

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2020 – Quarter 3*

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

*Prepared by:*

**Louisiana Department of Health**

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## Revision Log

Date	Section Changed	Description
12/11/2020	Expansion Per Member Per Month Payments: Table 3 and 4, page 5	Payments for January 2020 were updated to reflect a correction of error made in aggregating totals for January.
12/11/2020	Pharmacy Benefits Managers: Tables 7 and 8, pages 11 and 12.	PBM revenue and rebate data for Aetna (ABH) were updated based on corrected reports submitted by ABH on 8/10/2020 for January, February and March 2020.
12/11/2020	Pharmacy Benefits Managers: Tables 7 and 8, pages 11 and 12.	PBM revenue and rebate data for UnitedHealthCare (UHC) were updated based on corrected reports submitted by UHC on 7/30/2020 for January, February & March 2020.
12/11/2020	Pharmacy Benefits Managers: Table 8, Page 12	PBM revenues for the year to date summary for UnitedHealthCare (UHC) was updated due to resubmitted report by UHC on 11/24/2020 for December 2019.

## 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 benefits managers (PBM). As part of the Medicaid Managed Care Transparency Report, this report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits. The report will be produced quarterly and according to the following schedule.

State Fiscal Year Quarter	Months Reported	Report Issue Date
Q1	July, August, September	January 20
Q2	October, November, December	April 20
Q3	January, February, March	July 20
Q4	April, May, June	October 20

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2020 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 “date of payment”, rather than “date of service” as previously reported under Senate Resolution 163 of the 2017 Regular Legislative Session. This will minimize fluctuations in data due to claim 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  
DBPM Dental Benefits Plan Manager  
PBM Pharmacy Benefits Manager  
SFY State Fiscal Year  
YTD Year to Date  
ED Emergency Department  
NEMT Non-Emergency Medical Transportation  
CMS Centers for Medicare & Medicaid Services  
MCNA Managed Care of North America, Inc. (the 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 receive 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, January 1, 2020 through March 31, 2020, the unduplicated count of expansion enrollees enrolled in an MCO was 514,447. Table 1 provides a breakdown of enrollees by age, MCO and month. Totals for each MCO and for the fiscal 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 2020 Quarter 3**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2020</b>						
<b>Ages 19 to 49</b>	36,102	49,955	75,639	103,476	111,476	376,648
<b>Ages 50 to 64</b>	14,215	13,683	21,790	24,732	28,815	103,235
<b>Total</b>	50,317	63,638	97,429	128,208	140,291	479,883
<b>February 2020</b>						
<b>Ages 19 to 49</b>	34,963	48,405	74,015	101,053	108,630	367,066
<b>Ages 50 to 64</b>	13,948	13,298	21,473	24,370	28,354	101,443
<b>Total</b>	48,911	61,703	95,488	125,423	136,984	468,509
<b>March 2020</b>						
<b>Ages 19 to 49</b>	35,610	48,992	75,668	102,506	110,476	373,252
<b>Ages 50 to 64</b>	14,246	13,493	22,011	24,760	28,987	103,497
<b>Total</b>	49,856	62,485	97,679	127,266	139,463	476,749
<b>SFY 2020 Q3 Total</b>						
<b>Ages 19 to 49</b>	39,269	53,628	82,565	111,537	120,308	405,110
<b>Ages 50 to 64</b>	15,374	14,654	23,744	26,528	31,129	110,906
<b>Total<sup>1</sup></b>	54,402	68,080	105,987	137,676	151,037	514,447
<b>SFY 2020 YTD<sup>1</sup></b>	<b>63,384</b>	<b>78,345</b>	<b>121,032</b>	<b>156,972</b>	<b>172,859</b>	<b>582,739</b>

Source: Medicaid Data Warehouse, data extracted 05/11/2020.

