



**Rider 159 Report:
Annual Performance
Report for the
Prescription Drug
Rebate Program**

**As Required by
Senate Bill (S.B.) 1,
85th Legislature, Regular
Session, 2017**

Health and Human Services

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Executive Summary

As directed in the 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 159(h)), HHSC submits the *Annual Performance Report for the Prescription Drug Rebate Program*. This report details the outstanding prescription drug rebate balances for the Texas Medicaid Program, Children's Health Insurance Program (CHIP), Kidney Health Care (KHC) Program, Children with Special Health Care Needs (CSHCN) Services Program and the Healthy Texas Women (HTW) Program. HHSC's Vendor Drug Program (VDP) operates the formularies and oversees the contractor responsible for administration of the rebate programs for Medicaid, CHIP, KHC, CSHCN and HTW.

The report includes the prescription drug rebate outstanding principal and interest amounts, age of receivables, annual collection rates, billed amounts, dollar value of pricing and utilization adjustments, and dollars collected. This report includes a separate prescription drug rebate collection report for each managed care and fee-for-service (FFS) rebate program.

From calendar years 2013 through 2017, HHSC collected \$9,953,762,185.42 All Funds (AF) in principal for rebates—a collection rate of 99.36 percent. Interest collections were \$899,146 AF for 2013 through 2017.

Since 1991, the amount invoiced to manufacturers has increased over time due in part to HHSC staff working with the contracted entity, Conduent, to invoice for drugs administered by clinicians as well as those purchased at pharmacies. Targeted invoicing efforts have focused on compliance with national drug code (NDC) reporting on medical claims and encounters. The NDC, which identifies the specific drug administered, is required to collect rebates.

1. Introduction

Rider 159 requires HHSC to report annually on the outstanding prescription drug rebate balances for Medicaid, CHIP, KHC Programs, and the CSHCN Services Program. The report also includes rebate information about the HTW Program. There are 18 different active rebate programs, based on varying levels of federal funding match rates, and federal reporting requirements. The VDP operates the formularies and oversees the contractor, Conduent, responsible for administration of the rebate programs for HHSC programs and services.

To ensure readability and relevance, the 20 appendices include detailed rebate information for only the most recent five-year period, from calendar year 2013 through 2017. The calculations in the appendices reflect the separate data collection dates.

Each of the rebate programs include the following information for calendar years 2013 through 2017, as specified in Appendices A through T:

- Amounts billed;
- Cumulative dollar value of pricing and utilization adjustments;
- Dollars collected;
- Outstanding principal and interest; and
- Annual collection rates.

Rebate accounting is on an accrual basis and funds are allocated based on the calendar quarter in which the claims were originally paid. Rebate collections are subject to change due to manufacturers providing late or updated pricing information to the Centers for Medicare & Medicaid Services (CMS) or HHSC. This results in retroactive changes to rebate rates.

Additionally, collection rates can temporarily exceed 100 percent when manufacturers experience a pricing change after the end of the reporting period, and before they officially update the rebate rates the next quarter.

2. Background

Medicaid and CHIP prescription drug rebate revenue is the first source of funding used to pay fee-for-service pharmacy providers and capitation payments to MCOs. Rebate collections are reported on an accrual basis and are based on the calendar quarter in which the claims were originally paid. Collection amounts are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data for up to 12 calendar quarters after their initial submission to CMS.

Pharmacy Rebate Programs

Omnibus Budget Reconciliation Act of 1990 Rebate Programs

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) required drug manufacturers to enter into a contract (known as a national rebate agreement) with CMS. CMS requires participating states add contracted manufacturers' drugs to the state's Medicaid formulary. As part of this agreement, contracted manufacturers report their current product and pricing information to CMS within 30 days of the end of the calendar quarter and pay the agreed-upon rebate amount on quantities of products dispensed to a Medicaid-eligible person in an outpatient setting. The rebate amount is based on the manufacturers' reported product and pricing information. Medicaid pharmacy programs are required to include all of the contracted manufacturers' drug products in their Medicaid formularies and to submit invoices to manufacturers for rebate collection. States may also collect Medicaid rebates for drugs dispensed through CMS-approved Medicaid waivers. All states share the rebate revenue with CMS at the same rate as the Federal Medical Assistance Percentage (FMAP).

The Affordable Care Act (ACA) requires drug manufacturers to pay rebates for drugs dispensed to Medicaid members provided services through Medicaid MCOs and allows Medicaid to collect supplemental rebates on these managed care encounters. As required by S.B. 7, 82nd Legislature, First Called Session, 2011, HHSC included pharmacy services into the array of services provided by Medicaid MCOs, starting March 1, 2012. S.B. 7 also required MCOs to follow HHSC's Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL). Rebate programs for managed care began in August 2012. As more of the Medicaid population shifts to a

managed care delivery model, rebate revenue is also shifting to the managed care rebate programs outlined in Appendices H, I, J, K, L, O, and P.

Supplemental Rebate Program

In addition to the federally-mandated Medicaid OBRA '90 rebates, Texas implemented a Medicaid supplemental rebate program in January 2004, through which drug manufacturers provide services in lieu of cash (e.g., Program Benefit Agreement) to the Medicaid program. Drug manufacturers enter into supplemental rebate contracts with the Texas Medicaid Program to have their products considered for preferred status on the PDL. The HHSC Drug Utilization Review (DUR) Board recommends a drug's PDL status — designated as "preferred" or "non-preferred"—based on the safety, clinical effectiveness, and cost (including rebates) of the product. Non-preferred drugs do not have supplemental rebate contract with the Texas Medicaid Program, and require a prior authorization (PA) before dispensing. Preferred products do not require a PDL PA, although they may still require a clinical PA. A preferred status serves as an incentive to encourage drug manufacturers to participate in the Medicaid supplemental rebate program.

HHSC invoices and collects Medicaid supplemental rebates from manufacturers for their preferred products based on pharmacy claims submitted for people in FFS and managed care. These rebate dollars are also shared with CMS at the FMAP rate.

House Bill 1917, 85th Legislature, Regular Session, 2017, extended the statutory requirement for HHSC to maintain a single state-wide formulary for Medicaid and CHIP and a Medicaid PDL until August 31, 2023. This extension will allow the State to continue to maximize supplemental rebate revenue.

