

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2021 – Quarter 1*

*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
5/27/2021	Expansion Enrollees with Earned Income, Page 5	Methodology for pulling data regarding earned income was updated starting Fiscal Year 2021 to assure that the income corresponds to the current reporting period.

## 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. 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  
 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 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, July 1, 2020, through September 30, 2020, the unduplicated count of expansion enrollees enrolled in an MCO was 565,127. 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 2021 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2020</b>						
<b>Ages 19 to 49</b>	40,367	53,649	86,721	114,074	123,617	418,428
<b>Ages 50 to 64</b>	15,806	14,367	24,981	26,960	32,005	114,119
<b>Total</b>	56,173	68,016	111,702	141,034	155,622	532,547
<b>August 2020</b>						
<b>Ages 19 to 49</b>	41,280	54,491	89,047	116,373	126,153	427,344
<b>Ages 50 to 64</b>	16,066	14,618	25,582	27,453	32,723	116,442
<b>Total</b>	57,346	69,109	114,629	143,826	158,876	543,786
<b>September 2020</b>						
<b>Ages 19 to 49</b>	42,068	55,360	90,962	118,444	128,337	435,171
<b>Ages 50 to 64</b>	16,364	14,874	26,163	27,974	33,324	118,699
<b>Total</b>	58,432	70,234	117,125	146,418	161,661	553,870
<b>SFY 2021 Q1 Total</b>						
<b>Ages 19 to 49</b>	43,424	56,933	93,364	121,422	131,869	444,956
<b>Ages 50 to 64</b>	16,945	15,317	29,926	28,725	34,365	121,726
<b>Total<sup>1</sup></b>	60,172	72,034	119,953	149,785	165,793	565,127
<b>SFY 2021 YTD<sup>1</sup></b>	<b>60,172</b>	<b>72,034</b>	<b>119,953</b>	<b>149,785</b>	<b>165,793</b>	<b>565,127</b>

Source: Medicaid Data Warehouse, data extracted 11/18/2020.

<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 52% of the expansion population for quarter 1 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 1<sup>2</sup>**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2020</b>						
<b>Ages 19 to 49</b>	19,972	29,553	46,077	65,027	68,582	229,211
<b>Ages 50 to 64</b>	5,271	5,156	8,556	9,967	11,259	40,209
<b>Total</b>	25,243	34,709	54,633	74,994	79,841	269,420
<b>August 2020</b>						
<b>Ages 19 to 49</b>	20,590	30,259	47,688	66,802	70,385	235,724
<b>Ages 50 to 64</b>	5,394	5,251	8,801	10,210	11,577	41,233
<b>Total</b>	25,984	35,510	56,489	77,012	81,962	276,957
<b>September 2020</b>						
<b>Ages 19 to 49</b>	21,454	31,332	49,556	69,195	72,796	244,333
<b>Ages 50 to 64</b>	5,573	5,424	9,191	10,608	12,038	42,835
<b>Total</b>	27,027	36,756	58,747	79,803	84,834	287,167
<b>SFY 2021 Q1 Total</b>						
<b>Ages 19 to 49</b>	22,217	32,310	51,162	71,259	75,219	251,217
<b>Ages 50 to 64</b>	5,834	5,631	9,529	10,941	12,511	44,270
<b>Total<sup>3</sup></b>	27,971	37,866	60,539	82,021	87,519	294,788
<b>SFY 2021 YTD<sup>3</sup></b>	<b>27,971</b>	<b>37,866</b>	<b>60,539</b>	<b>82,021</b>	<b>87,519</b>	<b>294,788</b>

Source: Medicaid Eligibility Data System, data extracted on 5/25/2021.

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

<sup>3</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 first quarter of SFY 2021, total payments of \$996,785,527 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 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2020</b>	\$35,807,928	\$41,863,306	\$68,668,946	\$83,831,816	\$96,087,459	\$326,259,455
<b>August 2020<sup>4</sup></b>	\$36,656,909	\$42,860,300	\$70,307,780	\$85,832,721	\$98,375,340	\$334,033,050
<b>September 2020<sup>5</sup></b>	\$36,931,245	\$43,176,422	\$70,822,741	\$86,461,186	\$99,101,428	\$336,493,022
<b>SFY 2021 Q1 Total</b>	\$109,396,082	\$127,900,028	\$209,799,467	\$256,125,723	\$293,564,227	\$996,785,527
<b>SFY 2021 YTD</b>	\$109,396,082	\$127,900,028	\$209,799,467	\$256,125,723	\$293,564,227	\$996,785,527

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted 11/23/2020.

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 2021 Quarter 1**

	MCNA
<b>July 2020<sup>6</sup></b>	\$1,530,977
<b>August 2020<sup>7</sup></b>	\$3,260,925
<b>September 2020<sup>8</sup></b>	\$4,432,685
<b>SFY 2021 Q1 Total</b>	\$9,224,586
<b>SFY 2021 YTD</b>	\$9,224,586

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 11/23/2020.

