

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2026 – Quarter 2*

*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 the 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:

<b>State Fiscal Year Quarter</b>	<b>Months Reported</b>	<b>Report Issue Date</b>
<b>Q1</b>	July, August, September	January
<b>Q2</b>	October, November, December	April
<b>Q3</b>	January, February, March	July
<b>Q4</b>	April, May, June	October

Each quarterly report will provide monthly data for the reporting period and unduplicated year-to-date (YTD) totals for the 2026 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, consistent with Senate Resolution 163 of the 2017 Regular Legislative Session. This approach stabilizes the data by accounting for claims lag in subsequent reports for the same period. Enrollment data presented each quarter may vary from data reported in the annual summary due to retroactive enrollment.

## Acronyms Used in This Report

This report uses several acronyms to present data. These acronyms are given below:

### Managed Care Organizations

ABH	Aetna Better Health
ACLA	AmeriHealth Caritas of Louisiana
HBL	Healthy Blue Louisiana
HHH	Humana Healthy Horizons
LHCC	Louisiana Healthcare Connections
UHC	United Healthcare Community Plan

### Other Acronyms

CMS	Centers for Medicare & Medicaid Services	MCO	Managed Care Organization
DBPM	Dental Benefits Plan Manager	MMIS	Medicaid Management Information System
DOP	Date of Payment	NEMT	Non-Emergency Medical Transportation
DOS	Date of Service	PBM	Pharmacy Benefit Manager
DQ	DentaQuest USA Insurance Company, Inc.	PDL	Preferred Drug List
ED	Emergency Department	SFY	State Fiscal Year
MCIP	Managed Care Incentive Program	YTD	Year to Date
MCNA	Managed Care of North America, Inc.		

## Louisiana Medicaid Expansion Population

Louisiana provides Medicaid coverage under the Affordable Care Act to adults ages 19 through 64 with income under 138% of the federal poverty level. Most members of the expansion group receive full Medicaid coverage through enrollment in one of six contracted Medicaid MCOs. Each month, fewer 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) plans. Non-managed care data for these cases are not included in this report.

### Expansion Enrollment by Age Cohort and MCO

From October 1, 2025, through December 31, 2025, a total of 486,444 unique expansion members were enrolled in an MCO. Table 1 presents a breakdown of enrollees by age, MCO, and month. Totals for each MCO and the fiscal YTD are unduplicated and may not equal the sum of counts by MCO or by month.

**Table 1: Expansion Enrollment by Age Cohort and MCO, SFY 2026 Quarter 2**

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
<b>October-2025</b>							
Ages 19 to 49	47,016	36,112	74,448	31,948	90,544	86,363	366,431
Ages 50 to 64	14,565	9,469	20,361	9,413	20,216	23,239	97,263
<b>TOTAL</b>	61,581	45,581	94,809	41,361	110,760	109,602	463,694
<b>November-2025</b>							
Ages 19 to 49	46,269	35,469	73,081	31,136	89,135	84,809	359,899
Ages 50 to 64	14,351	9,322	19,969	9,223	19,906	22,868	95,639
<b>TOTAL</b>	60,620	44,791	93,050	40,359	109,041	107,677	455,538
<b>December-2025</b>							
Ages 19 to 49	45,759	35,129	72,330	30,570	88,332	83,698	355,818
Ages 50 to 64	14,228	9,266	19,787	9,117	19,789	22,523	94,710
<b>TOTAL</b>	59,987	44,395	92,117	39,687	108,121	106,221	450,528
<b>SFY 2026 Q2 Total</b>							
Ages 19 to 49	49,965	38,381	78,557	33,943	95,113	90,446	385,086
Ages 50 to 64	15,504	10,152	21,495	10,165	21,284	24,323	102,614
<b>TOTAL</b>	65,277	48,415	99,843	43,979	116,081	114,478	486,444
<b>SFY 2026 YTD<sup>1</sup></b>	73,935	55,052	113,117	50,278	130,619	129,200	546,423

Source: MARS Data Warehouse, data extracted on 02/12/2026

<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 57% of the expansion population for Quarter 2 reported having earned income. This group may include individuals with a disability or other persons identified per 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 2026 Quarter 2**

