Medicaid Managed Care
Quarterly Transparency Report

State Fiscal Year 2025 – Quarter 3

Response to Act 482 of the 2018 Regular Legislative Session

Prepared by:

Bureau of Health Services Financing

July 2025

LOUISIANA DEPARTMENT OF HEALTH

Contents

Introduction

This report is submitted in accordance with Act 482 of the 2018 Regular Legislative Session. The report contains the 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 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 and unduplicated year-to-date (YTD) totals for the 2025 state fiscal year (SFY). The annual Medicaid Managed Care Transparency Report will include a collective chart of the data submitted in each quarterly report.

All data reported will be current as of the report's run date. Some data may change over time due to the dynamic nature of Medicaid enrollment and claims processing. Claims data will be reported based on the date of payment, rather than the date of service, as previously reported under Senate Resolution 163 of the 2017 Regular Legislative Session. This stabilizes the data by accounting for claims lag in subsequent reports for the same period. Enrollment data will reflect the most recent totals reported in the accrual summary due to retroactive enrollments.

Acronyms Used in This Report

This report uses several acronyms to present data. These acronyms are given below:

Managed Care Organizations

ABH	Aetna Better Health
ACLA	AmeriHealth Caritas of Louisiana
HBL	Healthy Blue
HHH	Humana Healthy Horizons
LHCC	Louisiana Healthcare Connections
UHC	UnitedHealthcare Community Plan

Other Acronyms

MCO	Managed Care Organization
DBPM	Dental Benefits Plan Manager
PBM	Pharmacy Benefit Manager
SFY	State Fiscal Year
YTD	Year to Date
ED	Emergency Department
NEMT	Nonemergency Medical Transportation
CMS	Centers for Medicare and Medicaid Services
MCNA	Managed Care of North America, Inc. (DBPM)
DQ	DentaQuest USA Insurance Company, Inc. (DBPM)

Louisiana Medicaid Expansion Population

Louisiana provides Medicaid coverage under the Affordable Care Act to adults ages 19 to 64 with income under 138% of the federal poverty level. Most of the expansion group receives full Medicaid coverage through enrollment in one of six contracted Medicaid MCOs. Each month, fewer than 1% of expansion enrollees are enrolled in cases such as incarceration or enrollment in Medicare, which may require a period of coverage for some services under fee-for-service (FFS) plans. 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, 2025, to March 31, 2025, the unduplicated count of expansion enrollees enrolled in an MCO was 560,985. Table 1 provides a breakdown of enrollees by age, MCO, and month. Totals for each MCO and the fiscal YTD are unduplicated and may not equal the sum of counts by MCO or the sum of counts by month.

Table 1: Expansion Enrollment by Age Cohort and MCO, SFY 2025 Quarter 3

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
January 2025							
Ages 19 to 49	52,941	42,953	87,573	36,794	105,032	100,265	425,558
Ages 50 to 64	16,177	10,902	23,367	10,558	23,527	26,584	111,115
TOTAL	69,118	53,855	110,940	47,352	128,559	126,849	536,673
February 2025							
Ages 19 to 49	53,163	42,882	87,464	36,651	104,825	100,212	425,197
Ages 50 to 64	16,173	10,826	23,295	10,453	23,453	26,479	110,679
TOTAL	69,336	53,708	110,759	47,104	128,278	126,691	535,876
March 2025							
Ages 19 to 49	52,624	42,274	86,340	36,344	103,478	98,727	419,787
Ages 50 to 64	15,961	10,697	23,069	10,379	23,112	26,168	109,386
TOTAL	68,585	52,971	109,409	46,723	126,590	124,895	529,173
SFY 2025 Q3 Total							
Ages 19 to 49	56,091	45,216	92,060	38,868	110,164	105,256	446,025
Ages 50 to 64	17,039	11,497	24,550	11,216	24,583	27,852	116,287
TOTAL	72,962	56,578	116,331	49,974	134,434	132,789	560,985
SFY 2025 YTD[1]	84,902	68,006	137,188	61,024	162,287	156,093	644,874

Source: MARS Data Warehouse, data extracted on 05/22/2025

[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 3 reported earned income. This may include individuals with a disability or other persons identified per 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 2025 Quarter 3

