

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2025 – 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 the requested data on the Medicaid expansion population and managed care organizations (MCOs) including the pharmacy benefit manager (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 report's run date; 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 allows for retroactive enrollment, the enrollment data presented each quarter may vary slightly from data reported in the annual summary or other future reports.

Acronyms Used in This Report

This report uses several acronyms to present data in tables concisely. These acronyms are given below.

Managed Care Organizations

ABH	Aetna Better Health
ACLA	AmeriHealth Caritas of Louisiana
HBL	Healthy Blue
HHH	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 aged 19 through 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, October 1, 2024, through December 31, 2024, the unduplicated count of expansion enrollees enrolled in an MCO was 563,817. 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 2025 Quarter 2

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
October-2024							
Ages 19 to 49	47,677	43,852	86,812	36,185	109,108	99,752	423,386
Ages 50 to 64	15,063	11,046	23,395	10,319	24,611	26,780	111,214
Total	62,740	54,898	110,207	46,504	133,719	126,532	534,600
November-2024							
Ages 19 to 49	48,160	43,845	86,750	35,994	109,015	99,889	423,653
Ages 50 to 64	15,187	11,094	23,397	10,278	24,620	26,831	111,407
Total	63,347	54,939	110,147	46,272	133,635	126,720	535,060
December-2024							
Ages 19 to 49	48,941	44,192	87,318	36,078	109,624	100,908	427,061
Ages 50 to 64	15,376	11,207	23,537	10,345	24,640	26,892	111,997
Total	64,317	55,399	110,855	46,423	134,264	127,800	539,058
SFY 2025 Q2 Total							
Ages 19 to 49	51,352	46,498	91,826	38,515	114,647	105,575	447,255
Ages 50 to 64	16,242	11,835	24,822	11,197	25,844	28,339	117,966
Total	67,439	58,180	116,343	49,579	140,160	133,589	563,817
SFY 2025 YTD¹	73,308	63,504	126,896	54,831	152,695	145,450	609,999

Source: Medicaid Data Warehouse, data extracted on 02/19/2025

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 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 2025 Quarter 2

	ABH	ACLA	HBL	HHH	LHCC	UHC	Total
October - 2024							
Ages 19 to 49	32,109	31,749	50,026	23,785	64,977	59,399	262,045
Ages 50 to 64	6,393	5,043	9,517	3,946	10,469	11,163	46,531
Total	38,502	36,792	59,543	27,731	75,446	70,562	308,576
November - 2024							
Ages 19 to 49	31,381	33,460	50,203	22,931	66,214	60,487	264,676
Ages 50 to 64	6,405	5,242	9,542	3,901	10,558	11,241	46,889
Total	37,786	38,702	59,745	26,832	76,772	71,728	311,565
December- 2024							
Ages 19 to 49	31,877	32,377	51,712	22,900	67,184	61,571	267,621
Ages 50 to 64	6,557	5,175	9,731	3,950	10,709	11,390	47,512
Total	38,434	37,552	61,443	26,850	77,893	72,961	315,133
SFY 2025 Q2 Total							
Ages 19 to 49	36,274	36,101	55,985	26,555	72,446	66,419	280,805
Ages 50 to 64	7,265	5,708	10,622	4,580	11,548	12,363	50,628
Total ²	43,454	41,724	66,458	31,080	83,841	78,637	330,758
SFY 2025 YTD	49,133	47,330	77,617	35,528	96,603	91,036	367,141

Source: Medicaid Eligibility Data System, data extracted on 02/21/2025.

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 second quarter of SFY 2025, the six MCOs received total payments of \$1,677,440,181 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 made 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 2

	ABH	ACLA	HBL	HHH	LHCC	UHC	Totals
Oct-2024³	\$38,398,446	\$31,353,004	\$63,549,355	\$19,876,130	\$76,342,185	\$76,581,976	\$306,101,097
Nov-2024⁴	\$60,201,613	\$49,151,173	\$99,631,946	\$31,160,487	\$119,683,962	\$120,063,347	\$479,892,528
Dec-2024⁵	\$111,832,441	\$91,300,248	\$185,077,866	\$57,883,119	\$222,322,327	\$223,030,555	\$891,446,556
SFY 2025 Q2	\$210,432,500	\$171,804,425	\$348,259,167	\$108,919,736	\$418,348,475	\$419,675,879	\$1,677,440,181
SFY 2025 YTD	\$386,217,159	\$315,328,592	\$639,179,909	\$199,908,390	\$767,826,156	\$770,256,715	\$3,078,716,920

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 02/04/2025.

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 aged 19 and 20 years are eligible for all Medicaid-covered dental services. Enrollees aged 21 years 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 2

	DentaQuest	MCNA	Total
Oct - 2024⁶	\$1,190,339	\$1,094,772	\$2,285,111
Nov - 2024⁷	\$953,908	\$875,970	\$1,829,878
Dec- 2024	\$742,670	\$674,949	\$1,417,618
SFY 2025 Q2	\$2,886,917	\$2,645,690	\$5,532,607
SFY 2025 YTD	\$4,356,729	\$4,002,440	\$8,359,169

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

⁴ Nov 2024: Oct DOS PMPMs paid via lump sum pending approval of revised 7/1/24 rates. Includes \$37.2 million in Managed Care Incentive Program (MCIP) payments, \$30.6 million in lump sum kick payments, and \$81.5 million to true up lump sum for Jul-Sept to 7/1/24 rates.