<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 60% of the expansion population for quarter 3 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 2020 Quarter 3**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2020</b>						
<b>Ages 19 to 49</b>	19,958	30,121	45,228	64,989	68,954	229,250
<b>Ages 50 to 64</b>	5,567	5,587	8,910	10,708	12,109	42,881
<b>Total</b>	25,525	35,708	54,138	75,697	81,063	272,131
<b>February 2020</b>						
<b>Ages 19 to 49</b>	19,422	29,511	44,592	64,100	67,783	225,408
<b>Ages 50 to 64</b>	5,463	5,370	8,792	10,537	11,900	42,062
<b>Total</b>	24,885	34,881	53,384	74,637	76,683	267,470
<b>March 2020</b>						
<b>Ages 19 to 49</b>	20,609	30,855	47,154	67,084	71,221	236,923
<b>Ages 50 to 64</b>	5,764	5,660	9,300	11,074	12,591	44,387
<b>Total</b>	26,373	36,515	56,454	78,156	83,812	281,310
<b>SFY 2020 Q3 Total</b>						
<b>Ages 19 to 49</b>	23,035	34,141	51,984	73,637	78,306	259,615
<b>Ages 50 to 64</b>	6,303	6,262	10,175	11,986	13,740	48,165
<b>Total<sup>2</sup></b>	29,280	40,339	62,051	85,472	91,888	307,240
<b>SFY 2020 YTD<sup>2</sup></b>	<b>34,734</b>	<b>46,931</b>	<b>71,731</b>	<b>98,466</b>	<b>106,213</b>	<b>351,520</b>

Source: Medicaid Eligibility Data System, data extracted on 6/4/2020.

<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 third quarter of SFY 2020, total payments of \$834,017,655 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 2020 Quarter 3**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>January 2020</b>	\$15,301,719	\$18,519,733	\$28,301,024	\$36,033,944	\$40,562,852	\$138,719,272
<b>February 2020</b>	\$18,641,147	\$42,728,611	\$68,372,743	\$89,960,978	\$95,762,298	\$315,465,777
<b>March 2020</b>	\$41,608,157	\$50,429,579	\$78,272,633	\$97,527,772	\$111,994,465	\$379,832,606
<b>SFY 2020 Q3 Total</b>	\$75,551,023	\$111,677,923	\$174,946,400	\$223,522,694	\$248,319,615	\$834,017,655
<b>SFY 2020 YTD</b>	\$263,537,994	\$338,154,204	\$516,702,807	\$669,426,482	\$751,420,421	\$2,539,241,908

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted 9/3/2020.

In addition to the services provided by the MCOs, the state contracts with a single dental benefit program manager, MCNA, Inc., to provide administration of dental benefits for the expansion population. Expansion enrollees aged 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 month of payment.

**Table 4: Total payments for dental benefits for expansion population, SFY 2020 Quarter 3**

	MCNA
<b>January 2020</b>	\$1,165,392
<b>February 2020</b>	\$1,157,732
<b>March 2020</b>	\$1,173,799
<b>SFY 2020 Q3 Total</b>	\$3,496,923
<b>SFY 2020 YTD</b>	\$10,216,775

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 9/3/2020.

## Medicaid Expansion Population Service Utilization

As requested in Act 482 of the 2018 Regular Legislative Session, 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 aged 19 to 64 years old and has a household income less than 138% of the federal poverty level that do not meet other Medicaid categorical (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare) eligibility criteria. 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 recipients 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 recipients who received services each month. Total MCO expenditures within these reporting categories in SFY 2020 quarter 3 were \$528,780,399 for the expansion population and \$739,578,700 for the non-expansion population. This includes claim payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 42% 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>3</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>4</sup>	Recipients	0	0	0	0	35,847	37,057	40,912	99,437	0.0%
	Payments	\$0	\$0	\$0	\$0	\$6,086,423	\$6,546,988	\$7,174,716	\$19,808,126	0.0%
19 to 49	Recipients	30,533	29,450	32,709	76,366	14,670	14,224	15,476	35,238	68.4%
	Payments	\$6,524,021	\$6,481,005	\$7,229,558	\$20,234,584	\$3,372,822	\$3,417,384	\$3,595,614	\$10,385,820	66.1%
50 to 64	Recipients	6,760	6,637	7,443	17,493	4,975	4,861	5,077	11,418	60.5%
	Payments	\$1,647,665	\$1,628,820	\$1,877,439	\$5,153,924	\$1,338,115	\$1,348,433	\$1,399,521	\$4,086,069	55.8%
65+ <sup>4</sup>	Recipients	0	0	0	0	106	111	99	264	0.0%
	Payments	\$0	\$0	\$0	\$0	\$26,657	\$33,793	\$23,481	\$83,931	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

<sup>3</sup> Emergency department includes facility payments only. ED associated payments for physician services are included in table 5f.

