

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2020 – Quarter 4

Response to Act 482 of the 2018 Regular Legislative Session

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Revision Log

Date	Section Changed	Description
12/11/2020	Pharmacy Benefits Managers: Tables 7 and 8, pages 11 and 12.	PBM revenue and rebate data for Amerihealth Caritas of Louisiana (ACLA) were updated based on a corrected report submitted by ACLA on 11/16/2020 for May 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.” 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	ED	Emergency Department
DBPM	Dental Benefits Plan Manager	NEMT	Non-Emergency Medical Transportation
PBM	Pharmacy Benefits Manager	CMS	Centers for Medicare & Medicaid Services
SFY	State Fiscal Year	MCNA	Managed Care of North America, Inc. (the DBPM)
YTD	Year to Date		

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 for reasons such as incarceration or transitions 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, April 1, 2020 through June 30, 2020, the unduplicated count of expansion enrollees enrolled in an MCO was 530,508. 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 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2020						
Ages 19 to 49	37,407	50,889	79,678	107,033	115,592	390,599
Ages 50 to 64	14,791	13,794	22,973	25,438	29,992	106,988
Total	52,198	64,683	102,651	132,471	145,584	497,587
May 2020						
Ages 19 to 49	38,382	51,716	81,930	109,166	117,996	399,190
Ages 50 to 64	15,181	13,978	23,704	26,012	30,701	109,576
Total	53,563	65,694	105,634	135,178	148,697	508,766
June 2020						
Ages 19 to 49	39,213	52,502	83,928	111,132	120,180	406,955
Ages 50 to 64	15,475	14,115	24,275	26,432	31,195	111,492
Total	54,688	66,617	108,203	137,564	151,375	518,447
SFY 2020 Q4 Total						
Ages 19 to 49	40,437	54,032	86,070	113,920	123,295	416,255
Ages 50 to 64	16,151	14,783	25,220	27,562	32,608	115,797
Total¹	56,390	68,635	110,954	141,113	155,443	530,508
SFY 2020 YTD¹	69,763	84,297	133,769	169,842	187,641	630,215

Source: Medicaid Data Warehouse, data extracted 08/11/2020.

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 61% of the expansion population for quarter 4 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 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2020						
Ages 19 to 49	21,915	32,488	50,227	71,028	75,458	251,116
Ages 50 to 64	6,103	5,959	9,910	11,657	13,313	46,942
Total	28,018	38,447	60,137	82,685	88,771	298,058
May 2020						
Ages 19 to 49	22,662	33,334	52,073	73,135	77,822	259,026
Ages 50 to 64	6,332	6,107	10,291	11,975	13,742	48,447
Total	28,994	39,441	62,364	85,110	91,564	307,473
June 2020						
Ages 19 to 49	23,467	34,223	53,940	75,273	80,044	266,947
Ages 50 to 64	6,514	6,282	10,629	12,288	14,140	49,853
Total	29,981	40,505	64,569	87,561	94,184	316,800
SFY 2020 Q4 Total						
Ages 19 to 49	24,186	35,243	55,286	94,430	82,118	273,067
Ages 50 to 64	6,794	6,535	10,990	12,784	14,737	51,597
Total²	30,897	41,704	66,155	89,838	96,697	324,067
SFY 2020 YTD²	39,027	51,854	80,874	109,154	118,007	388,999

Source: Medicaid Eligibility Data System, data extracted on 9/2/2020.

² Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs. Members can be in more than one age group in the quarter at different months therefore the quarterly totals are de-duplicated and will not equal the total between age groups.

Expansion Per Member Per Month Payments

In the fourth quarter of SFY 2020, total payments of \$1,119,901,101 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 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2020	\$52,337,386	\$61,927,333	\$97,579,027	\$125,084,471	\$140,161,275	\$477,089,492
May 2020	\$34,734,094	\$41,157,424	\$65,969,979	\$81,643,529	\$92,876,429	\$316,381,455
June 2020	\$35,727,838	\$41,914,575	\$68,244,930	\$84,388,215	\$96,154,596	\$326,430,154
SFY 2020 Q4 Total	\$122,799,318	\$144,999,332	\$231,793,936	\$291,116,215	\$329,192,300	\$1,119,901,101
SFY 2020 YTD	\$386,337,312	\$483,153,536	\$748,496,743	\$960,542,697	\$1,080,612,721	\$3,659,143,009

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 4

	MCNA
April 2020	\$1,215,121
May 2020	\$1,223,781
June 2020	\$1,465,639
SFY 2020 Q4 Total	\$3,904,541
SFY 2020 YTD	\$14,121,316