⁵ Dec 2024: Nov DOS PMPMs paid via lump sum pending approval of revised 7/1/24 rates. Includes \$377.2 million in State Directed Payments, \$66.5 million in MCIP payments, and \$119.7 million in a lump sum catch-up for Full Medicaid Pricing.

⁶ Oct 2024: Jul-Aug PMPMs paid in Medicaid Management Information Systems (MMIS) and previous lump sums recouped.

⁷ Nov 2024: Sep PMPMs paid in MMIS and previous lump sum recouped.

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 02/04/2025.

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 and has a household income of less than 138% of the Federal Poverty Level, excluding individuals that 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 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 2 were \$900,408,696 for the expansion population and \$894,565,351 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 Department⁸ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18 ⁹	Enrollees	0	0	0	0	47,971	50,601	50,595	114,083	0.0%
	Payments	\$0	\$0	\$0	\$0	\$13,291,526	\$14,858,249	\$14,903,156	\$43,052,930	0.0%
19 to 49	Enrollees	45,983	46,471	43,084	96,923	15,875	15,998	14,880	32,486	74.9%
	Payments	\$13,429,596	\$14,503,134	\$13,372,491	\$41,305,220	\$4,936,704	\$5,296,521	\$4,928,932	\$15,162,158	73.1%
50 to 64	Enrollees	11,941	11,690	10,513	24,137	5,850	5,749	5,312	10,956	68.8%
	Payments	\$3,763,854	\$3,973,243	\$3,508,733	\$11,245,829	\$2,126,108	\$2,302,930	\$2,059,027	\$6,488,065	63.4%
65+ ⁹	Enrollees	0	0	0	0	244	266	261	537	0.0%
	Payments	\$0	\$0	\$0	\$0	\$84,541	\$104,950	\$106,246	\$295,737	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

⁸ Emergency department (ED) includes facility payments only. ED associated payments for physician services are included in table 5f.

⁹ 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 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18¹⁰	Enrollees	0	0	0	0	5,668	5,185	4,973	14,863	0.0%
	Payments	\$0	\$0	\$0	\$0	\$38,736,366	\$37,111,543	\$35,711,086	\$111,558,995	0.0%
19 to 49	Enrollees	4,857	4,622	4,147	12,211	3,289	3,031	2,866	8,349	59.4%
	Payments	\$31,765,666	\$32,697,322	\$30,782,253	\$95,245,241	\$18,360,438	\$16,596,888	\$16,382,568	\$51,339,894	65.0%
50 to 64	Enrollees	1,637	1,623	1,531	4,157	1,067	972	990	2,468	62.7%
	Payments	\$16,290,411	\$15,553,236	\$15,428,326	\$47,271,973	\$11,439,307	\$10,164,101	\$11,110,925	\$32,714,332	59.1%
65+¹⁰	Enrollees	0	0	0	0	66	50	54	156	0.0%
	Payments	\$0	\$0	\$0	\$0	\$781,667	\$434,288	\$737,377	\$1,953,333	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18¹⁰	Enrollees	0	0	0	0	81,116	82,924	80,954	178,499	0.0%
	Payments	\$0	\$0	\$0	\$0	\$22,303,254	\$24,746,176	\$24,743,715	\$71,793,145	0.0%
19 to 49	Enrollees	72,591	72,104	67,252	143,590	27,007	26,816	25,052	50,191	74.1%
	Payments	\$37,171,890	\$38,405,437	\$34,560,426	\$110,137,753	\$15,448,972	\$15,825,938	\$14,863,376	\$46,138,286	70.5%
50 to 64	Enrollees	31,232	30,015	28,023	54,300	12,505	12,063	11,274	20,408	72.7%
	Payments	\$24,717,655	\$25,869,344	\$23,218,108	\$73,805,108	\$13,543,045	\$13,808,743	\$12,168,671	\$39,520,459	65.1%
65+¹⁰	Enrollees	0	0	0	0	707	703	677	1,273	0.0%
	Payments	\$0	\$0	\$0	\$0	\$708,829	\$891,021	\$651,286	\$2,251,135	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

¹⁰ Medicaid Expansion population covers adults ages 19 through 64.

Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18¹¹	Enrollees	0	0	0	0	2,348	2,516	2,136	4,996	0.0%
	Payments	\$0	\$0	\$0	\$0	\$429,745	\$451,838	\$389,233	\$1,270,816	0.0%
19 to 49	Enrollees	5,084	5,179	4,911	9,100	3,653	3,749	3,367	5,937	60.5%
	Payments	\$1,871,708	\$1,991,565	\$1,727,907	\$5,591,179	\$1,209,003	\$1,256,788	\$1,091,235	\$3,557,026	61.1%
50 to 64	Enrollees	2,870	2,989	2,763	4,826	4,353	4,459	4,069	6,650	42.1%
	Payments	\$777,908	\$852,721	\$723,784	\$2,354,413	\$1,383,872	\$1,419,757	\$1,196,836	\$4,000,464	37.0%
65+¹¹	Enrollees	0	0	0	0	1,926	2,046	1,811	3,000	0.0%
	Payments	\$0	\$0	\$0	\$0	\$632,572	\$628,663	\$541,150	\$1,802,385	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18¹¹	Enrollees	0	0	0	0	195,796	175,510	204,672	332,278	0.0%
	Payments	\$0	\$0	\$0	\$0	\$40,703,630	\$32,335,334	\$45,276,072	\$118,315,036	0.0%
19 to 49	Enrollees	172,229	156,143	170,249	233,674	55,146	50,366	54,114	74,634	75.8%
	Payments	\$97,057,512	\$72,394,606	\$95,537,707	\$264,989,825	\$36,410,134	\$28,328,579	\$37,369,703	\$102,108,415	72.2%
50 to 64	Enrollees	72,216	67,117	70,277	83,912	26,942	25,552	26,252	29,802	73.8%
	Payments	\$53,922,864	\$40,892,124	\$54,161,651	\$148,976,638	\$30,522,772	\$22,276,955	\$29,979,492	\$82,779,219	64.3%
65+¹¹	Enrollees	0	0	0	0	1,797	1,692	1,757	2,183	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,138,404	\$890,650	\$1,082,733	\$3,111,787	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

¹¹ Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: Physician¹² service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2025 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2024	November 2024	December 2024	SFY 2025 Q2	October 2024	November 2024	December 2024	SFY 2025 Q2	
0 to 18 ¹³	Enrollees	0	0	0	0	188,501	182,786	174,059	347,015	0.0%
	Payments	\$0	\$0	\$0	\$0	\$38,707,906	\$36,010,569	\$34,850,413	\$109,568,888	0.0%
19 to 49	Enrollees	105,799	104,811	99,411	188,736	38,909	38,407	35,934	65,114	74.3%
	Payments	\$21,735,457	\$21,765,120	\$22,254,737	\$65,755,313	\$9,899,714	\$9,559,683	\$9,355,854	\$28,815,251	69.5%
50 to 64	Enrollees	41,507	40,774	39,119	67,607	16,238	15,673	14,988	24,490	73.4%
	Payments	\$11,248,772	\$11,310,804	\$11,170,626	\$33,730,203	\$5,323,860	\$5,384,491	\$5,288,100	\$15,996,452	67.8%
65+ ¹³	Enrollees	0	0	0	0	1,142	956	926	1,812	0.0%
	Payments	\$0	\$0	\$0	\$0	\$396,889	\$251,914	\$322,339	\$971,142	0.0%

Source: Medicaid Data Warehouse, data extracted on 02/19/2025.

¹² Includes both emergency and non-emergency services.

¹³ Medicaid Expansion population covers adults ages 19 through 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 LDH requires, 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 any of the six current MCOs parent companies.

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 specific 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 the Department sets 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 6 lists revenues paid monthly to each PBM for managing 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 6: MCO PBM revenues by month, SFY 2025 Quarter 2¹⁴

	ABH	ACLA	HBL	HHH	LHCC	UHC
October 2024						
Transaction Fees Paid by MCO to PBM	\$164,898	\$165,209	\$562,379	\$72,740	\$446,618	\$747,623
Rebates and Discounts Retained by the MCO or PBM ¹⁵	\$0	\$0	\$220,748	\$0	(\$12)	\$3,458
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
November 2024						
Transaction Fees Paid by MCO to PBM ¹⁵	\$136,552	\$136,916	(\$6)	\$61,285	\$370,930	\$339,331
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$144	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
December 2024						
Transaction Fees Paid by MCO to PBM	\$137,496	\$137,107	\$255,190	\$62,230	\$371,795	\$405,001
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$0	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 Totals (October - December 2024)						
Transaction Fees Paid by MCO to PBM	\$438,946	\$439,232	\$817,563	\$196,255	\$1,189,343	\$1,491,955
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$220,892	\$0	(\$12)	\$3,458
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
SFY YTD (July 2024 - December 2024)						
Transaction Fees Paid by MCO to PBM	\$821,854	\$823,474	\$1,315,302	\$361,724	\$2,481,433	\$2,151,299
Rebates and Discounts Retained by the MCO or PBM	(\$1,318)	\$0	\$248,525	\$0	\$59,901	\$387,124
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>

¹⁴ May contain small amounts from prior contracted PBM due to adjustments.

¹⁵ The negative amount reflects amount reported by prior contracted PBM. There were no rebates reported by Prime for LHCC in October report; similarly, there were no transaction fees reported by Prime for HBL in November report due to timing of payments received.

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