



# **Annual Performance Report for the Prescription Drug Rebate Program**

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**As Required by  
House Bill 1, 86th Legislature,  
Regular Session, 2019 (Article  
II, Health and Human Services  
Commission, Rider 119)**

**Health and Human Services  
Commission**

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**TEXAS**  
Health and Human  
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## Executive Summary

As directed in the 2020-2021 General Appropriations Act, House Bill (H.B.) 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 119(j)), 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 administering 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<sup>1</sup>, billed amounts, the 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 2015 through 2019, HHSC collected \$10,939,630,951 All Funds (AF) in principal for rebates—a collection rate of 99 percent. Interest collections were \$2,000,513 AF for 2015 through 2019.

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<sup>1</sup> Annual collection rate is the total principal collected for each year from 2015 thru 2019 divided by the current value of the invoices for each year which creates an annual percentage collected.

# 1. Introduction

Rider 119 requires HHSC to report annually on the outstanding prescription drug rebate balances for Medicaid, CHIP, KHC Programs, and the CSHCN Services Program. There are 18 different active rebate programs with different federal funding match rates and federal reporting requirements. The HHSC VDP operates the formularies and oversees Conduent, the contractor responsible for administering the rebate programs for HHSC programs and services.

The 20 appendices include detailed rebate information for the most recent five-year period, calendar years 2015 through 2019. The calculations in the appendices reflect the separate data collection dates. Information on earlier years is available from HHSC by request.

Appendices A through T provide the following information for each rebate program for calendar years 2015 through 2019:

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

## 2. Background

Revenue from rebates for Medicaid and CHIP prescription drugs is the first source of funding used to pay FFS pharmacy providers and capitation payments to Managed Care Organizations (MCOs).

### Pharmacy Rebate Programs

#### Federal Rebate Programs

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) requires drug manufacturers to enter into a contract (known as a national drug rebate agreement) with the Centers for Medicare & Medicaid Services (CMS). CMS requires states that have opted to provide drug benefits to Medicaid recipients to add contracted manufacturers' drugs to the state's Medicaid formulary. As part of the national rebate agreement, contracted manufacturers agree to 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. 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 who receive services through Medicaid MCOs and allows state Medicaid programs to collect supplemental rebates on these managed care encounters. MCOs are also required to follow HHSC's Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL) and prohibited from negotiating or collecting rebates for products on the Medicaid formulary. The information on rebates collected based on managed care encounter date are outlined in appendices: H, I, J, K, L, O and P.

#### Supplemental Rebate Program

In addition to the federally mandated Medicaid OBRA '90 rebates, and as allowed by federal law, Texas has a Medicaid supplemental rebate program through which drug manufacturers provide cash rebates or services in lieu of cash rebates (e.g.,

Program Benefit Agreement) to the Medicaid program. Drug manufacturers enter 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 require a prior authorization (PA) before dispensing. Preferred products do not require a PDL PA, although they may still require a clinical PA to verify that a member's medical condition matches the clinical criteria for dispensing a requested drug. 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.

Texas Government Code section 533.005, as amended in 2017, extends the statutory requirement for HHSC to maintain a single statewide formulary for Medicaid and CHIP programs and a Medicaid PDL until August 31, 2023. This extension allows the State to continue to maximize supplemental rebate revenue.

## **Medical Rebate Programs**

The definition of a covered outpatient drug in the Social Security Act includes drugs administered by a physician in an outpatient (office/professional or institutional) setting. These drugs are referred to as Physician-Administered Drugs, Clinician Administered Drugs (CAD), or “J-Code Drugs” (the term “J-code” refers to the Healthcare Common Procedure Codes Set [HCPCS] used to bill for physician-administered drugs or CADS). Rebates on these drugs are called “medical rebates,” and, like federal rebates, medical rebates are collected for both FFS and managed care, 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. The state and federal government provide funding for the Texas CHIP program. All funds collected from rebates for this program are shared with the federal government based on a matching percentage.

## 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. For the years in this report, the HTW drug rebates collected are returned to the state's General Fund. The HTW program became part of Medicaid in January 2020, and this change will be reflected in future reports.