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
January 2025							
Ages 19 to 49	33,122	30,626	51,578	23,166	63,941	60,565	259,479
Ages 50 to 64	6,726	4,879	9,548	4,022	10,061	11,073	45,918
TOTAL	39,848	35,505	61,126	27,188	74,002	71,638	305,397
February 2025							
Ages 19 to 49	30,919	29,468	52,808	22,106	66,187	62,854	261,330
Ages 50 to 64	6,580	4,792	9,649	3,906	10,238	11,281	46,106
TOTAL	37,499	34,260	62,457	26,012	76,425	74,135	307,436
March 2025							
Ages 19 to 49	35,088	31,046	50,648	24,084	62,883	59,754	259,602
Ages 50 to 64	6,940	4,896	9,458	4,107	9,887	11,033	45,901
TOTAL	42,028	35,942	60,106	28,191	72,770	70,787	305,503
SFY 2025 Q3 Total							
Ages 19 to 49	38,775	35,165	58,176	26,597	72,340	68,728	281,610
Ages 50 to 64	7,687	5,517	10,628	4,609	11,185	12,402	50,027
TOTAL	46,377	40,618	68,680	31,153	83,387	80,963	331,003
SFY 2025 YTD[2]	46,670	39,786	69,270	30,955	83,388	80,730	331,000

Source: Medicaid Eligibility Data System, data extracted on 05/23/2025.

[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 deduplicated and will not equal the total between age groups.

Expansion Per Member Per Month (PMPM) Payments

In the third quarter of SFY 2025, the six MCOs received total payments of $1,478,990,155 to manage the care of individuals in the expansion population. Covered services include medical, specialized behavioral health, pharmacy, and transportation. Table 3 presents the total monthly payments made to each MCO for their expansion cohorts.

Table 3: Total Payments to MCOs for the Expansion Population, SFY 2025 Quarter 3

	ABH	ACLA	HBL	HHH	LHCC	UHC	TOTAL
Jan. 2025[3]	$42,857,987	$34,990,938	$70,928,686	$22,183,333	$85,203,704	$85,473,910	$341,638,558
Feb. 2025[4]	$51,803,399	$42,293,550	$85,732,799	$26,813,215	$102,986,513	$103,313,707	$412,943,183
Mar. 2025[5]	$90,875,363	$74,195,182	$150,396,357	$47,037,515	$180,665,902	$181,238,096	$724,408,414
SFY 2025 Q3	$185,536,749	$151,479,670	$307,057,841	$96,034,063	$368,856,118	$370,025,713	$1,478,990,155
SFY 2025 YTD	$571,753,908	$466,808,262	$946,237,751	$295,942,454	$1,136,682,274	$1,140,282,427	$4,557,707,075

Source: ISIS/CP-012 and MARS Data Warehouse, data extracted on 04/30/2025.

The Louisiana Department of Health contracts with DentaQuest and MCNA Dental to administer dental benefits for qualified Medicaid enrollees, including the expansion population. Expansion enrollees ages 19 and 20 are eligible for all Medicaid-covered dental services. Enrollees ages 21 and over are eligible for covered denture services only. Table 4 presents the total payments for dental benefits by month of payment, as well as the quarterly summation and the YTD totals.

Table 4: Total Payments for Dental Benefits for the Expansion Population, SFY 2025 Quarter 3

	DentaQuest	MCNA	TOTAL
Jan-2025	$804,661	$729,633	$1,534,295
Feb-2025	$770,157	$693,324	$1,463,481
Mar-2025	$762,103	$686,368	$1,448,472
SFY 2025 Q3	$2,336,922	$2,109,326	$4,446,248
SFY 2025 YTD	$6,693,651	$6,111,766	$12,805,418

Source: ISIS/CP-012 and MARS Data Warehouse, data extracted on 04/30/2025.

[3] Jan '25: December date of service (DOS) PMPMs paid via lump sum pending approval of revised 7/1/24 rates.
[4] Feb '25: January DOS PMPMs paid via lump sum pending approval of revised 7/1/24 rates.
[5] Mar '25: February DOS PMPMs paid via lump sum pending approval of revised 7/1/24 rates. Includes $377.2 million in State Directed Payments.

Medicaid Expansion Population Service Utilization

This section compares specified service utilization for the expansion and non-expansion populations by age cohort. The expansion population includes adults ages 19 to 64 with a household income of less than 138% of the federal poverty level who do not meet other Medicaid eligibility criteria (aged, blind, child-related, disabled, or are not eligible for or enrolled in Medicare). The non-expansion population includes all other eligibility groups.

The number of enrollees is unduplicated within each service category and reporting period and may not represent the total number of enrollees who receive services each month. Total MCO expenditures within these reporting categories in Quarter 3 were $922,680,149 for the expansion population and $986,083,026 for the non-expansion population. This includes claims payments made to providers by the MCOs and does not include payments made under the FFS program. Approximately 48% of total payments made by MCOs to providers for the six categories of service (ED, hospital inpatient, hospital outpatient, NEMT, pharmacy, and physician services) are attributed to utilization by the expansion population.