Medical Rebate Programs

Medical rebates are sometimes referred to as Physician-Administered Drugs, Clinician Administered Drugs (CAD) or 'J-Code Drugs,' which refers to the Healthcare Common Procedure Codes Set (HCPCS) used to bill for certain drugs administered in the outpatient setting. The Deficit Reduction Act of 2005 (DRA) updated the definition of a covered outpatient drug in the Social Security Act to include drugs administered by a physician in an outpatient (office/professional or institutional) setting. Like OBRA '90 rebates, medical rebates are collected for both FFS and managed care, and for all Medicaid programs (including waivers) and are shared with CMS at the program's FMAP.

Children’s Health Insurance Program Rebate Program

The CHIP rebate program is a voluntary program and the state shares the rebate revenue from the CHIP NSF program with CMS.

Other State Rebate Programs

A number of manufacturers also voluntarily participate in separate KHC, CSHCN, and HTW rebate programs. Rebate dollars collected for the KHC and CSHCN programs become the first source of funding for the respective state program budgets for use in their pharmacy programs. Drug rebates collected for the HTW program are returned to the state’s General Fund.

Quarterly Rebate Offset Amount

Section 2501 of the ACA increased the minimum federal Medicaid OBRA '90 rebate amount and required the state to remit 100 percent of the additional increase to CMS. This increased rebate established by the ACA is called the Quarterly Rebate Offset Amount (QROA). As of May 25, 2018, the QROA amount paid to CMS for all periods was \$647,748,549 AF. All collections in the report's tables and appendices include the QROA amounts returned to CMS. The table below includes the QROA amounts paid to CMS for 2013-2017.

Table 1. QROA Payments Associated with Rebate Invoices

Year	QROA
2013	\$77,035,961
2014	\$77,290,897
2015	\$79,908,449
2016	\$99,100,488
2017	\$97,640,146
Total	\$430,975,942

Rebate Process

CMS uses pricing data submitted by manufacturers to calculate the rebate rate and QROA and sends this data to states quarterly. In compliance with federal law, HHSC matches the CMS rate and utilization based on claims paid during the quarter.

HHSC sends invoices to the manufacturers within 60 days after the end of the calendar quarter. Manufacturers have 37 days to pay the balance before interest accrues. The following table illustrates the rebate process timeline.

Table 2. Rebate Process Timeline

Claims Paid	Invoices Sent	Payment Due
January–March (Q1)	May 30	July 7
April–June (Q2)	August 29	October 6
July–September (Q3)	November 29	January 6
October–December (Q4)	February 28	April 8

Manufacturers are required to calculate and pay rebates based on their most current pricing and sales information. The rebate rate can change between the time HHSC submits the invoices and the time the manufacturer makes payment. In those cases, the payments include price adjustments and differ from the invoiced amounts, which then appear as an under or overpayment in the rebate reporting system. For Medicaid rebates, the difference remains in the system until CMS receives the pricing changes from the manufacturer and transmits the changes to the state with their next quarterly update. Changes made after the original invoice, in either rates or utilization, may lead to a collection rate greater than a 100 percent.

Manufacturers can make retroactive price adjustments for up to 12 calendar quarters after their original submission to CMS. For CHIP and CSHCN, HHSC relies on manufacturers to provide rebate pricing information. If the data submitted by a manufacturer contains errors, the rebate amount per unit can be overstated or understated, and may result in large rebate adjustments when corrected. Utilization changes can also be retroactive.

Since manufacturers have the right to dispute the number of units a state invoices, they may withhold payment, pending resolution of the dispute. The most common reasons manufacturers cite for disputes are: (1) the state did not reimburse pharmacies at a rate that should cover the pharmacies' product cost, and (2) the manufacturer's sales records do not substantiate the number of units invoiced.

In Appendices A-T, the principal outstanding represents the total receivables, the difference between the adjusted billed amount and cumulative rebates collected. The principal outstanding is also based on the calendar year. Collection rates use the principal payments only.

3. Drug Rebate Collections

The following rebate collection amounts and collection rates reflect AF principal collected for calendar years 2013 through 2017.

Pharmacy Rebate Programs

Fee-for-Service Pharmacy Program

The FFS pharmacy claims are subject to CMS' federal Medicaid drug rebate program (OBRA '90). As shown in Appendix C, the collections totaled \$1,498,483,472 AF for the FFS Pharmacy Medicaid rebate program, which is a 99.61 percent principal collection rate.

As the Medicaid population continues to move from a FFS delivery model to a managed care model, the FFS pharmacy rebates are expected to decline over time with the drop in population. For example, the Breast and Cervical Cancer Program was carved into managed care in September 2017 resulting in a drop in the FFS pharmacy rebate invoice for the fourth calendar quarter.

Fee-for-Service Supplemental Rebate Program

The Medicaid supplemental rebate rate is particularly fluid because it is dependent on the Medicaid OBRA '90 rebate rate. Retroactive manufacturer price changes can affect the Medicaid OBRA '90 rebate rates. This causes a change in the amount owed in the Medicaid supplemental rebate program. Retroactive pricing adjustments cause manufacturers to reallocate their payments between the Medicaid OBRA '90 rebates and Medicaid supplemental rebates. The debits and credits will eventually balance but may take as long as three years to resolve due to the retroactivity described above.

HHSC has collected \$125,828,573 AF in Medicaid supplemental rebates (Appendix D). Collection rates for Medicaid supplemental rebates should be at the same rate as the federal Medicaid OBRA '90 rebates. The current collection rate is 96.52 percent.

Fee-for-Service Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

The Enhanced Federal Match Assistance Percentage (EFMAP) Rebate Program is a combination of the Medicaid waiver for Qualified Aliens (QA) (established in 2011) and Medicaid expansion CHIP (M-CHIP). The M-CHIP program, required by the ACA, shifted CHIP children ages six to 18 with incomes between 100 and 133 percent federal poverty level to Medicaid in 2014. The EFMAP rebate programs cover many of the people previously covered under CHIP and qualifies for the CMS enhanced federal match.

As shown in Appendix E, the collections totaled \$6,919,889 AF for the EFMAP rebate program, which is a 97.30 percent principal collection rate. The collection rate for this new combined program will continue to increase as drug manufacturers update their systems to include this program.

