,580,836	\$1,401,276,739
SFY 2025 YTD	\$175,784,659	\$143,524,167	\$290,920,742	\$90,988,655	\$349,477,681	\$350,580,836	\$1,401,276,739

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/08/2024.

The Louisiana Department of Health contracts with DentaQuest and MCNA Dental to administer dental benefits for qualified Medicaid enrollees, including 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 monthly payment along with a quarterly summation and the YTD total.

Table 4: Total payments for dental benefits for the expansion population, SFY 2025 Quarter 1

	DentaQuest	MCNA	Total
Jul - 2024⁵	\$493,103	\$455,172	\$948,274
Aug - 2024⁵	\$488,298	\$450,737	\$939,035
Sep - 2024⁵	\$488,412	\$450,841	\$939,253
SFY 2025 Q1	\$1,469,812	\$1,356,750	\$2,826,562
SFY 2025 YTD	\$1,469,812	\$1,356,750	\$2,826,562

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/08/2024.

³ Aug 2024: July Date of Service (DOS) PMPMs paid via lump sum pending approval of 7/1/24 rates.

⁴ Sep 2024: August DOS PMPMs paid via lump sum pending approval of 7/1/24 rates. Includes \$31 million in Managed Care Incentive Program payments and \$377 million in State Directed Payments.

⁵ July, August, and September DOS PMPMs paid via lump sum pending approval of 7/1/24 rates.

Medicaid Expansion Population Service Utilization

This section compares specified service utilization for the expansion and non-expansion populations 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 who does not meet other Medicaid categorical eligibility criteria (aged, blind, child-related, disabled, or ineligible for or enrolled in Medicare). Non-expansion includes all other categorically eligible groups.

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 2025 Quarter 1 were \$834,048,241 for the expansion population and \$835,480,330 for the non-expansion population. This includes claims payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 50% of total payments by the MCOs to providers for the six categories of service presented are attributed to utilization by the expansion population.

Table 5a: Emergency department⁶ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ⁷	Enrollees	0	0	0	0	35,587	37,947	45,577	89,726	0.0%
	Payments	\$0	\$0	\$0	\$0	\$7,883,733	\$9,644,667	\$12,517,803	\$30,046,203	0.0%
19 to 49	Enrollees	46,287	46,049	45,511	95,553	15,893	15,781	15,581	31,950	74.9%
	Payments	\$11,137,819	\$12,786,514	\$13,228,136	\$37,152,469	\$4,179,451	\$4,820,774	\$4,830,895	\$13,831,121	72.9%
50 to 64	Enrollees	11,999	11,987	12,062	24,806	5,922	5,896	5,905	11,313	68.7%
	Payments	\$3,051,509	\$3,531,905	\$3,642,142	\$10,225,555	\$1,678,715	\$2,057,956	\$2,154,121	\$5,890,793	63.4%
65+ ⁷	Enrollees	0	0	0	0	255	258	250	530	0.0%
	Payments	\$0	\$0	\$0	\$0	\$67,142	\$73,993	\$82,607	\$223,743	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

⁶ Emergency department (ED) includes facility payments only. ED-associated payments for physician services are included in table 5f.

⁷ Medicaid expansion population covers adults ages 19 to 64.

Table 5b: Hospital inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ⁸	Enrollees	0	0	0	0	4,815	4,997	4,509	13,356	0.0%
	Payments	\$0	\$0	\$0	\$0	\$34,637,241	\$32,072,262	\$33,616,454	\$100,325,957	0.0%
19 to 49	Enrollees	5,038	4,777	4,550	12,641	3,180	3,332	3,063	8,618	59.5%
	Payments	\$31,550,485	\$29,243,782	\$29,714,583	\$90,508,850	\$17,097,030	\$17,927,108	\$18,188,085	\$53,212,224	63.0%
50 to 64	Enrollees	1,697	1,674	1,481	4,179	1,078	1,080	974	2,506	62.5%
	Payments	\$14,195,428	\$14,528,358	\$14,074,971	\$42,798,757	\$10,641,492	\$9,733,565	\$11,143,026	\$31,518,083	57.6%
65+ ⁸	Enrollees	0	0	0	0	75	62	66	180	0.0%
	Payments	\$0	\$0	\$0	\$0	\$783,127	\$462,985	\$507,661	\$1,753,773	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

Table 5c: Hospital outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ⁸	Enrollees	0	0	0	0	62,661	72,588	72,347	150,075	0.0%
	Payments	\$0	\$0	\$0	\$0	\$19,446,873	\$25,540,398	\$21,933,605	\$66,920,876	0.0%
19 to 49	Enrollees	68,559	72,516	67,159	138,086	25,753	26,984	25,093	48,518	74.0%
	Payments	\$26,836,404	\$32,877,136	\$33,690,990	\$93,404,530	\$11,746,859	\$13,594,233	\$14,261,403	\$39,602,495	70.2%
50 to 64	Enrollees	28,723	30,012	28,397	52,523	11,398	12,034	11,466	19,778	72.6%
	Payments	\$18,139,688	\$21,836,231	\$22,890,551	\$62,866,470	\$9,592,904	\$11,329,930	\$12,512,154	\$33,434,987	65.3%
65+ ⁸	Enrollees	0	0	0	0	612	658	649	1,172	0.0%
	Payments	\$0	\$0	\$0	\$0	\$482,536	\$527,415	\$732,274	\$1,742,224	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

⁸ Medicaid expansion population covers adults ages 19 to 64.

Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ⁹	Enrollees	0	0	0	0	1,841	2,428	1,949	4,472	0.0%
	Payments	\$0	\$0	\$0	\$0	\$335,763	\$483,497	\$328,719	\$1,147,979	0.0%
19 to 49	Enrollees	4,483	5,445	4,629	8,870	3,314	3,831	3,288	5,832	60.3%
	Payments	\$1,709,736	\$2,188,815	\$1,583,612	\$5,482,163	\$1,088,376	\$1,414,687	\$999,563	\$3,502,626	61.0%
50 to 64	Enrollees	2,614	3,001	2,597	4,744	4,067	4,569	3,916	6,592	41.8%
	Payments	\$697,103	\$861,978	\$635,956	\$2,195,037	\$1,236,479	\$1,530,387	\$1,128,508	\$3,895,374	36.0%
65+ ⁹	Enrollees	0	0	0	0	1,779	1,961	1,698	2,855	0.0%
	Payments	\$0	\$0	\$0	\$0	\$503,513	\$641,016	\$500,281	\$1,644,811	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ⁹	Enrollees	0	0	0	0	149,935	146,179	167,325	279,213	0.0%
	Payments	\$0	\$0	\$0	\$0	\$45,274,134	\$36,786,173	\$33,115,942	\$115,176,249	0.0%
19 to 49	Enrollees	168,856	154,941	155,946	231,403	54,106	50,091	50,186	74,075	75.8%
	Payments	\$98,611,164	\$78,976,232	\$73,861,867	\$251,449,264	\$40,071,317	\$32,498,808	\$29,658,887	\$102,229,012	71.1%
50 to 64	Enrollees	70,058	66,168	67,452	84,451	26,370	25,543	25,530	30,078	73.7%
	Payments	\$56,034,350	\$43,116,473	\$41,779,760	\$140,930,583	\$31,011,592	\$23,943,814	\$23,638,227	\$78,593,634	64.2%
65+ ⁹	Enrollees	0	0	0	0	1,583	1,558	1,639	2,089	0.0%
	Payments	\$0	\$0	\$0	\$0	\$957,308	\$933,543	\$864,943	\$2,755,794	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

⁹ Medicaid expansion population covers adults ages 19 to 64.

Table 5f: Physician¹⁰ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 1

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2024	August 2024	September 2024	SFY 2025 Q1	July 2024	August 2024	September 2024	SFY 2025 Q1	
0 to 18 ¹¹	Enrollees	0	0	0	0	147,812	173,438	157,490	320,886	0.0%
	Payments	\$0	\$0	\$0	\$0	\$33,205,080	\$37,750,937	\$30,464,194	\$101,420,211	0.0%
19 to 49	Enrollees	107,010	107,008	94,755	190,765	38,986	39,304	35,015	65,740	74.4%
	Payments	\$22,035,049	\$23,224,995	\$18,923,274	\$64,183,318	\$10,200,006	\$10,886,767	\$8,606,989	\$29,693,762	68.4%
50 to 64	Enrollees	41,270	40,859	37,317	67,794	15,652	15,934	14,587	24,576	73.4%
	Payments	\$11,124,984	\$11,932,448	\$9,793,814	\$32,851,246	\$5,383,609	\$5,878,862	\$4,751,543	\$16,014,014	67.2%
65+ ¹¹	Enrollees	0	0	0	0	958	953	957	1,762	0.0%
	Payments	\$0	\$0	\$0	\$0	\$303,039	\$313,433	\$287,914	\$904,386	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/15/2024.

¹⁰ Includes both emergency and non-emergency services.

¹¹ Medicaid expansion population covers adults ages 19 to 64.

Pharmacy Benefit Managers

Act 482 of the 2018 Regular Legislative Session requires the reporting of the following information regarding the Medicaid managed care organizations' pharmacy benefit managers:

- (a) The name of each pharmacy benefit manager, identified as contracted or owned by the Medicaid managed care organization, and
- (b) Whether the pharmacy benefit manager is a subsidiary of the parent company of the Medicaid managed care organization.

As required by LDH, each MCO individually contracts with Prime Therapeutics State Government Solutions, LLC (Prime) to provide PBM services for its Louisiana Medicaid members. Prime is not a subsidiary of the parent company of any of the six current MCOs.

PBM Revenue Streams

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, 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 permitted 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 lists 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 for items not included on the single PDL. 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 on items not included in the single PDL by the PBM or 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.

Table 7: MCO PBM revenues by month, SFY 2025 Quarter 1¹²

	ABH	ACLA	HBL	HUM	LHCC	UHC
July 2024						
Transaction Fees Paid by MCO to PBM	\$119,647	\$118,015	\$9	\$51,302	\$568,088	\$351,200
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$22,823	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
August 2024						
Transaction Fees Paid by MCO to PBM	\$140,771	\$266,228	\$497,719	\$114,168	\$385,502	\$307,806
Rebates and Discounts Retained by the MCO or PBM	(\$1,318)	\$0	-\$2	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
September 2024						
Transaction Fees Paid by MCO to PBM	\$122,490	\$0	\$11	\$0	\$338,500	\$338
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$4,813	\$0	\$59,913	\$383,666
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 Totals (July - September 2024)						
Transaction Fees Paid by MCO to PBM	\$382,908	\$384,243	\$497,739	\$165,470	\$1,292,090	\$659,344
Rebates and Discounts Retained by the MCO or PBM	(\$1,318)	\$0	\$27,634	\$0	\$59,913	\$383,666
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
SFY YTD (July 2024 - September 2024)						
Transaction Fees Paid by MCO to PBM	\$382,908	\$384,243	\$497,739	\$165,470	\$1,292,090	\$659,344
Rebates and Discounts Retained by the MCO or PBM	(\$1,318)	\$0	\$27,634	\$0	\$59,913	\$383,666
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <https://ldh.la.gov/page/managed-care-report-deliverables>

¹² May contain small amounts from prior contracted PBM due to adjustments.

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