## Quarterly Rebate Offset Amount

Section 2501 of the ACA increased the minimum federal Medicaid OBRA '90 rebate amount and requires 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 April 30, 2020, the QROA amount paid to CMS for all periods was \$453,105,715 AF. All collections in the report's tables and appendices include the QROA amounts returned to CMS. The table below lists the QROA amounts paid to CMS for 2015-2019 calendar years.

**Table 1. QROA Payments Associated with Rebate Invoices**

Year	QROA
2015	\$72,886,890
2016	\$90,174,654
2017	\$98,137,052
2018	\$93,906,970
2019	\$98,000,149
<b>Total</b>	<b>\$453,105,715</b>

## 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, the HHSC rebate system takes the utilization (number of drug units paid for by Medicaid and other programs) and multiplies it times the rate determined by CMS from the quarterly submission of Average Manufacturer Price (AMP) by the manufacturer. The total is the amount the manufacturer is invoiced. 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**

<b>Claims Paid in Calendar Month</b>	<b>Invoices Mailed</b>	<b>Payment Due</b>
<b>January–March (Q1)</b>	May 30	July 7
<b>April–June (Q2)</b>	August 29	October 6
<b>July–September (Q3)</b>	November 29	January 6
<b>October–December (Q4)</b>	March 1	April 8

Rebate accounting is on an accrual basis, and funds are allocated based on the calendar quarter in which the claims were originally paid. Manufacturers are required to calculate and pay rebates based on their most current pricing and sales information. The rebate rate or rebate amount can change between the time HHSC submits the invoices and the time the manufacturer makes payment because manufacturers provide late or updated pricing information or utilization data to CMS or HHSC. Manufacturers may adjust pricing information or utilization data up to 12 calendar quarters (36 months) after initial submission to CMS, resulting in retroactive changes to rebate rates or rebate amounts, respectively. 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 the next quarterly update.

Additionally, collection rates for each of the five years from 2015 through 2019 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. Changes made to either rates or utilization after the original invoice may lead to a collection rate greater than 100 percent.

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, which may result in large rebate adjustments when corrected. Utilization changes can also be retroactive. Because manufacturers have the right to dispute the number of units a state invoices, they may withhold payment pending resolution of the dispute.

HHSC staff works with Conduent to collect outstanding rebate balances. Projects to resolve the outstanding balances have included the following:

- Assuring that remaining balances from rebate programs that are no longer funded are collected;
- Targeting specific manufacturers with large outstanding balances;
- Educating manufacturers about all the rebate programs with CMS approvals so invoices are paid timely; and
- Converting the CAD units of measure into rebate units of measures before invoicing to minimize disputes with the manufacturers.

In Appendices A-T, the principal outstanding represents the total receivables, the difference between the adjusted billed amount and cumulative rebates collected. The outstanding principal is 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 2015 through 2019.

### Pharmacy Rebate Programs

#### Fee-for-Service Pharmacy Program

The FFS pharmacy claims are subject to CMS's federal Medicaid drug rebate program (OBRA '90). As shown in Appendix C, the collections totaled \$830,621,413 AF for the FFS Pharmacy Medicaid rebate program, which is a 100 percent principal collection rate for 2015 through 2019.

#### Fee-for-Service Supplemental Rebate Program

The Medicaid supplemental rebate rate is particularly fluid because it depends on the Medicaid OBRA '90 rebate rate. As explained above, retroactive manufacturer price changes can affect the Medicaid OBRA '90 rebate rates, which changes 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 it may take as long as three years to resolve the amounts due.

HHSC has collected \$64,965,244 AF in Medicaid supplemental rebates, which is a 95 percent principal collection rate for 2015 through 2019 (see Appendix D).

#### 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 EFMAP rebate programs cover many of the people previously covered under CHIP and qualify for the CMS enhanced federal match.

As shown in Appendix E, the collections totaled \$9,364,795 AF for the EFMAP rebate program, which is a 98 percent principal collection rate for 2015 through 2019.

### **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 \$999,488 AF, which is a 99 percent principal collection rate for 2015 through 2019, as shown in Appendix F. In 2017, changes to the system to accommodate the addition of a new program occurred and resulted in an increase for all collections in subsequent years.