Fee-for-Service Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program

The EFMAP rebate programs are subject to both the PDL and to supplemental drug rebates. HHSC has collected \$719,844 AF. As with the base EFMAP rebate program, manufacturers have been slow to update their systems for this new program, resulting in a 100.37 percent principal collection rate, as shown in Appendix F. HHSC anticipates outstanding amounts will be paid when the manufacturers update their systems.

Fee-for-Service Breast and Cervical Cancer Program Rebate Program

Medicaid for Breast and Cervical Cancer Program (MBCC) is an optional coverage group. While the MBCC program qualifies for enhanced federal match, it is separate from the other EFMAP rebate programs listed above due to federal reporting requirements.

As shown in Appendix G, the rebate principal collections totaled \$67,811,265 AF for the BCCP pharmacy program, which is a 97.66 percent principal collection rate.

Managed Care Organization Pharmacy Program

With the implementation of the ACA, managed care pharmacy encounters are now subject to CMS' federal Medicaid drug rebate program. As shown in Appendix H, the collections totaled \$6,907,101,903 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99.01 percent principal collection rate.

Managed Care Organization Pharmacy Supplemental Rebate Program

MCOs are required to follow the state's PDL. HHSC has collected \$649,423,265 AF in Medicaid managed care supplemental rebates (see Appendix I). The current principal collection rate is 100.24 percent.

Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

As shown in Appendix J, the collections totaled \$185,262,000 AF for the managed care EFMAP rebate program. The principal collection rate is 98.89 percent.

Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program

As shown in Appendix K, the collections totaled \$23,125,529 AF for the MCO EFMAP Supplemental rebate program. The principal collection rate is 97.89 percent. Like the base EFMAP program, manufacturers have been slow to update their systems for this new program. When the manufacturers do update their systems, the outstanding amounts will be paid.

Managed Care Breast and Cervical Cancer Program Rebate Program

The MCO Breast and Cervical Cancer Program (MCO BCCP) is an optional coverage group that transferred on September 1, 2017 from FFS coverage to MCO coverage, creating a new rebate program. A shift in rebate funds collected occurred starting in the fourth calendar quarter of 2017.

As shown in Appendix L, the collections totaled \$2,365,892 AF for the MCO BCCP pharmacy program, which is a 69.46 percent principal collection rate. Because of the shift from FFS to MCO rebate programs, manufacturers were required to

reprogram their systems, and lower than normal collection rates for MCO BCCP program occurred.

Medical Rebate Programs

HHSC has been invoicing and collecting federal Medicaid rebates for outpatient drugs provided in a physician's office, clinic, or hospital outpatient setting since 2003. VDP pays for pharmacy-dispensed drugs identified by their NDC. Texas' acute care claims administrator vendor pays for drugs administered in an outpatient medical setting. A drug product identified by a single HCPCS code may refer to one or many NDCs. The unit of measure for the HCPCS code is different from that used for NDCs, and are converted into NDC units for rebate invoicing. This causes drug manufacturers to dispute a larger portion of their invoices and results in a lower collection rate.

Fee-for-Service Clinician Administered Drug Rebate Program

Beginning January 1, 2008, as part of the DRA, physicians' offices, hospitals, and clinics were required to submit the NDC of the specific drug administered in addition to the HCPCS code. HHSC made significant system changes and created a NDC-to-HCPCS crosswalk that has assisted with the enforcement of the DRA requirement.

HHSC has collected \$163,339,452 AF in rebates for Clinician Administered Drugs (CADs) (see Appendix M), and the principal collection rate is 97.50 percent. There has been an increase in collections because of increased NDC enforcement. However, the differences between HCPCS units and NDC units keeps the collection rate for CAD rebate programs lower than other programs.

Fee-for-Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

With the ACA, some children previously covered by CHIP became eligible for the M-CHIP program. Through this move, the State was able to maintain the CMS enhanced federal match. FFS covered claims for the M-CHIP people under the FFS EFMAP rebate programs while they choose an MCO.

HHSC has collected \$59,144 AF in rebates for FFS EFMAP CADs (see Appendix N), and the principal collection rate is 81.29 percent.

Managed Care Organization Clinician Administered Drug Rebate Program

The ACA requires drug manufacturers to pay rebates for drugs dispensed to Medicaid beneficiaries who receive care through a Medicaid MCO. In March 2015, CMS provided guidance that states could pursue rebates for claims once covered under a capitated arrangement between the MCO and the provider.

HHSC collected \$156,986,438 AF in MCO CAD rebates (see Appendix O) and the principal collection rate is 98.95 percent. Recent increased efforts by the State to educate providers on the proper way to convert HCPCS to NDC units are beginning to show results as billed amounts and collections are increasing.

Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

MCO EFMAP CAD rebates resulted in collections of \$1,885,546 AF (see Appendix P). Because this is a relatively new rebate program, the current principal collection rate is 65.07 percent. The lower than normal collection rate is due to manufacturers that have been slow to update their systems for this new program. When the manufacturers do update their systems, the outstanding amounts will be paid.

Children's Health Insurance Program Rebate Program

The CHIP rebate program is a voluntary state rebate program that began in March 2002. Because of the Medicaid "best price" requirements included in Section 1927 of the Social Security Act, CHIP rebate rates are below the Medicaid rates to protect manufacturer's Medicaid best price and incentivize participation.

For the CHIP rebate program, manufacturers are required to report rebate pricing to HHSC on a quarterly basis. If a manufacturer fails to comply with price reporting requirements, HHSC mails an invoice reporting the utilization of each NDC, but the invoice does not include the amount due because there is no reported current rate in the system and it defaults to zero. Pursuant to the terms of the contract, the manufacturer is responsible for calculating and paying the rebate amount. As a result, it appears in the rebate system as though HHSC has been overpaid (greater than 100 percent collections) until the manufacturer corrects and provides the

pricing data from the previous quarter. If a manufacturer's pricing file contains errors, it could result in large price adjustments when corrected. This was the case in all five quarters represented in Appendix Q.