Table 5a: ED[6] Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	49,204	39,693	44,362	104,247	0.0%
	Payments	$0	$0	$0	$0	$14,198,411	$11,437,788	$12,966,599	$38,602,798	0.0%
19 to 49	Enrollees	46,355	39,137	41,560	91,793	15,723	13,280	14,046	30,318	75.2%
	Payments	$14,278,784	$11,759,275	$12,596,558	$38,634,617	$5,135,206	$4,216,775	$4,623,454	$13,975,434	73.4%
50 to 64	Enrollees	11,418	10,090	10,605	22,911	5,766	4,872	5,072	10,402	68.8%
	Payments	$3,816,091	$3,238,266	$3,528,384	$10,582,741	$2,240,018	$1,760,461	$2,038,465	$6,038,944	63.7%
65+	Enrollees	0	0	0	0	296	235	232	541	0.0%
	Payments	$0	$0	$0	$0	$111,193	$85,747	$90,175	$287,115	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

[6] ED includes facility payments only. ED associated payments for physician services are included in table 5f.

Table 5b: Hospital Inpatient Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	5,349	4,502	4,287	13,333	0.0%
	Payments	$0	$0	$0	$0	$37,175,092	$29,644,804	$33,743,699	$100,563,595	0.0%
19 to 49	Enrollees	4,644	4,103	4,174	11,569	3,230	2,719	2,763	7,898	59.4%
	Payments	$31,797,794	$28,537,850	$31,678,099	$92,013,744	$19,045,334	$16,471,709	$16,440,234	$51,957,277	63.9%
50 to 64	Enrollees	1,604	1,436	1,580	3,979	1,078	943	1,012	2,450	61.9%
	Payments	$15,912,576	$14,225,985	$16,553,683	$46,692,244	$12,520,154	$10,186,435	$11,948,854	$34,655,443	57.4%
65+	Enrollees	0	0	0	0	70	74	76	182	0.0%
	Payments	$0	$0	$0	$0	$884,439	$1,269,278	$867,685	$3,021,402	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

Table 5c: Hospital Outpatient Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	74,255	69,157	74,736	163,333	0.0%
	Payments	$0	$0	$0	$0	$22,879,012	$20,233,042	$24,093,021	$67,205,075	0.0%
19 to 49	Enrollees	67,177	62,769	66,338	135,625	24,823	23,527	24,540	47,261	74.2%
	Payments	$33,601,653	$31,084,591	$36,668,776	$101,355,021	$13,855,355	$11,937,165	$14,389,679	$40,182,198	71.6%
50 to 64	Enrollees	26,538	26,992	28,325	50,781	10,835	10,526	11,229	19,116	72.7%
	Payments	$21,067,543	$21,275,224	$25,893,013	$68,235,781	$11,449,526	$10,620,432	$13,294,273	$35,364,232	65.9%
65+	Enrollees	0	0	0	0	628	645	676	1,205	0.0%
	Payments	$0	$0	$0	$0	$773,938	$752,743	$694,412	$2,221,093	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

Table 5d: NEMT Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	2,176	2,221	2,093	4,568	0.0%
	Payments	$0	$0	$0	$0	$395,404	$398,488	$367,703	$1,161,595	0.0%
19 to 49	Enrollees	4,963	4,812	4,829	8,731	3,486	3,439	3,283	5,700	60.5%
	Payments	$1,869,703	$1,637,425	$1,633,288	$5,140,417	$1,143,330	$1,072,881	$980,605	$3,196,816	61.7%
50 to 64	Enrollees	2,739	2,765	2,775	4,682	4,076	4,130	4,073	6,366	42.4%
	Payments	$772,108	$741,347	$739,230	$2,252,686	$1,262,326	$1,223,827	$1,198,497	$3,684,650	37.9%
65+	Enrollees	0	0	0	0	1,897	1,913	1,911	3,051	0.0%
	Payments	$0	$0	$0	$0	$575,717	$539,045	$511,103	$1,625,865	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

Table 5e: Pharmacy Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	155,298	164,371	165,182	292,146	0.0%
	Payments	$0	$0	$0	$0	$33,984,262	$119,552,793	$37,803,882	$191,340,937	0.0%
19 to 49	Enrollees	154,228	155,468	153,926	221,925	48,759	49,836	48,878	70,620	75.9%
	Payments	$71,325,647	$149,455,249	$80,842,362	$301,623,257	$28,536,998	$84,884,379	$31,847,808	$145,269,185	67.5%
50 to 64	Enrollees	66,552	66,647	66,404	81,187	24,880	25,006	24,831	28,930	73.7%
	Payments	$39,653,066	$82,482,540	$45,151,578	$167,287,185	$22,176,073	$53,308,525	$24,942,425	$100,427,022	62.5%
65+	Enrollees	0	0	0	0	1,673	1,672	1,675	2,097	0.0%
	Payments	$0	$0	$0	$0	$925,768	$1,750,222	$974,266	$3,650,256	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