### **Fee-for-Service Breast and Cervical Cancer Services Program Rebate Program**

The fee-for-service Breast and Cervical Cancer Services Program (BCCP) is an optional coverage group. While the BCCP program qualifies for the 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 collections totaled \$50,462,877 AF for the BCCP pharmacy program, which is a 99 percent principal collection rate for 2015 through 2019.

### **Managed Care Organization Pharmacy Program**

Managed care pharmacy encounters are subject to CMS's federal Medicaid drug rebate program. As shown in Appendix H, the collections totaled \$8,350,093,837 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99 percent principal collection rate for 2015 through 2019.

### **Managed Care Organization Pharmacy Supplemental Rebate Program**

MCOs are required to follow the state's PDL. HHSC has collected \$680,918,605 AF in Medicaid managed care supplemental rebates (see Appendix I). The current principal collection rate is 98 percent for 2015 through 2019.

## **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program**

As shown in Appendix J, the collections totaled \$288,591,194 AF for the managed care EFMAP rebate program for 2015 through 2019. The principal collection rate is 100 percent.

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

As shown in Appendix K, the collections totaled \$36,526,654 AF for the MCO EFMAP Supplemental rebate program for 2015 through 2019. The principal collection rate is 99 percent.

## **Medicaid for Breast and Cervical Cancer Program Managed Care Expansion Rebate Program**

The Medicaid for Breast and Cervical Cancer Program Managed Care Expansion 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 \$48,955,381 AF for the MCO BCCP pharmacy program, which is a 98 percent principal collection rate for 2015 through 2019.

## **Medical Rebate Programs**

HHSC invoices and collects federal Medicaid rebates for outpatient drugs administered in a physician's office, clinic, or hospital outpatient setting.

Medical rebate invoices are more frequently disputed, resulting in a temporarily lower percentage collection rates. VDP pays for pharmacy-dispensed drugs identified by their National Drug Code (NDC). By contrast, Texas's acute care claims administrator vendor pays for drugs administered in an outpatient medical setting as identified on medical claims using HCPCS codes, not NDCs. A drug product identified by a single HCPCS code may refer to one or many NDCs, and the unit of measure for the HCPCS code is different from that used for NDCs. Consequently, the vendor converts HCPCS codes into NDC units for rebate invoicing. These

changes prompt more disputes and a lower percentage collection rate while the dispute is being resolved.

HHSC has provided guidance to providers on the process to convert HCPCS to NDC units to reduce disputes.

### **Fee-for-Service Clinician Administered Drug Rebate Program**

Physicians' offices, hospitals, and clinics are required to submit the NDC of the specific drug administered in addition to the HCPCS code. The HHSC NDC-HCPCS Crosswalk assists physicians and other providers in determining the number of NDC units administered.

HHSC has collected \$179,938,702 AF in rebates for CADs (see Appendix M), and the principal collection rate is 97 percent for 2015 through 2019.

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

HHSC has collected \$39,174 AF in rebates for FFS EFMAP CADs (see Appendix N), and the principal collection rate is 98 percent for 2015 through 2019.

### **Managed Care Organization Clinician Administered Drug Rebate Program**

Drug manufacturers are required 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 \$229,590,581 AF in MCO CAD rebates (see Appendix O) and the principal collection rate is 95 percent for 2015 through 2019.

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

MCO EFMAP CAD rebates resulted in collections of \$3,332,366 AF (see Appendix P). The current principal collection rate is 100 percent for 2015 through 2019. In 2017, changes to the system to accommodate the addition of a new program occurred and resulted in an increase for all collections in subsequent years.

## **Children's Health Insurance Program Rebate Program**

The CHIP rebate program is a voluntary state rebate program and the state shares the rebate revenue with CMS. 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 manufacturers' 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 three of the five quarters represented in Appendix Q.

HHSC collected \$112,978,012 AF in rebates (see Appendix Q), and the principal collection rate is 110 percent for 2015 through 2019. 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.