CHIP is divided into two subprograms, depending on the funding source: the federally-matched NSF program and the SF program for qualified aliens (QA) and M-CHIP. The ACA shifted the number of children eligible for CHIP and moved them into Medicaid and the EFMAP programs in 2014.

Children's Health Insurance Program National and State-Funded

For the CHIP NSF program, HHSC has collected \$111,057,928 AF in rebates (Appendix Q), and the principal collection rate is 131.76 percent. The principal collection rate is dependent on the manufacturers sending in their rates for invoicing. When the state does not receive the rebate rates, the collection rates will be more than 100 percent.

Children's Health Insurance Program State Funded (CSF)

QAs, previously covered by the GR-funded CHIP SF rebate program moved to the Medicaid QA Waiver in 2011. Therefore, this rebate program ended prior to October 2012, and no longer falls within the five-year reporting period.

State-Only Rebate Programs

Children with Special Health Care Needs Services Program

The CSHCN Services program began collecting voluntary rebates in 1997. The program, however, does not meet the CMS definition of a regular rebate program or of a State Pharmaceutical Assistance Program (SPAP). Therefore, its rebate rates are limited, as is the case in CHIP. HHSC continues to send zero-rate utilization invoices for which the manufacturers are responsible for calculation and payment. If a manufacturer fails to submit rates but pays the invoice, the outstanding balance in the system appears to be a credit to the manufacturer (a greater than 100 percent collections rate) until the manufacturer submits the required rates. This was the case in three of the five quarters represented in Appendix R.

Total collections for the CSHCN rebate program were \$5,291,655 GR (see Appendix R). The principal collection rate is 99.95 percent.

Kidney Health Care Program

The KHC rebate program is a voluntary program started in 1997. Because KHC qualifies as an SPAP under Section 1927 of the Social Security Act, the state is able to use the same rebate rates as Medicaid for participating manufacturers. The ACA changes that increased the Medicaid rates also increased KHC rebates.

HHSC has collected \$44,271,264 GR in KHC drug rebates (see Appendix S). The principal collection rate is 99.73 percent.

Healthy Texas Women's Program

HHSC fully implemented the GR-funded HTW on January 1, 2013. The program covers contraception and certain other medications for women who meet specific eligibility criteria. The program is an SPAP under Section 1927 of the Social Security Act. The state is able to use the same rebate rates as Medicaid for participating manufacturers, without jeopardizing the manufacturers' Medicaid rate. In 2013, HHSC reached out to the manufacturers of long-acting reversible contraception products to seek drug rebates to help offset costs. Three manufacturers agreed to participate in this rebate program. To date, HHSC has collected \$4,728,271 GR in rebates (see Appendix T) and the principal collection rate is 90.89 percent.

4. Conclusion

This report reflects rebates collected as of April 30, 2018. Rebates are tracked on an accrual basis, and are tied to the calendar year in which the claim was originally paid. Rebate revenue increased as a percent of expenditures for this reporting period due in part to increases in CMS rebate rates.

HHSC staff are working with the contracted entity, Conduent, to collect outstanding balances. Projects to resolve the outstanding balances have included: focusing on rebate programs no longer in effect; targeting specific manufacturers with large outstanding balances; educating manufacturers about all of the rebate programs with CMS approvals so invoices are paid timely; and converting the CAD units of measure into rebate units of measures prior to invoicing in order to minimize disputes.

It is important to note collection rates are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data for up to 12 quarters. Manufacturers regularly provide late or updated pricing information to CMS or HHSC. These updates to pricing information may retroactively change the rebate rates. Additionally, collection rates can exceed 100 percent when manufacturers report pricing changes after the end of the reporting period or before they officially update the rebate rates the next quarter.

5. List of Acronyms

Acronym	Full Name
ACA	Affordable Care Act
AF	All Funds
BCCP	Breast and Cervical Cancer Program
CAD	Clinician Administered Drugs
CHIP	Children's Health Insurance Program
CMS	Center for Medicare and Medicaid Services
CNSF	CHIP National and State-Funded
CSF	CHIP State Funded
CSHCN	Children with Special Health Care Services Needs
DRA	Deficit Reduction Act of 2005
DUR	Drug Utilization Review
EFMAP	Enhanced Federal Medical Assistance Percentage
FFS	Fee for Service
FMAP	Federal Medical Assistance Percentage
GR	General Revenue

Acronym	Full Name
H.B.	House Bill
HHSC	Health and Human Services Commission
HCPCS	Healthcare Common Procedure Codes Set
HTW	Healthy Texas Women Program
KHC	Kidney Health Care Program
MCHIP	Medicaid Children's Health Insurance Program
MCO	Managed Care Organization
NDC	National Drug Code
NSF	National-State Funded
OBRA ' 90	Omnibus Budget Reconciliation Act of 1990
PA	Prior Authorization
PDL	Preferred Drug List
QA	Qualified Aliens
QROA	Quarterly Rebate Offset Amount
S.B.	Senate Bill
SF	State Funded
SPAP	State Pharmaceutical Assistance Program

Acronym

Full Name

VDP

Vendor Drug Program

Appendix A. Summary by Calendar Year

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹

Year	Amounts Billed				Collections			Outstanding Balances		Collection Rates for Principal		
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections		Outstanding Principal	Outstanding Interest
2013	\$2,010,541,357	(\$5,213,066)	(\$441,336,839)	(\$291)	\$1,563,991,162	\$1,552,965,202	\$1,554,369,434	\$52,165	\$1,554,421,599	\$9,621,727	\$17,025,826	99.38%
2014	1,843,409,535	(1,025,187)	(12,765,327)	(561)	1,829,618,460	1,827,397,555	1,834,129,995	34,740	1,834,164,735	(4,511,535)	6,256,269	100.25%
2015	2,056,575,788	(29,911,859)	28,965,765	(253)	2,055,629,441	2,055,256,397	2,054,972,408	106,231	2,055,078,639	657,033	4,130,065	99.97%
2016	2,291,624,171	3,085,097	(44,574,009)	(59)	2,250,135,200	2,224,869,608	2,258,188,030	365,116	2,258,553,146	(8,052,830)	858,935	100.36%
2017	2,302,615,710	21,218,117	(5,195,728)	0	2,318,638,099	553,595,292	2,252,102,318	340,894	2,252,443,212	66,535,781	0	97.13%
TOTALS	\$10,504,766,561	(\$11,846,897)	(\$474,906,138)	(\$1,164)	\$10,018,012,362	\$8,214,084,054	\$9,953,762,185	\$899,146	\$9,954,661,332	\$64,250,176	\$28,271,095	99.36%

¹ Financial data in table is rounded to the nearest dollar.

