

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2021 – Quarter 4

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 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 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 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, as well as unduplicated year-to-date (YTD) totals for the 2021 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 claims lag when data for the same reporting period is reported at a later date. Likewise, because Medicaid provides for retroactive enrollment, enrollment data presented each quarter may vary somewhat from data reported in the annual summary or other future reports.

Acronyms Used in This Report

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. (DBPM)
YTD	Year to Date	DQ	DentaQuest

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 receives 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, April 1, 2021 through June 30, 2021, the unduplicated count of expansion enrollees enrolled in an MCO was 649,550. Table 1 provides a breakdown of enrollees by age, MCO and month. Totals for each MCO and for the fiscal year-to-date (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 2021 Quarter 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2021						
Ages 19 to 49	47,098	60,939	104,983	134,925	142,330	490,275
Ages 50 to 64	17,748	15,951	29,766	31,452	36,605	131,522
Total	64,846	76,890	134,749	166,377	178,935	621,797
May 2021						
Ages 19 to 49	47,713	61,736	106,485	136,776	144,175	496,885
Ages 50 to 64	17,967	16,227	30,233	31,902	37,157	133,486
Total	65,680	77,963	136,718	168,678	181,332	630,371
June 2021						
Ages 19 to 49	48,318	62,544	108,093	138,849	146,246	504,050
Ages 50 to 64	18,196	16,409	30,671	32,297	37,644	135,217
Total	66,514	78,953	138,764	171,146	183,890	639,267
SFY 2021 Q4 Total						
Ages 19 to 49	49,452	63,669	110,255	141,607	148,925	512,607
Ages 50 to 64	18,719	16,804	31,451	33,083	38,524	138,297
Total¹	68,008	80,314	141,410	174,359	187,045	649,550
SFY 2021 YTD¹	77,094	89,680	155,620	190,670	206,271	695,724

Source: Medicaid Data Warehouse, data extracted 8/17/2021.

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 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 2021 Quarter 4²

	ABH	ACLA	HB	LHCC	UHC	Total
April 2021						
Ages 19 to 49	26,513	37,606	63,199	85,379	88,122	300,819
Ages 50 to 64	6,885	6,495	11,758	13,229	14,962	53,329
Total	33,398	44,101	74,957	98,608	103,084	354,148
May 2021						
Ages 19 to 49	27,281	38,564	64,991	87,506	90,406	308,748
Ages 50 to 64	7,115	6,726	12,152	13,654	15,462	55,109
Total	34,396	45,290	77,143	101,160	105,868	363,857
June 2021						
Ages 19 to 49	28,019	39,475	66,671	89,729	92,705	316,599
Ages 50 to 64	7,271	6,846	12,453	13,945	15,888	56,403
Total	35,290	46,321	79,124	103,674	108,593	373,002
SFY 2021 Q4 Total						
Ages 19 to 49	28,749	40,266	68,243	91,898	94,736	323,168
Ages 50 to 64	7,500	7,037	12,810	14,306	16,300	57,847
Total³	36,165	47,214	80,889	106,035	110,829	380,301
SFY 2021 YTD³	40,659	52,452	88,717	115,713	122,068	407,670

Source: Medicaid Eligibility Data System, data extracted on 8/12/2021.

² Methodology for pulling data regarding earned income was updated starting Fiscal Year 2021 to assure that the income corresponds to the current reporting period.

³ 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 2021, total payments of \$1,219,825,084 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 2021 Quarter 4

	ABH	ACLA	HB	LHCC	UHC	Total
April 2021⁴	\$52,787,025	\$40,006,093	\$68,690,198	\$83,527,625	\$115,844,642	\$360,855,583
May 2021⁵	\$59,374,359	\$20,219,840	\$67,451,242	\$36,711,241	\$100,636,394	\$284,393,076
June 2021⁶	\$72,169,607	\$82,774,884	\$131,019,031	\$133,497,311	\$155,115,592	\$574,576,425
SFY 2021 Q4 Total	\$184,330,991	\$143,000,817	\$267,160,471	\$253,736,177	\$371,596,628	\$1,219,825,084
SFY 2021 YTD	\$544,329,140	\$559,269,304	\$974,810,372	\$1,100,243,177	\$1,338,684,045	\$4,517,336,038

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted 7/13/2021.

Effective January 1, 2021, the Louisiana Department of Health contracted with DentaQuest and MCNA Dental to provide administration of dental benefits for qualified Medicaid enrollees, which includes 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 along with quarterly summation and the YTD total.

Table 4: Total payments for dental benefits for expansion population, SFY 2021 Quarter 4

	DentaQuest	MCNA	Total
April 2021⁷	\$1,080,374	\$1,060,063	\$2,140,437
May 2021⁸	\$1,091,604	\$1,066,697	\$2,158,301
June 2021⁹	\$1,113,241	\$1,083,443	\$2,196,684
SFY 2021 Q4 Total	\$3,285,219	\$3,210,203	\$6,495,422
SFY 2021 YTD	\$6,127,702	\$20,997,889	\$27,125,591

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 7/13/2021.