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 4 were \$516,810,118 for the expansion population and \$613,865,058 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 46% 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 Department³ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁴	Recipients	0	0	0	0	26,389	20,352	22,218	58,549	0.0%
	Payments	\$0	\$0	\$0	\$0	\$4,391,130	\$3,686,425	\$4,610,041	\$12,687,596	0.0%
19 to 49	Recipients	32,562	29,425	33,820	73,458	14,853	12,879	14,993	32,169	69.5%
	Payments	\$6,999,861	\$6,834,298	\$8,713,477	\$22,547,636	\$3,412,485	\$3,164,544	\$4,130,427	\$10,707,456	67.8%
50 to 64	Recipients	7,776	7,014	8,033	17,703	5,232	4,477	5,409	10,975	61.7%
	Payments	\$1,826,614	\$1,829,128	\$2,290,360	\$5,946,102	\$1,344,673	\$1,311,182	\$1,730,317	\$4,386,172	57.5%
65+ ⁴	Recipients	0	0	0	0	121	106	121	267	0.0%
	Payments	\$0	\$0	\$0	\$0	\$32,207	\$28,622	\$37,163	\$97,991	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁵	Recipients	0	0	0	0	4,467	3,609	3,777	11,106	0.0%
	Payments	\$0	\$0	\$0	\$0	\$30,183,612	\$25,357,532	\$27,623,853	\$83,164,997	0.0%

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

⁴ Medicaid Expansion population covers adults ages 19 through 64.

⁵ Medicaid Expansion population covers adults ages 19 through 64.

19 to 49	Recipients	4,338	4,129	4,765	11,845	3,653	3,322	3,777	9,759	54.8%
	Payments	\$27,005,436	\$25,479,199	\$28,138,853	\$80,623,489	\$18,759,289	\$16,501,744	\$19,600,594	\$54,861,627	59.5%
50 to 64	Recipients	1,533	1,477	1,734	4,129	1,202	1,155	1,405	3,130	56.9%
	Payments	\$14,612,985	\$12,525,711	\$16,090,395	\$43,229,091	\$11,606,607	\$10,963,496	\$13,004,049	\$35,574,152	54.9%
65+ ⁵	Recipients	0	0	0	0	50	43	51	128	0.0%
	Payments	\$0	\$0	\$0	\$0	\$343,028	\$396,141	\$612,888	\$1,352,057	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁵	Recipients	0	0	0	0	35,688	34,979	46,969	95,268	0.0%
	Payments	\$0	\$0	\$0	\$0	\$9,919,876	\$7,531,789	\$11,605,311	\$29,056,977	0.0%
19 to 49	Recipients	40,583	42,370	56,981	103,836	22,777	23,181	29,361	51,391	66.9%
	Payments	\$14,576,461	\$15,140,376	\$21,484,156	\$51,200,994	\$9,109,861	\$9,427,005	\$12,630,555	\$31,167,421	62.2%
50 to 64	Recipients	14,882	15,645	23,505	38,043	8,989	9,174	13,309	20,684	64.8%
	Payments	\$9,997,074	\$9,983,314	\$14,095,644	\$34,076,031	\$7,951,483	\$8,139,379	\$10,720,413	\$26,811,274	56.0%
65+ ⁵	Recipients	0	0	0	0	222	235	357	561	0.0%
	Payments	\$0	\$0	\$0	\$0	\$221,021	\$227,966	\$305,419	\$754,406	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁶	Recipients	0	0	0	0	818	535	625	1,757	0.0%
	Payments	\$0	\$0	\$0	\$0	\$211,588	\$154,593	\$199,345	\$565,526	0.0%
19 to 49	Recipients	1,568	1,294	1,400	3,384	1,948	1,558	1,737	3,649	48.1%
	Payments	\$430,111	\$413,199	\$419,484	\$1,262,794	\$495,356	\$527,065	\$510,173	\$1,532,594	45.2%

⁶ Medicaid Expansion population covers adults ages 19 through 64.

50 to 64	Recipients	898	720	889	1,895	2,718	1,939	2,423	4,625	29.1%
	Payments	\$180,988	\$161,253	\$207,193	\$549,434	\$673,251	\$677,477	\$672,074	\$2,022,801	21.4%
65+ ⁶	Recipients	0	0	0	0	901	685	894	1,539	0.0%
	Payments	\$0	\$0	\$0	\$0	\$283,572	\$276,236	\$235,314	\$795,123	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁶	Recipients	0	0	0	0	135,237	115,372	114,692	216,415	0.0%
	Payments	\$0	\$0	\$0	\$0	\$24,687,318	\$21,758,540	\$21,007,127	\$67,452,985	0.0%
19 to 49	Recipients	136,910	133,824	136,655	199,192	63,339	61,842	62,783	89,468	69.0%
	Payments	\$48,615,206	\$44,028,232	\$42,380,599	\$135,024,037	\$29,545,501	\$28,188,840	\$27,062,638	\$84,796,979	61.4%
50 to 64	Recipients	63,044	62,256	61,484	77,956	34,246	34,294	34,500	40,549	65.8%
	Payments	\$27,612,881	\$25,428,554	\$23,606,338	\$76,647,773	\$24,580,083	\$22,655,448	\$21,608,719	\$68,844,250	52.7%
65+ ⁶	Recipients	0	0	0	0	1,174	1,170	1,112	1,514	0.0%
	Payments	\$0	\$0	\$0	\$0	\$512,359	\$398,493	\$434,665	\$1,345,517	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