Appendix B. Summary by Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018²

Amounts Billed					Collections				Outstanding Balances			
Program	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
PHARMACY REBATES												
FFS Pharmacy	\$1,517,001,752	\$3,352,556	(\$16,060,337)	\$1	\$1,504,293,973	\$1,449,489,770	\$1,498,407,669	\$75,803	\$1,498,483,472	\$5,886,303	\$963,438	99.61%
FFS Pharmacy Supplemental	132,216,435	(37,622,841)	35,766,890	0	130,360,483	121,704,813	125,825,736	2,838	125,828,573	4,534,747	630,722	96.52%
FFS EFMAP Pharmacy	7,091,282	74,446	(59,081)	0	7,106,647	5,266,435	6,914,979	4,910	6,919,889	191,668	3,132	97.30%
FFS EFMAP Pharmacy Supplemental	711,949	8,593	(3,401)	0	717,142	547,566	719,769	76	719,844	(2,627)	1,152	100.37%

² Financial data in table is rounded to the nearest dollar.

Program	Amounts Billed				Collections				Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
FFS BCCP	63,264,375	225,204	5,922,665	0	69,412,244	50,617,552	67,791,194	20,071	67,811,265	1,621,049	112,367	97.66%
MCO Pharmacy	7,451,290,161	27,981,892	(503,422,937)	6	6,975,849,122	5,525,457,552	6,906,562,853	539,049	6,907,101,903	69,286,269	18,591,399	99.01%
MCO Pharmacy Supplemental	659,970,351	(15,544,429)	3,332,809	0	647,758,731	535,178,080	649,344,081	79,185	649,423,265	(1,585,349)	3,976,454	100.24%
MCO EFMAP Pharmacy	186,345,201	1,708,101	(781,557)	0	187,271,745	138,746,685	185,195,372	66,629	185,262,000	2,076,374	213,883	98.89%
MCO EFMAP Pharmacy Supplemental	23,804,470	(1,290,101)	1,105,703	0	23,620,072	17,912,424	23,122,819	2,710	23,125,529	497,252	82,284	97.89%
MCO BCCP	3,399,566	0	6,240	0	3,405,806	0	2,365,787	105	2,365,892	1,040,019	0	69.46%
MEDICAL REBATES (CAD)												
FFS CAD	184,035,614	593,399	(17,139,590)	0	167,489,423	132,075,401	163,301,736	37,716	163,339,452	4,187,687	1,321,019	97.50%
FFS EFMAP CAD	46,249	503	25,997	0	72,749	45,299	59,141	4	59,144	13,608	1	81.29%
MCO CAD	133,783,213	3,160,599	21,659,840	(0)	158,603,652	113,187,808	156,945,535	40,903	156,986,438	1,658,117	2,313,516	98.95%
MCO EFMAP CAD	2,356,667	2,815	538,188	0	2,897,670	310,437	1,885,438	107	1,885,546	1,012,232	29	65.07%

Amounts Billed					Collections				Outstanding Balances			
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CHIP REBATES

Program	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
CHIP - NSF	85,921,008	(218,553)	(4,608,116)	(1,128)	84,270,741	79,212,709	111,033,298	24,630	111,057,928	(26,762,557)	3,881	131.76%
CHIP - SF	0	0	0	0	0	0	0	0	0	0	0	-

STATE-ONLY REBATES

CSHCN	4,241,952	1,755,077	(702,930)	(43)	5,294,056	4,390,671	5,291,532	123	5,291,655	2,524	170	99.95%
KHC	43,998,314	774,689	(383,342)	0	44,389,661	37,404,133	44,270,588	676	44,271,264	119,073	53,394	99.73%
Healthy Texas Women	5,288,002	13,620	(103,178)	0	5,198,444	2,536,720	4,724,659	3,612	4,728,271	473,786	4,254	90.89%
Totals	\$10,504,766,561	(\$15,024,429)	(\$474,906,138)	(\$1,164)	\$10,018,012,362	\$8,214,084,054	\$9,953,762,185	\$899,146	\$9,954,661,332	\$64,250,176	\$28,271,095	99.36%

Appendix C. Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018³

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$348,365,118	(\$1,045,627)	(\$5,443,106)	(\$2)	\$341,876,383	\$335,086,710	\$334,968,150	\$5,097	\$334,973,247	\$6,908,233	\$335,996	97.98%
2014	387,739,417	(357,314)	1,815,545	3	389,197,652	391,630,308	390,920,679	(3,641)	390,917,038	(1,723,027)	418,090	100.44%
2015	371,286,232	3,933,254	(4,904,283)	0	370,315,203	370,834,631	370,905,414	13,181	370,918,595	(590,211)	45,101	100.16%
2016	340,957,982	42,362	(6,862,832)	0	334,137,512	332,473,389	334,152,633	41,007	334,193,640	(15,121)	164,251	100.00%
2017	68,653,003	779,882	(665,661)	0	68,767,224	19,464,732	67,460,794	20,159	67,480,953	1,306,431	0	98.10%
Totals	\$1,517,001,752	\$3,352,556	(\$16,060,337)	\$1	\$1,504,293,973	\$1,449,489,770	\$1,498,407,669	\$75,803	\$1,498,483,472	\$5,886,303	\$963,438	99.61%

³ Financial data in table is rounded to the nearest dollar.