Table 5f: Physician[7] Service Utilization and Expenditures for Expansion and Non-expansion Enrolled Individuals, SFY 2025 Quarter 3

Age Cohort		Expansion				Non-Expansion				Expansion as a % of TOTAL
		January 2025	February 2025	March 2025	Q3 TOTAL	January 2025	February 2025	March 2025	Q3 TOTAL	
0 to 18	Enrollees	0	0	0	0	155,687	167,994	168,419	321,142	0.0%
	Payments	$0	$0	$0	$0	$30,097,518	$37,316,094	$33,883,211	$101,296,823	0.0%
19 to 49	Enrollees	93,072	97,978	102,233	180,230	33,646	35,679	36,875	61,527	74.6%
	Payments	$18,286,261	$19,678,394	$20,734,946	$58,699,600	$8,020,311	$8,408,962	$8,726,218	$25,155,492	70.0%
50 to 64	Enrollees	35,689	37,924	39,661	63,866	13,559	14,342	14,985	22,822	73.7%
	Payments	$9,111,359	$9,899,340	$11,152,158	$30,162,856	$4,508,574	$4,654,405	$5,132,864	$14,295,843	67.8%
65+	Enrollees	0	0	0	0	849	923	993	1,633	0.0%
	Payments	$0	$0	$0	$0	$287,312	$312,558	$304,065	$903,936	0.0%

Source: MARS Data Warehouse, data extracted on 05/28/2025.

[7] Includes both emergency and non-emergency services.

Pharmacy Benefit Managers

Act 482 of the 2018 Regular Legislative Session requires the reporting of the following information regarding the MCO's PBM:

(a) The name of each PBM, identified as contracted or owned by the MCO, and

(b) Whether the PBM is a subsidiary of the parent company of the MCO.

As required by LDH, each MCO individually contracts with Prime Therapeutics State Government Solutions, LLC (Prime) to provide PBM services for its Louisiana Medicaid members. Prime is not a subsidiary of the parent company of any of the six current MCOs.

PBM Revenue Streams

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 affect the data presented in this section. Effective May 1, 2019, these changes specifically limited contracts for PBM services to a transaction fee, based on a set rate established by LDH. The current maximum rate set by the Department is $1.25 per processed claim.

With the implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter into supplemental rebate agreements on drugs included in the single PDL, nor are they permitted to engage in spread pricing. For dates of service on and after May 1, 2019, MCOs and PBMs may collect rebates only on items not included in the single PDL, such as diabetes testing supplies.

Table 6 lists 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 for items not included on the single PDL. All amounts are reported on a cash basis in the month received or remitted. The period for collecting rebates by the PBM and remitting them to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected on items not included in the single PDL by the PBM or MCO are not remitted to the Department. However, these amounts are used by the actuary as a reduction in net pharmacy costs in calculating capitation rates.

Table 6: MCO PBM Revenues by Month, SFY 2025 Quarter 3[8]

	ABH	ACLA	HBL	HHH	LHCC	UHC
January 2025						
Transaction Fees Paid by MCO to PBM	$165,020	$123,702	-$688	$75,200	$443,423	$312,950
Rebates and Discounts Retained by the MCO or PBM	$0	$0	$0	$0	$0	$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	$0	$0	$0	$0	$0	$0
February 2025						
Transaction Fees Paid by MCO to PBM	$143,071	$299,700	$811,463	$130,481	$322,428	$337,382
Rebates and Discounts Retained by the MCO or PBM	$0	$0	$0	$0	$0	$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	$0	$0	$0	$0	$0	$0
March 2025						
Transaction Fees Paid by MCO to PBM	$158,591	$0	$3	$0	$354,288	$0
Rebates and Discounts Retained by the MCO or PBM	$0	$0	$0	$0	$0	$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	$0	$0	$0	$0	$0	$0
Quarter 3 Totals (January-March 2025)						
Transaction Fees Paid by MCO to PBM	$466,682	$423,402	$810,778	$205,681	$1,120,139	$650,332
Rebates and Discounts Retained by the MCO or PBM	$0	$0	$0	$0	$0	$0
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	$0	$0	$0	$0	$0	$0
SFY YTD (July 2024-March 2025)						
Transaction Fees Paid by MCO to PBM	$1,288,536	$1,246,876	$2,126,080	$567,405	$3,601,572	$2,801,631
Rebates and Discounts Retained by the MCO or PBM[9]	**($1,318)**	**$0**	**$248,525**	**$0**	**$59,901**	**$387,124**
Any Other Monies Retained by the PBM and not Reimbursed to Pharmacists	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Source: MCO self-reported, Report 054, template accessible at /ldh.la.gov/page/managed-care-report-deliverables

[8] May contain small amounts from prior contracted PBM due to adjustments.

[9] The negative amount reflects amount reported by prior contracted PBM in previous quarter.

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