<sup>4</sup> Aug 2020: July payment paid via lump sum pending approval of 7/1/20 rates with CMS.

<sup>5</sup> Sep 2020: Aug payment paid via lump sum pending approval of 7/1/20 rates with CMS. Also includes \$11M in payments for Managed Care Incentive Payment (MCIP) Program.

<sup>6</sup> Includes lump sum payment for July 2020 PMPMs due to pending approval of 7/1/20 rates with CMS, and adjustments for Sept, Oct, Nov, and Dec 2019 PMPMs for revised 7/1/19 rates.

<sup>7</sup> Includes lump sum payment for Aug 2020 PMPMs due to pending approval of 7/1/20 rates by CMS, and adjustments for Jan & Feb 2020 PMPMs for revised 1/1/20 rates.

<sup>8</sup> Includes lump sum payment for Sep 2020 PMPMs due to pending approval of 7/1/20 rates by CMS, and adjustments for Mar, Apr, May, and Jun 2020 PMPMs due to revised 1/1/20 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 1 were \$625,610,873 for the expansion population and \$724,197,033 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 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 Department<sup>9</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>10</sup>	Recipients	0	0	0	0	24,319	23,904	24,073	62,771	0.0%
	Payments	\$0	\$0	\$0	\$0	\$4,062,155	\$3,982,853	\$4,589,504	\$12,634,513	0.0%
19 to 49	Recipients	37,474	34,458	34,147	83,219	16,973	15,510	15,042	36,395	69.6%
	Payments	\$7,666,390	\$7,539,919	\$8,396,974	\$23,603,284	\$3,754,799	\$3,731,430	\$3,944,204	\$11,430,433	67.4%
50 to 64	Recipients	7,133	7,374	8,253	18,179	5,101	5,254	5,339	11,653	60.9%
	Payments	\$1,520,964	\$1,761,058	\$2,316,453	\$5,598,475	\$1,226,334	\$1,433,239	\$1,636,012	\$4,295,585	56.6%
65+ <sup>5</sup>	Recipients	0	0	0	0	111	109	126	269	0.0%
	Payments	\$0	\$0	\$0	\$0	\$25,537	\$24,876	\$47,892	\$98,305	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.

<sup>9</sup> Emergency department includes facility payments only. ED associated payments for physician services are included in table 5f.

<sup>10</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 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>5</sup>	Recipients	0	0	0	0	3,868	3,681	4,082	10,938	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,858,406	\$24,396,246	\$33,753,938	\$86,008,590	0.0%
19 to 49	Recipients	5,114	5,060	5,285	13,666	3,915	3,898	4,136	10,719	56.0%
	Payments	\$31,181,101	\$28,371,793	\$32,666,656	\$92,219,550	\$20,754,060	\$19,562,477	\$22,725,057	\$63,041,594	59.4%
50 to 64	Recipients	1,721	1,724	1,849	4,528	1,431	1,339	1,559	3,503	56.4%
	Payments	\$14,990,522	\$14,803,103	\$16,987,270	\$46,780,895	\$13,523,630	\$11,974,107	\$15,139,891	\$40,637,628	53.5%
65+ <sup>5</sup>	Recipients	0	0	0	0	55	71	61	154	0.0%
	Payments	\$0	\$0	\$0	\$0	\$663,424	\$796,063	\$609,981	\$2,069,469	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>6</sup>	Recipients	0	0	0	0	66,505	63,309	61,076	142,951	0.0%
	Payments	\$0	\$0	\$0	\$0	\$14,185,507	\$15,304,430	\$15,553,500	\$45,043,437	0.0%
19 to 49	Recipients	76,667	75,333	71,377	149,739	37,979	36,341	33,756	69,226	68.4%
	Payments	\$24,490,817	\$28,087,720	\$27,938,268	\$80,516,804	\$14,428,145	\$15,289,417	\$15,272,699	\$44,990,261	64.2%
50 to 64	Recipients	29,459	30,451	30,014	54,622	16,620	16,784	16,126	28,526	65.7%
	Payments	\$14,655,817	\$17,563,969	\$18,962,522	\$51,182,308	\$11,665,616	\$13,134,400	\$13,051,907	\$37,851,923	57.5%
65+ <sup>6</sup>	Recipients	0	0	0	0	484	490	508	890	0.0%
	Payments	\$0	\$0	\$0	\$0	\$325,915	\$334,133	\$453,465	\$1,113,513	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.



**Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>11</sup>	Recipients	0	0	0	0	922	826	867	2,072	0.0%
	Payments	\$0	\$0	\$0	\$0	\$306,297	\$196,233	\$252,104	\$754,634	0.0%
19 to 49	Recipients	1,766	1,532	1,570	3,626	2,281	2,084	2,050	4,037	47.3%
	Payments	\$578,612	\$475,747	\$483,257	\$1,537,616	\$740,624	\$672,905	\$637,861	\$2,051,391	42.8%
50 to 64	Recipients	1,154	1,026	1,064	2,133	3,207	2,949	3,059	5,316	28.6%
	Payments	\$296,019	\$256,049	\$267,294	\$819,361	\$971,036	\$857,669	\$857,234	\$2,685,940	23.4%
65+ <sup>6</sup>	Recipients	0	0	0	0	1,102	1,003	997	1,748	0.0%
	Payments	\$0	\$0	\$0	\$0	\$329,033	\$282,659	\$311,256	\$922,948	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>8</sup>	Recipients	0	0	0	0	131,737	129,684	136,523	238,279	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,914,240	\$23,561,591	\$25,806,568	\$77,282,400	0.0%
19 to 49	Recipients	152,526	149,250	153,844	223,598	69,265	68,071	68,781	97,993	69.5%
	Payments	\$50,838,872	\$46,133,095	\$51,263,869	\$148,235,836	\$33,042,241	\$29,132,484	\$32,091,767	\$94,266,492	61.1%
50 to 64	Recipients	66,371	65,669	67,776	82,908	36,653	36,311	36,899	42,891	65.9%
	Payments	\$29,049,769	\$26,566,266	\$29,418,208	\$85,034,243	\$25,791,106	\$22,542,142	\$25,127,902	\$73,461,151	53.7%
65+ <sup>8</sup>	Recipients	0	0	0	0	1,240	1,248	1,287	1,667	0.0%
	Payments	\$0	\$0	\$0	\$0	\$481,632	\$432,858	\$547,426	\$1,461,916	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.

<sup>11</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5f: Physicians<sup>12</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2021 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2020	August 2020	September 2020	SFY 2021 Q1	July 2020	August 2020	September 2020	SFY 2021 Q1	
0 to 18 <sup>13</sup>	Recipients	0	0	0	0	135,955	148,489	133,421	291,429	0.0%
	Payments	\$0	\$0	\$0	\$0	\$21,912,332	\$25,216,398	\$20,535,355	\$67,664,085	0.0%
19 to 49	Recipients	101,671	109,900	97,831	191,374	48,393	52,321	47,050	85,543	69.1%
	Payments	\$18,720,034	\$22,496,969	\$19,004,217	\$60,221,220	\$10,452,381	\$13,092,979	\$10,710,723	\$34,256,083	63.7%
50 to 64	Recipients	35,704	39,901	35,346	63,757	20,498	22,411	20,255	33,682	65.4%
	Payments	\$9,135,815	\$11,347,553	\$9,377,913	\$29,861,281	\$5,800,639	\$7,509,152	\$6,179,071	\$19,488,862	60.5%
65+ <sup>8</sup>	Recipients	0	0	0	0	626	687	670	1,169	0.0%
	Payments	\$0	\$0	\$0	\$0	\$249,481	\$251,721	\$184,681	\$685,883	0.0%

Source: Medicaid Data Warehouse, data extracted on 11/18/2020.

<sup>12</sup> Includes both emergency and non-emergency services.

<sup>13</sup> 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 1.

**Table 6: MCO PBMs, SFY 2021 Quarter 1**

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 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 1**

	ABH	ACLA	HB	LHCC	UHC
<b>July 2020</b>					
Transaction Fees Paid by MCO to PBM	\$85,157	\$477,425	\$306,642	\$590,774	\$904,426
Rebates and Discounts Retained by the MCO or PBM <sup>14</sup>	\$0	\$0	\$0	\$0	\$3,779
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
<b>August 2020</b>					
Transaction Fees Paid by MCO to PBM	\$88,484	\$490,049	\$245,865	\$569,815	\$886,425
Rebates and Discounts Retained by the MCO or PBM <sup>9</sup>	\$309,617	\$0	\$0	\$0	\$668,462
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
<b>September 2020</b>					
Transaction Fees Paid by MCO to PBM	\$92,998	\$494,341	\$245,111	\$588,750	\$948,515
Rebates and Discounts Retained by the MCO or PBM <sup>9</sup>	\$0	\$363,493	\$128,523	\$63,731	\$436,673
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>.

<sup>14</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.

**Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2021**

	ABH	ACLA	HB	LHCC	UHC
<b>SFY 2021 Q1 Total</b>					
Transaction Fees Paid by MCO to PBM	\$266,639	\$1,461,815	\$797,618	\$1,749,339	\$2,739,366
Rebates and Discounts Retained by the MCO or PBM <sup>15</sup>	\$309,617	\$363,493	\$128,523	\$63,731	\$1,108,914
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
<b>SFY 2021 YTD (July 2020 – June 2021)</b>					
Transaction Fees Paid by MCO to PBM	\$266,639	\$1,461,815	\$797,617	\$1,749,339	\$2,739,366
Rebates and Discounts Retained by the MCO or PBM <sup>10</sup>	\$309,617	\$363,493	\$128,523	\$63,731	\$1,108,913
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>.

<sup>15</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.

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