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
<b>October-2025</b>							
Ages 19 to 49	26,595	23,219	43,047	18,118	54,784	51,398	217,161
Ages 50 to 64	5,653	3,866	8,103	3,412	8,380	9,422	38,836
Total	32,248	27,085	51,150	21,530	63,164	60,820	255,997
<b>November-2025</b>							
Ages 19 to 49	26,551	23,090	42,308	17,987	54,221	50,867	215,024
Ages 50 to 64	5,570	3,846	7,994	3,360	8,304	9,362	38,436
Total	32,121	26,936	50,302	21,347	62,525	60,229	253,460
<b>December-2025</b>							
Ages 19 to 49	27,481	23,331	41,805	18,452	53,067	49,585	213,721
Ages 50 to 64	5,667	3,845	7,898	3,381	8,203	9,165	38,159
Total	33,148	27,176	49,703	21,833	61,270	58,750	251,880
<b>SFY 2026 Q2 Total</b>							
Ages 19 to 49	31,513	27,020	48,104	21,172	60,703	56,860	233,355
Ages 50 to 64	6,474	4,438	9,008	3,970	9,276	10,401	42,248
Total	37,904	31,397	57,006	25,092	69,832	67,133	275,032
<b>SFY 2026 YTD</b>	<b>46,580</b>	<b>38,659</b>	<b>69,258</b>	<b>31,462</b>	<b>83,447</b>	<b>80,916</b>	<b>327,743</b>

Source: Medicaid Eligibility Data System, data extracted on 02/12/2026.

## Expansion Per Member Per Month Payments

In the second quarter of SFY 2026, the six MCOs received total payments of \$2,860,295,074 to manage the care of individuals in the expansion population. These payments covered medical, specialized behavioral health, pharmacy, and transportation services. Table 3 shows the total monthly payments made to each MCO for their expansion cohorts. The State General Fund contributes 10% to the cost of care for those in the

Expansion population. In the second quarter of 2026, of the \$2,860,295,074 spent on care for those in Medicaid Expansion, the State General Fund contributed \$286,029,507.

**Table 3: Total Payments to MCOs for the Expansion Population, SFY 2026 Quarter 2**

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
<b>Oct-2025<sup>2</sup></b>	\$68,981,050	\$48,722,719	\$103,566,607	\$36,831,857	\$113,463,897	\$119,523,854	\$491,089,983
<b>Nov-2025<sup>3</sup></b>	\$77,375,055	\$54,655,529	\$116,173,523	\$41,317,605	\$127,283,157	\$134,078,527	\$550,883,395
<b>Dec-2025<sup>4</sup></b>	\$255,421,106	\$180,400,877	\$383,474,476	\$136,371,966	\$420,105,236	\$442,548,036	\$1,818,321,696
<b>SFY 2026 Q2</b>	\$401,777,210	\$283,779,124	\$603,214,606	\$214,521,428	\$660,852,289	\$696,150,416	\$2,860,295,074
<b>SFY 2026 YTD</b>	\$549,272,912	\$387,960,659	\$824,663,906	\$293,277,782	\$903,468,723	\$951,723,114	\$3,910,367,097

Source: ISIS/CP-012 extracted on 02/03/2026 and MARS Data Warehouse, data extracted on 02/09/2026.

Effective January 1, 2021, the Louisiana Department of Health contracted with DentaQuest (DQ) and MCNA Dental to administer dental benefits for qualified Medicaid enrollees, including those in the expansion population. Expansion enrollees ages 19 and 20 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 month of payment, along with a quarterly summation and the YTD total.

**Table 4: Total Payments for Dental Benefits for the Expansion Population, SFY 2026 Quarter 2**

	DentaQuest	MCNA	TOTAL
<b>Oct-2025<sup>5</sup></b>	\$732,471	\$522,619	\$1,255,089
<b>Nov-2025<sup>6</sup></b>	\$482,868	\$755,039	\$1,237,907
<b>Dec-2025<sup>7</sup></b>	\$538,830	\$704,360	\$1,243,190
<b>SFY 2026 Q2</b>	\$1,754,169	\$1,982,018	\$3,736,187
<b>SFY 2026 YTD</b>	\$3,768,419	\$3,841,326	\$7,609,745

Source: ISIS/CP-012 received on 02/03/2026 and MARS Data Warehouse, data extracted on 02/09/2026.

<sup>2</sup> Oct 25: Sep Date of Service (DOS) Per member per month (PMPMs) paid via lump sum pending approval of 7/1/25 rates. Includes Physician Directed Payment of \$292.6million and recoupment of \$-119.7million for Physician Full Medicaid Pricing (FMP).

