APPENDIX X: TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS, AND PROFIT

The total amount of funding remitted by the state pursuant to its contract with Magellan during SFY '25 including:

a) Payment of Claims to Providers

Magellan Payments to Providers for SFY '25 CSoC Services	$21,322,736.33
Magellan Payments to Providers Including Wraparound Agencies for SFY '25 CSoC Services	$52,565,891.61
Per Member Per Month Payments to Magellan for SFY '25 CSoC Services	$75,237,978.60

b) Administrative costs of CSoC program (see Income Statement below)
c) Profit for CSoC program (see Income Statement below)

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State of Louisiana Department of Health
Coordinated System of Care Financial Reporting Guide Template v2025.1
Magellan Complete Care of Louisiana
Income Statement Quarterly

	CY 2024		CY 2025		FY2025
	Q3	Q4	Q1	Q2	
Member Months:	7,458	7,712	8,221	8,664	32,055
Revenue:					
Capitation Payments	$ 15,801,190	$ 16,339,333	$ 18,368,346	$ 19,358,150	$ 69,867,019
Premium Tax	919,646	950,967	1,069,057	1,126,665	4,066,335
Other	-	-	-	-	-
Total Revenue	$ 16,720,836	$ 17,290,300	$ 19,437,403	$ 20,484,815	$ 73,933,354
Benefit Expense					
Paid Expenses:	-	-	-	-	
Direct Paid	$ 12,767,913	$ 13,505,409	$ 13,771,787	$ 14,197,635	$ 54,242,744
Subcapitated Proxy Paid	-	-	-	-	-
Ineligible Paid	-	-	-	-	-
Provider Settlements	-	-	-	-	-
Other Non-Encounterable	-	-	-	-	-
Reserves:	-	-	-	-	-
Direct Reserves	$ 24,689	$ 49,714	$ 114,757	$ 294,395	$ 483,555
Subcapitated Proxy Paid Reserves	-	-	-	-	-
Pending Provider Settlements	-	-	-	-	-
Subcon Lump Sum Provider Settlements	-	-	-	-	-
Recoveries:	-	-	-	-	-
Provider Refunds	$ 0	$ 0	$ 0	$ 0	$ 0
Third Party Liability/Coordination of Benefits Recoveries	-	-	-	-	-
Fraud and Abuse Recoveries	-	-	-	-	-
Other Recoveries	-	-	-	-	-
Total Benefit Expense before Reinsurance	$ 12,792,602	$ 13,555,123	$ 13,886,544	$ 14,492,031	$ 54,726,299
Reinsurance:					
Reinsurance Premium Paid	$ 0	$ 0	$ 0	$ 0	$ 0
Reinsurance Recoveries (negative)	-	-	-	-	-
Net Reinsurance	$ 0	$ 0	$ 0	$ 0	$ 0
Non-Benefit Expense					
Administrative Costs	$ 3,231,634	$ 3,341,704	$ 2,781,481	$ 2,931,365	$ 12,286,184
Healthcare Quality Improvement	789,689	816,583	899,293	947,753	3,453,318
Fraud Recovery Activities	-	-	-	-	-
Premium Tax - Capitation	964,040	797,519	1,057,354	1,121,203	3,940,116

APPENDIX X: TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS, AND PROFIT

Premium Tax - Other	-	-	-	-	-
Other Taxes, Fees, and Assessments	56,209	58,124	141,151	193,002	448,486
Total Non-Benefit Expense	**$ 5,041,572**	**$ 5,013,930**	**$ 4,879,279**	**$ 5,193,323**	**$ 20,128,104**
	-	-	-	-	
Total Underwriting Gain/Loss	**$ (1,113,338)**	**$ (1,278,753)**	**$ 671,581**	**$ 799,461**	**$ (921,049)**

Financial Metrics	Q3	Q4	Q1	Q2	
Medical Loss Ratio	77.00%	78.00%	71.00%	71.00%	74.00%
Administrative Loss Ratio	30.00%	29.00%	25.00%	25.00%	27.00%
Underwriting Gain Ratio	-7.00%	-7.00%	3.00%	4.00%	-1.00%

	CY 2024		CY 2025		FY 2025
PMPM	**Q3**	**Q4**	**Q1**	**Q2**	
Revenue:	-	-	-	-	
Limited Rate Capitation Payments	$ 2,118.69	$ 2,118.69	$ 2,234.32	$ 2,234.32	$ 8,706.02
Premium Tax	123.31	123.31	130.04	130.04	506.70
Other	-	-	-	-	-
Total Revenue	**$ 2,242.00**	**$ 2,242.00**	**$ 2,364.36**	**$ 2,364.36**	**$ 9,212.72**
Benefit Expense					
Paid Expenses:					
Direct Paid	$ 1,711.98	$ 1,751.22	$ 1,675.20	$ 1,638.69	$ 6,777.09
Subcapitated Proxy Paid	-	-	-	-	-
Ineligible Paid	-	-	-	-	-
Provider Settlements	-	-	-	-	-
Other Non-Encounterable	-	-	-	-	-
Reserves:	-	-	-	-	-
Direct Reserves	$ 3.31	$ 6.45	$ 13.96	$ 33.98	$ 57.70
Subcapitated Proxy Paid Reserves	-	-	-	-	-
Subcon Lump Sum Provider Settlements	-	-	-	-	-
Recoveries:	-	-	-	-	-
Provider Refunds	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Third Party Liability/Coordination of Benefits Recoveries	-	-	-	-	-
Fraud and Abuse Recoveries	-	-	-	-	-
Other Recoveries	-	-	-	-	-
Total Benefit Expense before Reinsurance	**$ 1,715.29**	**$ 1,757.67**	**$ 1,689.16**	**$ 1,672.67**	**$ 6,834.79**
Reinsurance:					
Reinsurance Premium Paid	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Reinsurance Recoveries (negative)	-	-	-	-	-
Total Benefit Expense after Net Reinsurance	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**

APPENDIX X: TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS, AND PROFIT

Non-Benefit Expense					
Administrative Costs	$ 433.31	$ 433.31	$ 338.34	$ 338.34	$ 1,543.30
Healthcare Quality Improvement	105.88	105.88	109.39	109.39	$ 430.54
Fraud Recovery Activities	-	-	-	-	-
Premium Tax - Capitation	129.26	103.41	128.62	129.41	$ 490.70
Premium Tax - Other	-	-	-	-	-
Other Taxes, Fees, and Assessments	7.54	7.54	17.17	22.28	$ 54.53
Total Non-Benefit Expenses	**$ 675.99**	**$ 650.14**	**$ 593.52**	**$ 599.42**	**$ 2,519.07**
	-	-	-	-	
Total Underwriting Gain/Loss	**$ (149.28)**	**$ (165.81)**	**$ 81.68**	**$ 92.27**	**$ (141.14)**