<sup>4</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 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>5</sup>	Recipients	0	0	0	0	4,918	6,102	4,942	14,990	0.0%
	Payments	\$0	\$0	\$0	\$0	\$40,399,810	\$38,195,183	\$35,701,108	\$114,296,101	0.0%
19 to 49	Recipients	4,472	4,297	4,537	11,777	3,786	3,720	3,842	10,322	53.3%
	Payments	\$26,429,980	\$25,195,531	\$28,104,773	\$79,730,284	\$18,752,775	\$18,560,777	\$19,703,057	\$57,016,610	58.3%
50 to 64	Recipients	1,602	1,501	1,640	4,102	1,423	1,229	1,434	3,322	55.3%
	Payments	\$14,375,444	\$12,702,052	\$13,847,953	\$40,925,448	\$12,535,817	\$11,243,425	\$12,844,222	\$36,623,464	52.8%
65+ <sup>5</sup>	Recipients	0	0	0	0	45	43	77	143	0.0%
	Payments	\$0	\$0	\$0	\$0	\$672,554	\$409,476	\$601,313	\$1,683,343	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>5</sup>	Recipients	0	0	0	0	71,344	76,752	81,103	173,988	0.0%
	Payments	\$0	\$0	\$0	\$0	\$14,262,348	\$16,165,787	\$18,266,413	\$48,694,548	0.0%
19 to 49	Recipients	57,173	59,070	64,090	126,519	30,884	31,726	34,108	63,455	66.6%
	Payments	\$18,961,391	\$20,106,265	\$22,834,167	\$61,901,823	\$11,965,997	\$12,489,634	\$13,547,823	\$38,003,455	62.0%
50 to 64	Recipients	24,230	25,805	27,884	49,064	14,048	15,124	15,623	26,351	65.1%
	Payments	\$13,129,786	\$14,069,343	\$15,260,868	\$42,459,997	\$9,576,612	\$11,262,174	\$11,870,509	\$32,709,294	56.5%
65+ <sup>5</sup>	Recipients	0	0	0	0	401	439	445	794	0.0%
	Payments	\$0	\$0	\$0	\$0	\$240,964	\$294,207	\$341,703	\$876,873	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

<sup>5</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 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>6</sup>	Recipients	0	0	0	0	2,829	2,320	2,010	5,610	0.0%
	Payments	\$0	\$0	\$0	\$0	\$594,113	\$469,587	\$417,372	\$1,481,072	0.0%
19 to 49	Recipients	3,820	2,817	2,596	6,550	4,604	3,543	3,387	7,309	47.3%
	Payments	\$881,212	\$564,757	\$580,437	\$2,026,406	\$1,060,695	\$701,075	\$752,324	\$2,514,095	44.6%
50 to 64	Recipients	2,400	1,894	1,817	3,944	5,923	4,728	4,619	8,803	30.9%
	Payments	\$471,939	\$289,189	\$338,298	\$1,099,426	\$1,329,111	\$934,161	\$970,058	\$3,233,330	25.4%
65+ <sup>6</sup>	Recipients	0	0	0	0	2,036	1,596	1,611	3,001	0.0%
	Payments	\$0	\$0	\$0	\$0	\$480,998	\$328,176	\$358,175	\$1,167,350	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>6</sup>	Recipients	0	0	0	0	181,508	200,830	185,527	337,793	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,984,976	\$29,554,124	\$28,494,736	\$86,033,836	0.0%
19 to 49	Recipients	139,928	137,124	136,181	206,756	65,741	64,806	63,202	93,446	68.9%
	Payments	\$42,074,312	\$41,901,537	\$42,416,624	\$126,392,473	\$26,156,145	\$26,046,624	\$26,960,209	\$79,162,978	61.5%
50 to 64	Recipients	62,579	61,792	62,343	77,636	34,078	33,772	33,794	39,356	66.4%
	Payments	\$24,657,597	\$24,758,315	\$24,257,667	\$73,673,578	\$22,099,112	\$21,495,914	\$21,613,230	\$65,208,256	53.0%
65+ <sup>6</sup>	Recipients	0	0	0	0	1,155	1,157	1,216	1,543	0.0%
	Payments	\$0	\$0	\$0	\$0	\$396,661	\$417,916	\$449,007	\$1,263,584	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

<sup>6</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5f: Physicians<sup>7</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 3**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		January 2020	February 2020	March 2020	SFY 2020 Q3	January 2020	February 2020	March 2020	SFY 2020 Q3	
0 to 18 <sup>8</sup>	Recipients	0	0	0	0	187,673	200,590	199,355	372,437	0.0%
	Payments	\$0	\$0	\$0	\$0	\$28,433,254	\$29,135,485	\$29,095,014	\$86,663,753	0.0%
19 to 49	Recipients	95,865	97,109	99,066	179,495	49,439	50,198	50,441	85,908	67.6%
	Payments	\$16,515,695	\$16,484,003	\$17,043,756	\$50,043,454	\$10,457,679	\$10,203,617	\$10,716,345	\$31,377,640	61.5%
50 to 64	Recipients	35,527	36,783	37,017	61,507	20,517	21,103	21,106	32,289	65.6%
	Payments	\$8,188,227	\$8,434,003	\$8,516,771	\$25,139,001	\$5,500,257	\$5,382,514	\$5,799,953	\$16,682,724	60.1%
65+ <sup>8</sup>	Recipients	0	0	0	0	652	676	694	1,149	0.0%
	Payments	\$0	\$0	\$0	\$0	\$166,929	\$156,304	\$199,216	\$522,448	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