Appendix D. Medicaid Fee for Service Pharmacy Supplemental Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁴

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$34,446,774	(\$62,990)	(\$646,469)	\$0	\$33,737,315	\$32,641,891	\$32,637,931	\$295	\$32,638,226	\$1,099,385	\$71,191	96.74%
2014	33,397,456	(150,218)	(479,303)	0	32,767,935	31,977,097	32,059,186	56	32,059,242	708,749	92,903	97.84%
2015	30,857,729	(37,402,937)	37,415,255	0	30,870,047	30,056,227	30,017,211	622	30,017,833	852,836	436,314	97.24%
2016	26,806,926	189,794	(347,154)	0	26,649,566	25,133,413	25,352,923	1,428	25,354,351	1,296,643	30,314	95.13%
2017	6,707,550	(196,490)	(175,440)	0	6,335,619	1,896,185	5,758,486	436	5,758,922	577,134	0	90.89%
Totals	\$132,216,435	(\$37,622,841)	\$35,766,890	\$0	\$130,360,483	\$121,704,813	\$125,825,736	\$2,838	\$125,828,573	\$4,534,747	\$630,722	96.52%

⁴ Financial data in table is rounded to the nearest dollar.

Appendix E. Medicaid Fee for Services Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁵

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$128,207	\$102	(\$358)	\$0	\$127,951	\$120,258	\$120,165	\$13	\$120,178	\$7,786	\$409	93.92%
2014	232,437	5,017	2,816	0	240,270	238,612	237,981	7	237,988	2,289	301	99.05%
2015	2,147,894	42,737	(17,216)	0	2,173,416	2,127,693	2,130,788	344	2,131,132	42,628	1,812	98.04%
2016	2,534,027	(5,840)	(27,462)	0	2,500,725	2,229,767	2,478,879	3,327	2,482,206	21,845	610	99.13%
2017	2,048,717	32,429	(16,860)	0	2,064,286	550,104	1,947,165	1,219	1,948,384	117,121	0	94.33%
Totals	\$7,091,282	\$74,446	(\$59,081)	\$0	\$7,106,647	\$5,266,435	\$6,914,979	\$4,910	\$6,919,889	\$191,668	\$3,132	97.30%

⁵Financial data in table is rounded to the nearest dollar.

Appendix F. Medicaid Fee For Service Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁶

Year	Amounts Billed				Collections			Outstanding Balances		Collection Rates for Principal		
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections		Outstanding Principal	Outstanding Interest
2013	\$0	\$6	\$0	\$0	\$6	\$12,748	\$12,817	\$1	\$12,817	(\$12,811)	\$45	206392.59%
2014	10,227	116	133	0	10,475	23,519	23,693	1	23,694	(13,217)	27	226.18%
2015	278,603	5,578	(1,047)	0	283,134	264,603	264,397	13	264,409	18,737	905	93.38%
2016	193,168	4,727	(702)	0	197,193	187,535	197,893	29	197,921	(700)	175	100.35%
2017	229,952	(1,833)	(1,786)	0	226,333	59,160	220,969	33	221,002	5,364	0	97.63%
Totals	\$711,949	\$8,593	(\$3,401)	\$0	\$717,142	\$547,566	\$719,769	\$76	\$719,844	(\$2,627)	\$1,152	100.37%

⁶ Financial data in table is rounded to the nearest dollar.

Appendix G. Medicaid Fee for Service Breast and Cervical Cancer Program Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁷

Year	Amounts Billed					Collections			Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$130,688	(\$70,585)	\$6,938,339	\$0	\$6,998,443	\$6,264,289	\$6,698,782	\$1,472	\$6,700,254	\$299,661	\$5,018	95.72%
2014	9,766,086	190,704	5,437,043	0	15,393,833	9,317,748	14,688,244	4,970	14,693,214	705,589	20,633	95.42%
2015	14,336,540	39,705	(2,704,313)	0	11,671,932	11,647,702	11,574,713	2,611	11,577,324	97,218	81,126	99.17%
2016	19,569,733	11,908	(1,189,690)	0	18,391,951	17,891,677	18,148,226	5,711	18,153,937	243,725	5,589	98.67%
2017	19,461,329	53,471	(2,558,715)	0	16,956,085	5,496,135	16,681,229	5,307	16,686,536	274,856	0	98.38%
Totals	\$63,264,375	\$225,204	\$5,922,665	\$0	\$69,412,244	\$50,617,552	\$67,791,194	\$20,071	\$67,811,265	\$1,621,049	\$112,367	97.66%

⁷Financial data in table is rounded to the nearest dollar.

Appendix H. Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁸

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$1,438,870,798	(\$4,650,945)	(\$436,292,836)	\$4	\$997,927,021	\$992,391,571	\$992,771,217	\$28,364	\$992,799,580	\$5,155,805	\$14,258,645	99.48%
2014	1,187,710,945	(880,137)	(9,050,386)	0	1,177,780,423	1,177,546,128	1,177,653,659	4,596	1,177,658,255	126,764	2,859,226	99.99%
2015	1,365,084,479	13,576,679	(17,138,698)	(0)	1,361,522,459	1,357,555,961	1,356,343,670	55,435	1,356,399,104	5,178,789	1,203,117	99.62%
2016	1,584,701,982	242,287	(33,822,122)	2	1,551,122,149	1,542,124,669	1,547,769,649	209,200	1,547,978,849	3,352,500	270,410	99.78%
2017	1,874,921,957	19,694,008	(7,118,895)	0	1,887,497,070	455,839,222	1,832,024,659	241,456	1,832,266,115	55,472,411	0	97.06%
Totals	\$7,451,290,161	\$27,981,892	(\$503,422,937)	\$6	\$6,975,849,122	\$5,525,457,552	\$6,906,562,853	\$539,049	\$6,907,101,903	\$69,286,269	\$18,591,399	99.01%

⁸ Financial data in table is rounded to the nearest dollar.

Appendix I. Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018⁹

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$110,407,276	(\$69,174)	\$1,503,543	\$0	\$111,841,644	\$112,690,813	\$112,747,719	\$5,417	\$112,753,136	(\$906,075)	\$1,643,996	100.81%
2014	117,863,044	(923,775)	(745,767)	0	116,193,502	116,529,026	116,940,118	9,828	116,949,946	(746,615)	1,030,740	100.64%
2015	133,861,616	(12,642,022)	9,913,681	0	131,133,275	131,394,071	131,101,274	11,583	131,112,857	32,001	1,103,844	99.98%
2016	148,085,318	2,306,971	(4,827,976)	0	145,564,313	144,572,019	145,661,751	33,605	145,695,356	(97,438)	197,873	100.07%
2017	149,753,098	(4,216,429)	(2,510,672)	0	143,025,997	29,992,150	142,893,219	18,752	142,911,971	132,778	0	99.91%
Totals	\$659,970,351	(\$15,544,429)	\$3,332,809	\$0	\$647,758,731	\$535,178,080	\$649,344,081	\$79,185	\$649,423,265	(\$1,585,349)	\$3,976,454	100.24%

⁹ Financial data in table is rounded to the nearest dollar.