## **State-Only Rebate Programs**

### **Children with Special Health Care Needs Services Program**

The CSHCN Services program is a voluntary state rebate program. The program does not meet the CMS definition of a regular rebate program or of a State Pharmaceutical Assistance Program (SPAP). In order for a state only program to qualify as a SPAP, it should generally meet the following criteria:

- The program is a state developed program specifically for the disabled, indigent, low-income elderly or other financially vulnerable persons.
- The program is funded by the state; that is, no federal dollars are involved.
- The program is set up such that payment is provided directly to providers.
- The program provides either a pharmaceutical benefit only or a pharmaceutical benefit in conjunction with other medical benefits or services.
- The program does not allow for the diversion, resale or transfer of benefits reimbursed under the state pharmacy assistance program to individuals who are not beneficiaries of the state pharmacy assistance program.
- The program does not violate the non-discrimination provisions of section 1860D-23(b)(2) of the Act.

Therefore, its rebate rates are limited, as is the case in CHIP. HHSC continues to send zero-rate utilization, and 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 two of the five quarters (2015 and 2016) represented in Appendix R.

HHSC has collected \$6,043,398 GR in CSHCN drug rebates (see Appendix R). In total across fiscal years for 2015 through 2019, the principal collection rate is 96 percent.

### **Kidney Health Care Program**

The KHC rebate program is a voluntary state program. Because KHC qualifies as an SPAP under Section 1927 of the Social Security Act, the state can 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 \$36,924,678 GR in KHC drug rebates (see Appendix S) for 2015 through 2019. The principal collection rate is 96 percent.

## **Healthy Texas Women's Program**

The HTW program covers contraception and certain other medications for women who meet specific eligibility criteria. For 2019, the program was an SPAP under Section 1927 of the Social Security Act. The state can use the same rebate rates as Medicaid for participating manufacturers, without jeopardizing the manufacturers' Medicaid rate. HHSC works with the manufacturers of long-acting reversible contraception products to obtain drug rebates to help offset costs. For the years in this report, the HTW drug rebates collected are returned to the state's General Fund. The HTW program became part of Medicaid in January 2020, and this change will be reflected in future reports. To date, HHSC has collected \$11,285,062 GR in rebates (see Appendix T), and the principal collection rate is 100 percent for 2015 through 2019.

## 4. Conclusion

This report reflects rebates collected as of April 30, 2020. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid.

Collection rates are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data for up to 12 quarters, as stated in 42 C.F.R. § 447.510(d)(B)(vi)(3) (“Requirements for Manufacturers”). 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

<b>Acronym</b>	<b>Full Name</b>
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
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
HHSC	Health and Human Services Commission
HCPCS	Healthcare Common Procedure Codes Set

<b>Acronym</b>	<b>Full Name</b>
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
VDP	Vendor Drug Program

## Appendix A. Summary by Calendar Year

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>2</sup>

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	
2015	\$2,056,575,788	(\$24,435,011)	\$25,526,397	(\$253)	\$2,057,666,921	\$2,051,538,013	\$2,051,387,381	\$123,848	\$2,051,511,229	\$6,279,540	\$3,774,609	100%
2016	\$2,291,624,171	\$9,571,406	(\$41,692,895)	(\$55)	\$2,259,502,628	\$2,260,966,243	\$2,261,458,337	\$384,045	\$2,261,842,382	(\$1,955,708)	\$896,031	100%
2017	\$2,302,615,710	\$29,973,773	\$2,411,597	\$0	\$2,335,001,081	\$2,310,883,078	\$2,315,688,830	\$682,258	\$2,316,371,088	\$19,312,251	\$75,556	99%
2018	\$2,190,970,207	\$431,203	\$24,114,177	\$0	\$2,215,515,587	\$2,195,020,798	\$2,199,794,118	\$494,739	\$2,200,288,857	\$15,721,469	\$21,515	99%
2019	\$2,145,676,818	\$14,624,106	\$977,884	(\$19)	\$2,161,278,788	\$509,706,743	\$2,111,302,285	\$315,623	\$2,111,617,908	\$49,976,503	\$105	98%
<b>TOTALS</b>	<b>\$10,987,462,694</b>	<b>\$30,165,477</b>	<b>\$11,337,160</b>	<b>(\$327)</b>	<b>\$11,028,965,005</b>	<b>\$9,328,114,875</b>	<b>\$10,939,630,951</b>	<b>\$2,000,513</b>	<b>\$10,941,631,464</b>	<b>\$89,334,055</b>	<b>\$4,767,816</b>	<b>99%</b>

<sup>2</sup> The table displays financial data rounded to the nearest dollar or whole number.