<sup>3</sup> Nov 25: Jul-Aug 2025 PMPMS paid and previous lump sums recouped. Includes Managed Care Incentive Program (MCIP) payment of \$75.4million.

<sup>4</sup> Dec 25: Sep PMPMs paid and previous lump sum recouped. Includes Hospital Directed Payments of \$1.1billion, Physician Directed Payment of 295.1million, De Minimis Capitation Rate Increase of \$64.7million, and MCIP payment of \$27.7million.

<sup>5</sup> Oct 25: Oct DOS PMPMs paid via lump sum pending approval of 7/1/25 rates.

<sup>6</sup> Nov 25: Nov DOS PMPMs paid via lump sum pending approval of 7/1/25 rates.

<sup>7</sup> Dec 25: Dec DOS PMPMs paid via lump sum pending approval of 7/1/25 rates.

## Medicaid Expansion Population Service Utilization

This section compares specified service utilization between the expansion and non-expansion populations by age cohort. The expansion population covers adults ages 19 to 64 with a household income below 138% of the federal poverty level who do not meet other Medicaid eligibility criteria (aged, blind, child-related, disabled) and who are not eligible for or enrolled in Medicare. The non-expansion population includes all other Medicaid eligibility groups.

The number of enrollees is unduplicated within each service category and reporting period and may not represent the total number of enrollees who receive services each month. Total MCO expenditures within these reporting categories in Quarter 2 were \$856,652,432 for the expansion population and \$916,106,501 for the non-expansion population. These amounts include claims payments made to providers by the MCOs and exclude payments made under the FFS program. Approximately 48% of total payments by MCOs to providers for the six categories of service (ED, hospital inpatient, hospital outpatient, NEMT, pharmacy, and physician services) were attributed to utilization by the expansion population.

**Table 5a: ED<sup>8</sup> Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	51,280	50,662	43,511	112,494	0.0%
	Payments	\$0	\$0	\$0	\$0	\$14,905,462	\$14,991,687	\$14,106,490	\$44,003,638	0.0%
19 to 49	Enrollees	52,527	39,656	34,919	91,189	18,589	14,378	12,808	31,884	74.1%
	Payments	\$16,152,494	\$12,844,102	\$12,143,909	\$41,140,506	\$6,285,012	\$5,132,394	\$4,879,150	\$16,296,556	71.6%
50 to 64	Enrollees	13,610	9,918	8,788	23,038	6,833	5,238	4,614	10,962	67.8%
	Payments	\$4,354,228	\$3,503,713	\$3,267,467	\$11,125,407	\$2,631,646	\$2,128,625	\$2,000,126	\$6,760,398	62.2%
65+	Enrollees	0	0	0	0	350	243	230	580	0.0%
	Payments	\$0	\$0	\$0	\$0	\$122,702	\$92,241	\$113,531	\$328,474	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

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

**Table 5b: Hospital Inpatient Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	5,035	4,507	4,462	13,112	0.0%
	Payments	\$0	\$0	\$0	\$0	\$38,231,648	\$31,526,423	\$29,505,349	\$99,263,421	0.0%
19 to 49	Enrollees	4,421	3,802	3,808	10,728	2,920	2,652	2,788	7,598	58.5%
	Payments	\$31,266,030	\$27,445,430	\$25,460,021	\$84,171,481	\$16,564,007	\$15,466,636	\$15,078,893	\$47,109,536	64.1%
50 to 64	Enrollees	1,554	1,367	1,419	3,726	1,017	896	880	2,288	62.0%
	Payments	\$15,155,464	\$13,958,696	\$14,143,162	\$43,257,323	\$11,311,285	\$10,019,497	\$9,356,521	\$30,687,303	58.5%
65+	Enrollees	0	0	0	0	72	68	67	169	0.0%
	Payments	\$0	\$0	\$0	\$0	\$1,296,074	\$805,227	\$1,156,746	\$3,258,047	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