Appendix J. Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹⁰

Year	Amounts Billed					Collections			Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$1,996,444	\$23,365	\$59,118	\$0	\$2,078,927	\$1,943,691	\$1,973,425	\$1,117	\$1,974,542	\$105,502	\$29,658	94.93%
2014	2,714,015	4,016	96,809	0	2,814,841	2,712,676	2,734,532	47	2,734,579	80,309	23,685	97.15%
2015	53,076,346	863,160	(415,810)	0	53,523,696	54,741,065	54,790,037	9,775	54,799,812	(1,266,341)	113,253	102.37%
2016	63,618,614	(77,270)	(552,842)	0	62,988,502	62,939,591	63,779,096	28,604	63,807,699	(790,594)	47,288	101.26%
2017	64,939,782	894,830	31,168	0	65,865,780	16,409,662	61,918,282	27,086	61,945,369	3,947,497	0	94.01%
Totals	\$186,345,201	\$1,708,101	(\$781,557)	\$0	\$187,271,745	\$138,746,685	\$185,195,372	\$66,629	\$185,262,000	\$2,076,374	\$213,883	98.89%

¹⁰ Financial data in table is rounded to the nearest dollar.

Appendix K. Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹¹

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$231,648	\$647	\$4,839	\$0	\$237,134	\$233,198	\$235,466	\$16	\$235,483	\$1,667	\$720	99.30%
2014	326,681	3,036	5,864	0	335,580	338,135	340,615	17	340,632	(5,034)	614	101.50%
2015	7,663,648	(1,107,400)	1,137,619	0	7,693,867	7,418,284	7,570,001	431	7,570,432	123,867	68,619	98.39%
2016	8,609,712	(18,164)	(43,526)	0	8,548,022	8,345,974	8,620,036	2,154	8,622,190	(72,014)	12,330	100.84%
2017	6,972,781	(168,220)	907	0	6,805,468	1,576,833	6,356,702	91	6,356,793	448,767	0	93.41%
Totals	\$23,804,470	(\$1,290,101)	\$1,105,703	\$0	\$23,620,072	\$17,912,424	\$23,122,819	\$2,710	\$23,125,529	\$497,252	\$82,284	97.89%

¹¹ Financial data in table is rounded to the nearest dollar.

Appendix L. Managed Care Breast and Cervical Cancer Program Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹²

Year	Amounts Billed					Collections			Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
2013	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2014	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	52	0	52	0	14	0	14	38	0	26.41%
2017	3,399,566	0	6,188	0	3,405,754	0	2,365,773	105	2,365,878	1,039,981	0	69.46%
Totals	\$3,399,566	\$0	\$6,240	\$0	\$3,405,806	\$0	\$2,365,787	\$105	\$2,365,892	\$1,040,019	\$0	69.46%

¹² Financial data in table is rounded to the nearest dollar.

Appendix M. Medicaid Fee for Service Clinician Administered Drug Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹³

Year	Amounts Billed					Collections			Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2013	\$25,310,385	(\$68,671)	(\$447,348)	\$0	\$24,794,366	\$24,609,877	\$25,058,748	\$924	\$25,059,673	(\$264,382)	\$286,664	101.07%
2014	51,005,028	259,736	(13,490,447)	0	37,774,317	36,924,395	37,915,733	17,710	37,933,443	(141,416)	632,947	100.37%
2015	27,821,234	124,134	1,850,400	0	29,795,767	27,983,875	28,265,103	3,593	28,268,696	1,530,665	343,788	94.86%
2016	37,422,819	14,808	(1,592,431)	0	35,845,196	34,199,986	34,590,147	8,831	34,598,978	1,255,049	57,620	96.50%
2017	42,476,149	263,392	(3,459,764)	0	39,279,777	8,357,269	37,472,005	6,658	37,478,663	1,807,772	0	95.40%
Totals	\$184,035,614	\$593,399	(\$17,139,590)	\$0	\$167,489,423	\$132,075,401	\$163,301,736	\$37,716	\$163,339,452	\$4,187,687	\$1,321,019	97.50%

¹³ Financial data in table is rounded to the nearest dollar.

Appendix N. Medicaid Fee for Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹⁴

Year	Amounts Billed				Collections			Outstanding Balances			Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$1	\$0	\$17,770	\$0	\$17,772	\$3	\$10,062	\$1	\$10,063	\$7,710	\$0	56.62%
2014	16,054	(86)	8,335	0	24,304	15,723	19,059	3	19,062	5,245	0	78.42%
2015	28,964	583	(97)	0	29,450	29,467	29,467	0	29,467	(17)	0	100.06%
2016	726	(0)	(3)	0	723	88	88	0	88	635	0	12.15%
2017	504	6	(9)	0	501	18	465	0	465	36	0	92.73%
Totals	\$46,249	\$503	25,997	\$0	72,749	\$45,299	\$59,141	\$4	\$59,144	13,608	\$1	81.29%

¹⁴ Financial data in table is rounded to the nearest dollar.

Appendix O. Medicaid Managed Care Organization Clinician Administered Drug Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹⁵

Year	Amounts Billed				Collections				Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2013	\$17,912,188	(\$21,149)	(\$2,937,570)	\$0	\$14,953,469	\$13,765,917	\$13,949,002	\$8,453	\$13,957,456	\$1,004,466	\$371,697	93.28%
2014	21,242,477	278,375	4,248,780	0	25,769,631	22,879,334	23,577,974	1,038	23,579,012	2,191,657	1,150,265	91.50%
2015	27,302,313	2,632,004	4,209,635	0	34,143,951	31,879,101	32,794,598	6,081	32,800,679	1,349,354	727,865	96.05%
2016	35,001,783	(33,226)	4,957,680	(0)	39,926,237	38,956,226	47,130,793	17,585	47,148,377	(7,204,556)	63,689	118.04%
2017	32,324,453	304,595	11,181,316	0	43,810,364	5,707,230	39,493,168	7,746	39,500,914	4,317,196	0	90.15%
Totals	\$133,783,213	\$3,160,599	\$21,659,840	(\$0)	\$158,603,652	\$113,187,808	\$156,945,535	\$40,903	\$156,986,438	\$1,658,117	\$2,313,516	98.95%

¹⁵ Financial data in table is rounded to the nearest dollar.