## Appendix B. Summary by Rebate Program

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>3</sup>

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
<b>PHARMACY REBATES</b>												
<b>FFS Pharmacy</b>	\$838,928,717	\$5,586,402	(\$14,129,336)	\$0	\$830,385,783	\$812,557,400	\$830,506,486	\$114,926	\$830,621,412	(\$120,703)	\$210,091	100%
<b>FFS Pharmacy Supplemental</b>	\$69,597,240	(\$38,169,519)	\$36,760,367	\$0	\$68,188,089	\$63,234,555	\$64,956,462	\$8,784	\$64,965,245	\$3,231,627	\$466,461	95%
<b>FFS EFMAP Pharmacy</b>	\$9,559,251	\$79,944	(\$139,329)	\$5	\$9,499,872	\$8,445,561	\$9,357,255	\$7,541	\$9,364,796	\$142,616	\$2,432	98%
<b>FFS EFMAP Pharmacy Supplemental</b>	\$1,018,679	\$790	(\$7,252)	\$0	\$1,012,218	\$842,037	\$999,194	\$293	\$999,487	\$13,023	\$1,037	99%
<b>FFS BCCP</b>	\$58,316,420	\$141,537	(\$7,282,520)	(\$19)	\$51,175,417	\$48,811,546	\$50,445,170	\$17,707	\$50,462,877	\$730,247	\$86,658	99%
<b>MCO Pharmacy</b>	\$8,428,953,119	\$44,029,004	(\$61,487,426)	\$2	\$8,411,494,699	\$7,055,348,280	\$8,348,915,493	\$1,178,344	\$8,350,093,837	\$62,579,206	\$1,800,856	99%
<b>MCO Pharmacy Supplemental</b>	\$700,225,329	(\$12,662,870)	\$5,661,307	\$0	\$693,223,766	\$565,481,878	\$680,710,023	\$208,583	\$680,918,606	\$12,513,743	\$814,264	98%

<sup>3</sup> The table displays financial data rounded to the nearest dollar or whole number.

	Amounts Billed				Collections				Outstanding Balances			
<b>MCO EFMAP Pharmacy</b>	\$287,986,555	\$2,217,347	(\$1,134,186)	\$0	\$289,069,715	\$250,251,772	\$288,441,445	\$149,748	\$288,591,194	\$628,270	\$161,256	100%
<b>MCO EFMAP Pharmacy Supplemental</b>	\$37,111,260	(\$1,405,607)	\$1,099,189	\$0	\$36,804,842	\$30,096,501	\$36,505,332	\$21,322	\$36,526,654	\$299,510	\$63,973	99%
<b>MCO BCCP</b>	\$46,385,780	(\$335,739)	\$4,060,953	\$0	\$50,110,995	\$28,112,657	\$48,924,240	\$31,143	\$48,955,382	\$1,186,755	\$0	98%
<b>MEDICAL REBATES (CAD)</b>												
<b>FFS CAD</b>	\$201,538,602	\$659,715	(\$16,324,607)	\$0	\$185,873,709	\$137,992,403	\$179,857,934	\$80,767	\$179,938,702	\$6,015,775	\$377,979	97%
<b>FFS EFMAP CAD</b>	\$39,593	\$592	(\$126)	\$0	\$40,058	\$33,179	\$39,170	\$5	\$39,175	\$888	\$1	98%
<b>MCO CAD</b>	\$171,379,588	\$3,293,194	\$65,689,208	\$0	\$240,361,990	\$182,003,309	\$229,481,127	\$109,455	\$229,590,582	\$10,880,863	\$769,932	95%
<b>MCO EFMAP CAD</b>	\$2,902,029	(\$341)	\$416,934	\$0	\$3,318,622	\$3,140,390	\$3,330,556	\$1,811	\$3,332,367	(\$11,934)	\$8	100%
<b>CHIP REBATES</b>												
<b>Program</b>	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
<b>CHIP - NSF</b>	\$79,317,079	\$16,476,094	(\$1,033,588)	(\$314)	\$102,579,232	\$94,049,494	\$112,916,818	\$61,193	\$112,978,011	(\$10,337,587)	\$0	110%
<b>STATE-ONLY REBATES</b>												
<b>CSHCN</b>	\$4,303,535	\$2,041,257	(\$70,061)	\$0	\$6,274,732	\$5,096,430	\$6,042,494	\$903	\$6,043,398	\$232,237	\$0	96%