**Table 5c: Hospital Outpatient Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	82,546	74,612	74,801	169,548	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,446,815	\$26,008,476	\$22,826,871	\$76,282,161	0.0%
19 to 49	Enrollees	72,920	62,039	60,967	132,295	27,745	24,525	24,276	48,312	73.3%
	Payments	\$40,646,969	\$33,808,586	\$30,786,451	\$105,242,006	\$17,521,203	\$13,708,384	\$13,665,529	\$44,895,116	70.1%
50 to 64	Enrollees	30,013	25,905	25,333	49,506	12,392	10,869	10,832	19,519	71.7%
	Payments	\$26,697,607	\$21,786,467	\$19,687,464	\$68,171,538	\$15,189,912	\$12,722,202	\$11,636,499	\$39,548,612	63.3%
65+	Enrollees	0	0	0	0	779	629	625	1,238	0.0%
	Payments	\$0	\$0	\$0	\$0	\$743,889	\$868,465	\$666,715	\$2,279,069	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

**Table 5d: NEMT Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	2,818	2,253	2,169	5,213	0.0%
	Payments	\$0	\$0	\$0	\$0	\$550,906	\$350,908	\$379,445	\$1,281,259	0.0%
19 to 49	Enrollees	5,653	4,714	4,479	8,982	3,912	3,359	3,301	5,918	60.3%
	Payments	\$1,899,827	\$1,362,747	\$1,288,223	\$4,550,797	\$1,285,443	\$970,139	\$932,990	\$3,188,572	58.8%
50 to 64	Enrollees	3,188	2,775	2,609	4,824	4,573	4,070	3,898	6,465	42.7%
	Payments	\$895,296	\$648,924	\$602,863	\$2,147,083	\$1,449,409	\$1,129,031	\$1,116,362	\$3,694,802	36.8%
65+	Enrollees	0	0	0	0	2,306	2,056	2,017	3,314	0.0%
	Payments	\$0	\$0	\$0	\$0	\$759,585	\$595,372	\$596,340	\$1,951,297	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

**Table 5e: Pharmacy Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	153,173	160,723	169,106	289,511	0.0%
	Payments	\$0	\$0	\$0	\$0	\$33,126,708	\$37,579,664	\$39,159,251	\$109,865,623	0.0%
19 to 49	Enrollees	138,966	136,649	141,587	200,885	46,305	46,008	47,613	67,275	74.9%
	Payments	\$73,592,114	\$77,238,923	\$85,747,992	\$236,579,030	\$30,160,259	\$32,410,822	\$37,133,396	\$99,704,477	70.4%
50 to 64	Enrollees	60,052	59,104	59,676	73,407	23,924	23,831	24,237	27,973	72.4%
	Payments	\$40,732,472	\$42,998,014	\$47,499,590	\$131,230,076	\$24,964,289	\$26,231,915	\$29,141,367	\$80,337,571	62.0%
65+	Enrollees	0	0	0	0	1,579	1,579	1,577	2,000	0.0%
	Payments	\$0	\$0	\$0	\$0	\$889,710	\$928,569	\$1,009,954	\$2,828,233	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

**Table 5f: Physician<sup>9</sup> Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2026 Quarter 2**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		October 2025	November 2025	December 2025	Q2 TOTAL	October 2025	November 2025	December 2025	Q2 TOTAL	
0 to 18	Enrollees	0	0	0	0	206,022	186,848	200,536	357,335	0.0%
	Payments	\$0	\$0	\$0	\$0	\$50,046,652	\$43,888,337	\$45,821,175	\$139,756,164	0.0%
19 to 49	Enrollees	129,667	109,246	103,884	192,863	48,548	42,165	39,864	69,221	73.6%
	Payments	\$35,950,705	\$26,317,073	\$23,930,395	\$86,198,173	\$16,555,606	\$12,451,837	\$11,440,169	\$40,447,612	68.1%
50 to 64	Enrollees	46,184	39,615	37,280	64,893	18,076	16,124	15,481	24,491	72.6%
	Payments	\$17,626,086	\$12,927,676	\$12,285,251	\$42,839,012	\$8,557,610	\$6,446,904	\$6,123,207	\$21,127,721	67.0%
65+	Enrollees	0	0	0	0	1,199	1,042	1,031	1,805	0.0%
	Payments	\$0	\$0	\$0	\$0	\$464,767	\$382,388	\$363,684	\$1,210,839	0.0%

Source: MARS Data Warehouse, data extracted on 02/12/2026.

## Pharmacy Benefit Managers (PBM)

Act 482 of the 2018 Regular Legislative Session requires the reporting of the following information regarding the MCO's PBM:

- (a) The name of each PBM, identified as contracted or owned by the MCO, and
- (b) Whether the PBM is a subsidiary of the parent company of the MCO.