## 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 2020 quarter 3.

**Table 6: MCO PBMs, SFY 2020 Quarter 3**

MCO	PBM	MCO/PBM Relationship
ABH	CaremarkPCS Health	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 service to Healthy Blue under a master intercompany services agreement.

<sup>7</sup> Includes both emergency and non-emergency services.

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

<b>LHCC</b>	<b>Envolve Pharmacy Solutions</b>	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.
<b>UHC</b>	<b>OptumRx</b>	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 2020 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. However, because these figures are reported on a cash-flow basis, some rebates and discounts that were accrued prior to the May 1, 2019, contract amendment were paid and reported after the May 1 effective date. 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 2020 Quarter 3**

	ABH	ACLA	HB <sup>9</sup>	LHCC	UHC
<b>January 2020</b>					
Transaction Fees Paid by MCO to PBM	\$105,901	\$461,216	\$197,266	\$634,366	\$971,726
Rebates and Discounts Retained by the MCO or PBM <sup>10</sup>	\$0	\$0	\$0	\$0	\$10,470
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0

<sup>9</sup> Quarter 3 amounts for Healthy Blue are primarily IngenioRx but also include minor adjustments to Express Scripts.

<sup>10</sup> Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL, such as diabetic supplies.

Amount Retained by the PBM through Spread Pricing <sup>11</sup>	\$0	\$0	-\$164	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>11</sup>	\$0	\$0	\$18	\$0	\$0
<b>February 2020</b>					
Transaction Fees Paid by MCO to PBM	\$96,964	\$458,289	\$161,726	\$581,446	\$895,613
Rebates and Discounts Retained by the MCO or PBM <sup>10</sup>	\$441,046	\$0	\$0	\$0	\$133,708
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 <sup>11</sup>	\$0	\$0	-\$3	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
<b>March 2020</b>					
Transaction Fees Paid by MCO to PBM	\$108,040	\$466,021	\$164,562	\$632,996	\$950,834
Rebates and Discounts Retained by the MCO or PBM <sup>10</sup>	\$0	\$385,482	\$175,075	\$288,282	\$183,264
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 <sup>11</sup>	\$0	\$0	\$67	\$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>.

<sup>11</sup> Spread pricing amounts and other monies reported by Healthy Blue are for dates of services received prior to May 2019 by Express Scripts.

**Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2020**

	ABH	ACLA	HB <sup>12</sup>	LHCC	UHC
<b>SFY 2020 Q3 Total</b>					
Transaction Fees Paid by MCO to PBM	\$310,905	\$1,385,526	\$523,554	\$1,848,808	\$2,818,173
Rebates and Discounts Retained by the MCO or PBM <sup>13</sup>	\$441,046	\$385,482	\$175,075	\$288,282	\$327,442
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 <sup>14</sup>	\$0	\$0	-\$100	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>15</sup>	\$0	\$0	\$18	\$0	\$0
<b>SFY 2020 YTD (July 2019 – June 2020)</b>					
Transaction Fees Paid by MCO to PBM	\$864,142	\$4,088,917	\$1,530,035	\$5,409,420	\$7,259,347
Rebates and Discounts Retained by the MCO or PBM <sup>13</sup>	\$1,935,270	\$2,551,549	\$2,555,029	\$5,662,414	\$5,487,170
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 <sup>14</sup>	\$0	\$0	-\$986	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>15</sup>	\$0	\$0	\$847	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

<sup>12</sup> Quarter 3 amounts for Healthy Blue are primarily IngenioRx but also include minor adjustments to Express Scripts.

<sup>13</sup> Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL, such as diabetic supplies.

<sup>14</sup> Spread pricing amounts reported by Healthy Blue are reflective of claims paid and adjustments made for services received prior to May 2019.

<sup>15</sup> Other monies reported by HB are listed as fees for vaccine administration, member notification or contract transition, and coordination of benefits billed quarterly for services received prior to May 2019.

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