	Amounts Billed				Collections				Outstanding Balances			
<b>KHC</b>	\$38,368,073	\$436,834	(\$482,407)	\$0	\$38,322,501	\$33,969,086	\$36,923,728	\$951	\$36,924,678	\$1,398,773	\$8,667	96%
<b>Healthy Texas Women</b>	\$11,531,846	(\$43,117)	(\$259,963)	\$0	\$11,228,767	\$8,648,394	\$11,278,023	\$7,038	\$11,285,061	(\$49,256)	\$4,202	100%
<b>Totals</b>	<b>\$10,987,462,695</b>	<b>\$22,345,517</b>	<b>\$11,337,157</b>	<b>(\$326)</b>	<b>\$11,028,965,007</b>	<b>\$9,328,114,872</b>	<b>\$10,939,630,950</b>	<b>\$2,000,514</b>	<b>\$10,941,631,464</b>	<b>\$89,334,053</b>	<b>\$4,767,817</b>	<b>99%</b>

## Appendix C. Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>4</sup>

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
2015	\$371,286,232	\$4,108,473	(\$5,055,256)	\$0	\$370,339,448	\$370,787,930	\$370,781,300	\$16,067	\$370,797,367	(\$441,851)	\$47,629	100%
2016	\$340,957,982	\$451,445	(\$7,076,259)	\$0	\$334,333,168	\$334,421,710	\$334,386,224	\$43,361	\$334,429,585	(\$53,056)	\$162,370	100%
2017	\$68,653,003	\$839,658	(\$880,600)	\$0	\$68,612,061	\$68,502,893	\$68,541,795	\$29,681	\$68,571,476	\$70,267	\$35	100%
2018	\$33,555,200	\$107,783	(\$588,140)	\$0	\$33,074,843	\$32,921,936	\$32,985,003	\$13,173	\$32,998,176	\$89,841	\$55	100%
2019	\$24,476,300	\$79,043	(\$529,081)	\$0	\$24,026,262	\$5,922,932	\$23,812,165	\$12,644	\$23,824,809	\$214,096	\$2	99%
<b>Totals</b>	<b>\$838,928,717</b>	<b>\$5,586,402</b>	<b>(\$14,129,336)</b>	<b>\$0</b>	<b>\$830,385,782</b>	<b>\$812,557,401</b>	<b>\$830,506,487</b>	<b>\$114,926</b>	<b>\$830,621,413</b>	<b>(\$120,703)</b>	<b>\$210,091</b>	<b>100%</b>

<sup>4</sup> The table displays financial data rounded to the nearest dollar or whole number.

## Appendix D. Medicaid Fee for Service Pharmacy Supplemental Rebate Program

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>5</sup>

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
2015	\$30,857,729	(\$37,323,207)	\$37,414,804	\$0	\$30,949,326	\$29,972,271	\$29,972,503	\$622	\$29,973,126	\$976,823	\$436,147	97%
2016	\$26,806,926	(\$555,415)	(\$347,978)	\$0	\$25,903,532	\$25,343,270	\$25,345,096	\$1,436	\$25,346,532	\$558,436	\$30,314	98%
2017	\$6,707,550	(\$137,635)	(\$189,317)	\$0	\$6,380,598	\$5,858,658	\$5,875,785	\$1,740	\$5,877,525	\$504,813	\$0	92%
2018	\$2,681,100	(\$150,597)	(\$59,292)	\$0	\$2,471,211	\$1,741,950	\$1,880,210	\$3,041	\$1,883,251	\$591,001	\$0	76%
2019	\$2,543,935	(\$2,664)	(\$57,849)	\$0	\$2,483,422	\$318,406	\$1,882,867	\$1,944	\$1,884,810	\$600,555	\$0	76%
<b>Totals</b>	<b>\$69,597,240</b>	<b>(\$38,169,518)</b>	<b>\$36,760,368</b>	<b>\$0</b>	<b>\$68,188,089</b>	<b>\$63,234,555</b>	<b>\$64,956,461</b>	<b>\$8,783</b>	<b>\$64,965,244</b>	<b>\$3,231,628</b>	<b>\$466,461</b>	<b>95%</b>