Before October 1, 2025, Prime Therapeutics operated as the single pharmacy benefit manager (PBM) for the Healthy Louisiana program.

Effective October 1, 2025, the pharmacy benefit transitioned to a multiple-PBM model, with each Managed Care Organization (MCO) managing its pharmacy benefit through its contracted PBM. Table 6 lists the name of each PBM and identifies whether the PBM was contracted or owned, and whether the PBM was a subsidiary of the MCO's parent company during the SFY 2026 Q2.

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

**Table 6: MCO PBMs, SFY 2026 Quarter 2**

MCO	PBM	MCO/PBM Relationship
<b>Before October 1, 2025:</b>		
All LA Medicaid Health Plans	Prime Therapeutics	Prime Therapeutics served as the single Pharmacy Benefit Manager(PBM) for all the Louisiana Medicaid health plans. Prime is not a subsidiary of the parent company of any of the six current MCOs.
<b>October 1, 2025, AND AFTER:</b>		
Aetna Better Health of Louisiana	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.
AmeriHealth Caritas Louisiana	PerformRx	Both AmeriHealth Caritas Louisiana, Inc. and PerformRx are wholly owned by AmeriHealth Caritas Health Plan. ACLA subcontracts with PerformRx for PBM services.
Healthy Blue	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, IngenioRx changed its name to CarelonRx).
Humana Healthy Horizons in Louisiana	Humana Pharmacy Solutions, Inc	Humana Pharmacy Solutions provides pharmacy benefits for Humana Healthy Horizons.
Louisiana Healthcare Connections	Express Scripts, Inc.	Louisiana Healthcare Connections (LHCC) is wholly owned subsidiary of Centence Corporation. Express Scripts, Inc acts as PBM for Centene members.
UnitedHealthcare Community Plan	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: [PBM Notice](#)

### 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 changes in the managed care pharmacy program that affect the data presented in this section. Effective May 1, 2019, these changes 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 for drugs included in the single PDL, or to engage in spread pricing. Effective October 1, 2025, Louisiana Medicaid discontinued the single-PBM model. Each Healthy Louisiana MCO resumed its own pharmacy benefit through its designated PBM.

Both the Fee-for-Service (FFS) Pharmacy Program and all Managed Care Organizations will reimburse pharmacy claims for a defined set of diabetic supplies.

Table 7 presents monthly revenues paid to the PBM for management of the MCO's pharmacy benefit. All amounts are reported on a cash basis in the month received or remitted. A quarterly and year-to-date summary is provided in Table 8.

**Table 7: MCO PBM Revenues by Month, SFY 2026 Quarter 2<sup>10</sup>**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>October 2025</b>						
Transaction Fees Paid by MCO to PBM	\$419,444	\$571,823	\$666,550	\$186,977	\$399,259	\$841,687
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$2	\$0	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
<b>November 2025</b>						
Transaction Fees Paid by MCO to PBM	\$210,068	\$562,913	\$492,883	\$143,127	\$238,130	\$911,687
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$7,329	\$0	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0	\$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
<b>December 2025</b>						
Transaction Fees Paid by MCO to PBM	\$236,208	\$543,005	\$484,750	\$152,418	\$391,667	\$847,964
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$0	\$0	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0	\$0
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/medicaid/mco-resources>

<sup>10</sup> May contain small amounts from prior contracted PBM due to adjustments.

**Table 8: MCO PBM revenues quarterly and year-to-date summary, SFY 2026**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Quarter 2 Totals (October 2025 - December 2025)</b>						
Transaction Fees Paid by MCO to PBM	\$865,720	\$1,677,741	\$1,644,183	\$482,522	\$1,029,056	\$2,601,338
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$7,331	\$0	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0	\$0
Any Other Monies Retained by the PBM That Are Not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0
<b>SFY YTD (July 2025 - December 2025)</b>						
Transaction Fees Paid by MCO to PBM	\$1,332,902	\$2,062,823	\$2,407,338	\$690,660	\$2,029,349	\$3,587,451
Rebates and Discounts Retained by the MCO or PBM	\$0	\$0	\$7,443	\$0	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0	\$0
Any Other Monies Retained by the PBM That Are Not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <https://dh.la.gov/medicaid/mco-resources>

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