⁴ April payments include March date of service (DOS) PMPM paid via lump sum pending approval of 1/1/21 rates.

⁵ May payments include April DOS PMPM paid via lump sum pending approval of 1/1/21 rates. Note that expansion PMPMs were underreported by \$76.8M due to coding error.

⁶ June payments include May DOS PMPM paid via lump sum pending approval of 1/1/21 rates. Also includes \$76.8M to correct underreporting in May, plus \$76.4M in payments for Managed Care Incentive Payments (MCIP) Program and \$51M for kick payments.

⁷ April payments for DentaQuest and MCNA include lump sum payments for April 2021 due to pending CMS approval of 1/1/2021 rates.

⁸ May payments for DentaQuest and MCNA include lump sum payments for May 2021 due to pending CMS approval of 1/1/2021 rates.

⁹ June payments for DentaQuest and MCNA include lump sum payments for June 2021 due to pending CMS approval of 1/1/2021 rates.

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 eligibility criteria (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare). 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 2021 quarter 4 were \$697,682,849 for the expansion population and \$788,882,629 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 47% 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 Department¹⁰ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹¹	Recipients	0	0	0	0	25,706	27,616	29,688	74,465	0.0%
	Payments	\$0	\$0	\$0	\$0	\$5,103,574	\$5,404,196	\$5,680,474	\$16,188,245	0.0%
19 to 49	Recipients	28,812	30,021	33,410	77,086	12,329	13,038	13,676	31,514	71.0%
	Payments	\$6,441,897	\$6,859,317	\$7,933,438	\$21,234,651	\$2,997,238	\$3,201,781	\$3,422,223	\$9,621,241	68.8%
50 to 64	Recipients	6,195	6,563	7,412	17,109	4,102	4,400	4,998	10,688	61.5%
	Payments	\$1,512,881	\$1,617,532	\$1,963,050	\$5,093,464	\$1,086,813	\$1,221,992	\$1,455,837	\$3,764,641	57.5%
65+ ¹¹	Recipients	0	0	0	0	86	111	120	277	0.0%
	Payments	\$0	\$0	\$0	\$0	\$26,792	\$30,928	\$36,289	\$94,008	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

¹⁰ Emergency department (ED) includes facility payments only. ED associated payments for physician services are included in table 5f.

¹¹ 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 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹²	Recipients	0	0	0	0	4,892	4,459	5,739	14,281	0.0%
	Payments	\$0	\$0	\$0	\$0	\$32,034,389	\$36,592,418	\$35,199,843	\$103,826,650	0.0%
19 to 49	Recipients	4,927	4,954	5,534	13,807	3,576	3,608	4,113	10,178	57.6%
	Payments	\$30,726,369	\$31,709,002	\$34,244,937	\$96,680,309	\$19,463,155	\$19,729,327	\$22,615,649	\$61,808,131	61.0%
50 to 64	Recipients	1,790	1,754	1,816	4,608	1,416	1,427	1,570	3,603	56.1%
	Payments	\$17,163,872	\$16,617,236	\$16,810,181	\$50,591,290	\$13,222,272	\$13,426,152	\$15,313,737	\$41,962,160	54.7%
65+ ¹²	Recipients	0	0	0	0	63	56	73	163	0.0%
	Payments	\$0	\$0	\$0	\$0	\$790,823	\$595,101	\$718,551	\$2,104,475	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹²	Recipients	0	0	0	0	62,266	65,700	68,570	148,777	0.0%
	Payments	\$0	\$0	\$0	\$0	\$15,278,896	\$14,585,447	\$16,573,890	\$46,438,233	0.0%
19 to 49	Recipients	69,448	75,671	76,218	152,407	31,091	32,758	32,807	63,340	70.6%
	Payments	\$23,766,528	\$25,014,474	\$28,496,443	\$77,277,445	\$13,337,898	\$13,624,368	\$14,333,258	\$41,295,525	65.2%
50 to 64	Recipients	29,916	33,086	32,670	58,751	15,408	16,597	16,259	28,267	67.5%
	Payments	\$15,999,393	\$16,071,737	\$18,572,947	\$50,644,077	\$10,930,063	\$11,864,197	\$13,062,369	\$35,856,629	58.5%
65+ ¹²	Recipients	0	0	0	0	555	651	604	1,098	0.0%
	Payments	\$0	\$0	\$0	\$0	\$359,621	\$487,291	\$618,437	\$1,465,349	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

¹² Medicaid Expansion population covers adults ages 19 through 64.

Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹³	Recipients	0	0	0	0	1,138	903	944	2,235	0.0%
	Payments	\$0	\$0	\$0	\$0	\$204,692	\$161,773	\$198,451	\$564,916	0.0%
19 to 49	Recipients	2,324	1,948	2,186	4,476	3,078	2,690	2,689	5,210	46.2%
	Payments	\$668,969	\$549,607	\$711,562	\$1,930,138	\$894,288	\$755,680	\$796,031	\$2,445,999	44.1%
50 to 64	Recipients	1,680	1,477	1,560	2,877	4,461	3,966	3,971	6,787	29.8%
	Payments	\$371,659	\$321,520	\$383,698	\$1,076,877	\$1,224,194	\$1,014,602	\$1,177,965	\$3,416,762	24.0%
65+ ¹³	Recipients	0	0	0	0	1,648	1,421	1,428	2,422	0.0%
	Payments	\$0	\$0	\$0	\$0	\$444,021	\$357,207	\$427,156	\$1,228,385	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹³	Recipients	0	0	0	0	165,711	165,060	168,640	297,243	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,643,836	\$26,847,983	\$29,106,042	\$83,597,861	0.0%
19 to 49	Recipients	181,763	177,775	187,711	268,329	72,707	70,529	72,007	102,833	72.3%
	Payments	\$58,498,598	\$57,440,106	\$64,594,075	\$180,532,779	\$33,936,421	\$32,142,243	\$35,895,081	\$101,973,744	63.9%
50 to 64	Recipients	78,100	76,401	79,607	97,143	37,743	36,784	36,944	43,791	68.9%
	Payments	\$31,537,925	\$31,582,188	\$37,032,273	\$100,152,386	\$25,776,178	\$24,397,576	\$26,999,722	\$77,173,477	56.5%
65+ ¹³	Recipients	0	0	0	0	1,567	1,498	1,592	2,044	0.0%
	Payments	\$0	\$0	\$0	\$0	\$627,908	\$686,506	\$835,589	\$2,150,003	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

¹³ Medicaid Expansion population covers adults ages 19 through 64.

Table 5f: Physician¹⁴ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 4

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		April 2021	May 2021	June 2021	SFY 2021 Q4	April 2021	May 2021	June 2021	SFY 2021 Q4	
0 to 18 ¹⁵	Recipients	0	0	0	0	173,496	180,111	175,247	345,207	0.0%
	Payments	\$0	\$0	\$0	\$0	\$26,642,014	\$31,449,815	\$31,778,567	\$89,870,395	0.0%
19 to 49	Recipients	120,904	130,563	131,630	231,083	52,379	55,527	54,380	93,095	71.3%
	Payments	\$20,724,944	\$27,491,962	\$26,294,486	\$74,511,392	\$10,460,311	\$14,081,166	\$13,288,907	\$37,830,385	66.3%
50 to 64	Recipients	43,556	47,631	47,061	76,000	22,485	24,219	23,343	36,121	67.8%
	Payments	\$10,084,355	\$14,409,262	\$13,464,425	\$37,958,042	\$6,109,797	\$8,981,094	\$8,183,072	\$23,273,963	62.0%
65+ ¹⁵	Recipients	0	0	0	0	804	940	890	1,464	0.0%
	Payments	\$0	\$0	\$0	\$0	\$233,647	\$383,812	\$313,992	\$931,451	0.0%

Source: Medicaid Data Warehouse, data extracted on 8/17/2021.

¹⁴ Includes both emergency and non-emergency services.

¹⁵ Medicaid Expansion population covers adults ages 19 through 64.

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 2021 quarter 4.

Table 6: MCO PBMs, SFY 2021 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 services to Healthy Blue under a master intercompany services agreement.
LHCC	Involve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Involve 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 2021 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 2021 Quarter 4

	ABH	ACLA	HB	LHCC	UHC
April 2021					
Transaction Fees Paid by MCO to PBM	\$158,519	\$445,638	\$508,000	\$636,141	\$992,653
Rebates and Discounts Retained by the MCO or PBM ¹⁶	\$0	\$0	\$0	\$0	\$443,417
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 2021					
Transaction Fees Paid by MCO to PBM	\$155,647	\$580,276	\$410,726	\$627,993	\$972,469
Rebates and Discounts Retained by the MCO or PBM ¹⁶	\$332,472	\$0	\$68,604	\$0	\$289,978
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 2021					
Transaction Fees Paid by MCO to PBM	\$163,740	\$519,621	\$401,463	\$658,860	\$1,030,901
Rebates and Discounts Retained by the MCO or PBM ¹⁶	\$0	\$328,573	\$0	\$92,333	\$189,602
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>.

¹⁶ 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 2021

	ABH	ACLA	HB	LHCC	UHC
SFY 2021 Q4 Total					
Transaction Fees Paid by MCO to PBM	\$477,906	\$1,545,535	\$1,320,189	\$1,922,994	\$2,996,023
Rebates and Discounts Retained by the MCO or PBM ¹⁷	\$332,472	\$328,573	\$68,604	\$92,333	\$922,997
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 2021 YTD (July 2020 – June 2021)					
Transaction Fees Paid by MCO to PBM	\$1,479,910	\$6,093,622	\$4,186,238	\$7,318,674	\$11,552,866
Rebates and Discounts Retained by the MCO or PBM ¹⁷	\$1,075,133	\$1,309,291	\$629,208	\$261,924	\$3,060,952
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>.

¹⁷ 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.

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