<sup>5</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>6</sup>

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
2015	\$2,147,894	\$42,918	(\$18,932)	\$0	\$2,171,880	\$2,131,504	\$2,131,503	\$436	\$2,131,938	\$40,378	\$1,815	98%
2016	\$2,534,027	(\$2,706)	(\$29,793)	\$5	\$2,501,533	\$2,478,313	\$2,478,143	\$3,329	\$2,481,472	\$23,390	\$610	99%
2017	\$2,048,717	\$32,836	(\$17,113)	\$0	\$2,064,441	\$2,020,011	\$2,021,261	\$2,260	\$2,023,520	\$43,180	\$1	98%
2018	\$1,528,421	\$2,334	(\$56,810)	\$0	\$1,473,946	\$1,455,073	\$1,452,693	\$1,060	\$1,453,753	\$21,252	\$6	99%
2019	\$1,300,191	\$4,562	(\$16,681)	\$0	\$1,288,072	\$360,662	\$1,273,655	\$457	\$1,274,112	\$14,416	\$0	99%
<b>Totals</b>	<b>\$9,559,250</b>	<b>\$79,944</b>	<b>(\$139,329)</b>	<b>\$5</b>	<b>\$9,499,872</b>	<b>\$8,445,563</b>	<b>\$9,357,255</b>	<b>\$7,542</b>	<b>\$9,364,795</b>	<b>\$142,616</b>	<b>\$2,432</b>	<b>98%</b>

<sup>6</sup>The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>7</sup>

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
2015	\$278,603	\$5,231	(\$1,047)	\$0	\$282,787	\$264,439	\$264,439	\$46	\$264,485	\$18,348	\$889	94%
2016	\$193,168	(\$16)	(\$714)	\$0	\$192,438	\$199,616	\$199,581	\$39	\$199,621	(\$7,143)	\$149	104%
2017	\$229,952	(\$1,435)	(\$2,087)	\$0	\$226,431	\$222,333	\$225,949	\$204	\$226,153	\$481	\$0	100%
2018	\$130,960	(\$1,974)	(\$1,822)	\$0	\$127,165	\$126,858	\$126,724	\$1	\$126,725	\$440	\$0	100%
2019	\$185,997	(\$1,017)	(\$1,582)	\$0	\$183,397	\$28,792	\$182,501	\$3	\$182,504	\$897	\$0	100%
<b>Totals</b>	<b>\$1,018,680</b>	<b>\$789</b>	<b>(\$7,252)</b>	<b>\$0</b>	<b>\$1,012,218</b>	<b>\$842,038</b>	<b>\$999,194</b>	<b>\$293</b>	<b>\$999,488</b>	<b>\$13,023</b>	<b>\$1,038</b>	<b>99%</b>

<sup>7</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>8</sup>

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
2015	\$14,336,540	\$57,053	(\$2,622,856)	\$0	\$11,770,737	\$11,707,502	\$11,681,946	\$2,771	\$11,684,718	\$88,790	\$81,049	99%
2016	\$19,569,733	\$27,815	(\$1,412,987)	\$0	\$18,184,561	\$17,928,499	\$17,936,846	\$5,838	\$17,942,683	\$247,715	\$5,609	99%
2017	\$19,461,329	\$59,265	(\$2,779,076)	\$0	\$16,741,517	\$16,546,026	\$16,442,352	\$5,460	\$16,447,812	\$299,165	\$0	98%
2018	\$2,579,302	(\$4,204)	(\$334,705)	\$0	\$2,240,393	\$2,127,397	\$2,102,003	\$469	\$2,102,472	\$138,389	\$0	94%
2019	\$2,369,516	\$1,608	(\$132,895)	(\$19)	\$2,238,210	\$502,122	\$2,282,023	\$3,169	\$2,285,192	(\$43,813)	\$0	102%
<b>Totals</b>	<b>\$58,316,420</b>	<b>\$141,537</b>	<b>(\$7,282,519)</b>	<b>(\$19)</b>	<b>\$51,175,418</b>	<b>\$48,811,546</b>	<b>\$50,445,170</b>	<b>\$17,707</b>	<b>\$50,462,877</b>	<b>\$730,246</b>	<b>\$86,658</b>	<b>99%</b>

<sup>8</sup>The table displays financial data rounded to the nearest dollar or whole number.