Table 5f: Physicians⁷ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2020	May 2020	June 2020	SFY 2020 Q4	April 2020	May 2020	June 2020	SFY 2020 Q4	
0 to 18 ⁸	Recipients	0	0	0	0	106,213	103,137	120,276	235,727	0.0%
	Payments	\$0	\$0	\$0	\$0	\$17,114,617	\$15,532,892	\$19,666,147	\$52,313,655	0.0%
19 to 49	Recipients	73,758	73,188	84,632	149,738	39,123	39,509	43,024	72,616	67.3%
	Payments	\$13,666,365	\$13,327,555	\$15,619,190	\$42,613,109	\$9,251,739	\$8,763,840	\$9,556,766	\$27,572,345	60.7%
50 to 64	Recipients	28,990	28,195	32,660	54,563	16,948	16,675	19,046	29,521	64.9%
	Payments	\$7,720,357	\$6,964,631	\$8,404,638	\$23,089,627	\$5,346,549	\$4,708,084	\$5,399,853	\$15,454,487	59.9%

⁷ Includes both emergency and non-emergency services.

⁸ Medicaid Expansion population covers adults ages 19 through 64.

65+ ⁸	Recipients	0	0	0	0	497	501	570	1,020	0.0%
	Payments	\$0	\$0	\$0	\$0	\$199,088	\$162,455	\$185,127	\$546,669	0.0%

Source: Medicaid Data Warehouse, data extracted on 08/11/2020.

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 4.

Table 6: MCO PBMs, SFY 2020 Quarter 4

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.
LHCC	Envolve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Envolve Pharmacy Solutions (EPS). LHCC has a PBM contract with EPS and CVS is a subcontractor of EPS.
UHC	OptumRx	UnitedHealth Group is the parent company of both OptumRx and UnitedHealthcare of Louisiana. UnitedHealthcare of Louisiana, has a contractual relationship with OptumRx for PBM Services.

Source: Self-reported by MCOs

PBM Revenue Streams

Table 7 provides a listing of revenues paid monthly to each PBM for management of the MCO's pharmacy benefit, including any rebates earned and retained by either the PBM or the MCO. All amounts are reported on a cash basis in the month received or remitted. The time period for collection of rebates by the PBM and remittance to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected by the MCO are not remitted to the Department; however, these amounts are used by the actuary as a reduction in net pharmacy costs in the calculation of capitation rates. A quarterly and year-to-date summary for SFY 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 4

	ABH	ACLA	HB ⁹	LHCC	UHC
April 2020					
Transaction Fees Paid by MCO to PBM	\$94,193	\$392,957	\$141,831	\$516,363	\$762,015
Rebates and Discounts Retained by the MCO or PBM ¹⁰	\$0	\$0	\$179,060	\$0	\$202,394
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
May 2020					
Transaction Fees Paid by MCO to PBM	\$92,694	\$464,460	\$242,458	\$504,953	\$768,435
Rebates and Discounts Retained by the MCO or PBM ¹⁰	\$248,614	\$0	\$0	\$0	\$1,362,686
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
June 2020					
Transaction Fees Paid by MCO to PBM	\$100,831	\$462,099	\$695,641	\$561,994	\$853,088
Rebates and Discounts Retained by the MCO or PBM ¹⁰	\$0	\$404,752	\$3,379	\$78,075	\$10,293
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

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

⁹ Quarter 4 amounts for Healthy Blue are primarily IngenioRx but also include minor adjustments to Express Scripts. Runout for ESI reporting ended in May 2020.

¹⁰ 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.

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

	ABH	ACLA	HB ¹¹	LHCC	UHC
SFY 2020 Q4 Total					
Transaction Fees Paid by MCO to PBM	\$287,718	\$1,319,516	\$1,079,930	\$1,583,310	\$2,383,538
Rebates and Discounts Retained by the MCO or PBM ¹²	\$248,614	\$404,752	\$182,439	\$78,075	\$1,575,373
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
SFY 2020 YTD (July 2019 – June 2020)					
Transaction Fees Paid by MCO to PBM	\$1,151,860	\$5,408,433	\$2,609,965	\$6,992,730	\$9,642,885
Rebates and Discounts Retained by the MCO or PBM ¹²	\$2,183,884	\$2,956,301	\$2,737,468	\$5,740,489	\$7,062,543
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 ¹³	\$0	\$0	-\$986	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists ¹⁴	\$0	\$0	\$847	\$0	\$0

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

¹¹ Quarter 4 amounts for Healthy Blue are primarily IngenioRx but also include minor adjustments to Express Scripts. Runout for ESI reporting ended in May 2020.

¹² 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.

¹³ Spread pricing amounts reported by Healthy Blue are reflective of claims paid and adjustments made for services received prior to May 2019.

¹⁴ 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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