Appendix P. Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹⁶

Year	Amounts Billed					Collections			Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2013	\$11,421	(\$125)	\$8,044	\$0	\$19,339	\$26,717	\$26,729	\$3	\$26,733	(\$7,390)	\$20	138.21%
2014	20,501	59	28,472	0	49,032	44,085	46,278	3	46,281	2,754	2	94.38%
2015	98,794	2,265	29,942	0	131,001	75,304	99,516	6	99,522	31,485	5	75.97%
2016	108,687	(511)	62,759	0	170,934	148,857	149,368	8	149,376	21,566	1	87.38%
2017	2,117,265	1,128	408,970	0	2,527,363	15,474	1,563,547	87	1,563,634	963,816	0	61.86%
Totals	\$2,356,667	\$2,815	\$538,188	\$0	\$2,897,670	\$310,437	\$1,885,438	\$107	\$1,885,546	\$1,012,232	\$29	65.07%

¹⁶ Financial data in table is rounded to the nearest dollar.

Appendix Q. Children's Health Insurance Program - National & State Funded Rebate Program

For Calendar Years 2013 - 2017

All Funds as of April 30, 2018¹⁷

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2013	\$23,287,778	0	(\$3,305,027)	(\$293)	\$19,982,458	\$24,034,808	\$24,016,679	\$790	\$24,017,468	(\$4,034,220)	\$3,881	120.19%
2014	21,313,603	0	(663,156)	(521)	20,649,926	26,510,209	26,263,490	0	26,263,490	(5,613,564)	0	127.18%
2015	12,418,357	(110,003)	(283,210)	(252)	12,024,890	18,782,634	18,550,055	2,177	18,552,233	(6,525,165)	0	154.26%
2016	13,190,419	(108,550)	(203,504)	(62)	12,878,304	4,548,137	18,928,486	11,632	18,940,118	(6,050,182)	0	146.98%
2017	15,710,850	3,177,531	(153,219)	0	18,735,162	5,336,921	23,274,587	10,031	23,284,618	(4,539,425)	0	124.23%
Totals	\$85,921,008	(\$218,553)	(\$4,608,116)	(\$1,128)	\$84,270,741	\$79,212,709	\$111,033,298	\$24,630	\$111,057,928	(\$26,762,557)	\$3,881	131.76%

¹⁷ Financial data in table is rounded to the nearest dollar.

Appendix R. State Only Children with Special Health Care Needs Program

For Calendar Years 2013 - 2017

General Revenue Funds as of April 30, 2018¹⁸

Year	Amounts Billed				Collections				Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
2013	\$899,266	\$659,315	(\$669,333)	\$0	\$889,247	\$772,048	\$769,951	\$11	\$769,963	\$119,296	\$170	86.58%
2014	764,890	188,424	(5,975)	(43)	947,296	1,070,603	1,067,611	7	1,067,618	(120,315)	0	112.70%
2015	994,614	(72,367)	(8,832)	0	913,415	1,069,183	1,066,261	39	1,066,299	(152,846)	0	116.73%
2016	709,258	415,539	(3,856)	0	1,120,941	1,132,906	1,141,116	43	1,141,159	(20,174)	0	101.80%
2017	873,924	564,166	(14,934)	0	1,423,156	345,932	1,246,593	23	1,246,615	176,563	0	87.59%
Totals	\$4,241,952	\$1,755,077	(\$702,930)	(\$43)	\$5,294,056	\$4,390,671	\$5,291,532	\$123	\$5,291,655	\$2,524	\$170	99.95%

¹⁸ Financial data in table is rounded to the nearest dollar.

Appendix S. Kidney Health Care Program

For Calendar Years 2013 - 2017

General Revenue Funds as of April 30, 2018¹⁹

Year	Amounts Billed				Collections				Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2013	\$8,543,366	\$92,767	(\$126,446)	\$0	\$8,509,686	\$8,370,662	\$8,372,591	\$190	\$8,372,781	\$137,095	\$17,716	98.39%
2014	9,057,644	356,859	35,340	0	9,449,842	9,389,289	9,390,475	89	9,390,564	59,367	26,781	99.37%
2015	8,436,192	202,773	(130,201)	0	8,508,764	8,501,570	8,574,878	120	8,574,998	(66,113)	4,305	100.78%
2016	8,799,442	86,920	(89,272)	0	8,797,090	8,744,219	8,795,397	267	8,795,664	1,693	4,592	99.98%
2017	9,161,670	35,371	(72,762)	0	9,124,279	2,398,392	9,137,247	10	9,137,257	(12,968)	0	100.14%
Totals	\$43,998,314	\$774,689	(\$383,342)	\$0	\$44,389,661	\$37,404,133	\$44,270,588	\$676	\$44,271,264	\$119,073	\$53,394	99.73%

¹⁹ Financial data in table is rounded to the nearest dollar.

Appendix T. Healthy Texas Women's Program

For Calendar Years 2013 - 2017

General Revenue Funds as of April 30, 2018²⁰

Year	Amounts Billed					Collections			Outstanding Balances			Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest		
2013	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2014	229,031	0	(9,431)	0	219,600	250,667	250,667	9	250,676	(31,067)	53	114.15%	
2015	882,232	0	12,942	0	895,174	895,027	895,027	220	895,247	148	10	99.98%	
2016	1,313,577	13,342	(31,129)	0	1,295,790	1,241,154	1,291,536	1,686	1,293,222	4,254	4,192	99.67%	
2017	2,863,161	279	(75,560)	0	2,787,880	149,873	2,287,429	1,696	2,289,125	500,451		82.05%	
Totals	\$5,288,002	\$13,620	(\$103,178)	\$0	\$5,198,444	\$2,536,720	\$4,724,659	\$3,612	\$4,728,271	\$473,786	\$4,254	90.89%	

²⁰ Financial data in table is rounded to the nearest dollar.