# Appendix H. Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>9</sup>

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
2015	\$1,365,084,479	\$14,294,983	(\$19,131,162)	(\$0)	\$1,360,248,299	\$1,354,407,775	\$1,354,358,126	\$23,183	\$1,354,381,309	\$5,890,173	\$1,356,273	100%
2016	\$1,584,701,982	\$2,176,323	(\$35,842,104)	\$2	\$1,551,036,203	\$1,548,803,811	\$1,549,164,199	\$210,963	\$1,549,375,162	\$1,872,004	\$347,632	100%
2017	\$1,874,921,957	\$20,754,563	(\$4,392,989)	\$0	\$1,891,283,531	\$1,873,070,070	\$1,874,575,598	\$427,159	\$1,875,002,757	\$16,707,934	\$75,465	99%
2018	\$1,839,964,736	\$687,360	\$7,006,089	(\$0)	\$1,847,658,185	\$1,837,322,707	\$1,838,751,402	\$320,309	\$1,839,071,712	\$8,906,782	\$21,385	100%
2019	\$1,764,279,966	\$6,115,774	(\$9,127,259)	\$0	\$1,761,268,481	\$441,743,917	\$1,732,066,168	\$196,729	\$1,732,262,897	\$29,202,313	\$102	98%
<b>Totals</b>	<b>\$8,428,953,120</b>	<b>\$44,029,003</b>	<b>(\$61,487,425)</b>	<b>\$2</b>	<b>\$8,411,494,699</b>	<b>\$7,055,348,280</b>	<b>\$8,348,915,493</b>	<b>\$1,178,343</b>	<b>\$8,350,093,837</b>	<b>\$62,579,206</b>	<b>\$1,800,857</b>	<b>99%</b>

<sup>9</sup> The table displays financial data rounded to the nearest dollar or whole number.

# Appendix I. Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>10</sup>

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
2015	\$133,861,616	(\$10,103,126)	\$9,874,521	\$0	\$133,633,012	\$130,786,630	\$130,784,879	\$49,589	\$130,834,467	\$2,848,133	\$652,703	98%
2016	\$148,085,318	\$2,596,820	(\$4,826,439)	\$0	\$145,855,699	\$146,029,064	\$145,954,362	\$42,505	\$145,996,867	(\$98,664)	\$161,561	100%
2017	\$149,753,098	\$609,066	(\$2,093,998)	\$0	\$148,268,167	\$145,914,206	\$147,411,347	\$57,877	\$147,469,223	\$856,820	\$0	99%
2018	\$124,180,396	(\$5,417,178)	\$2,872,268	\$0	\$121,635,486	\$117,550,423	\$120,452,244	\$40,951	\$120,493,196	\$1,183,242	\$0	99%
2019	\$144,344,902	(\$348,453)	(\$165,046)	\$0	\$143,831,403	\$25,201,555	\$136,107,191	\$17,661	\$136,124,852	\$7,724,213	\$0	95%
<b>Totals</b>	<b>\$700,225,330</b>	<b>(\$12,662,871)</b>	<b>\$5,661,306</b>	<b>\$0</b>	<b>\$693,223,767</b>	<b>\$565,481,878</b>	<b>\$680,710,023</b>	<b>\$208,583</b>	<b>\$680,918,605</b>	<b>\$12,513,744</b>	<b>\$814,264</b>	<b>98%</b>

<sup>10</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>11</sup>

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
2015	\$53,076,346	\$876,473	(\$439,252)	\$0	\$53,513,568	\$53,329,531	\$53,331,266	\$11,273	\$53,342,539	\$182,302	\$113,684	100%
2016	\$63,618,614	\$54,807	(\$553,519)	\$0	\$63,119,901	\$63,809,215	\$63,812,577	\$30,446	\$63,843,024	(\$692,676)	\$47,448	101%
2017	\$64,939,782	\$973,894	\$15,184	\$0	\$65,928,860	\$65,430,481	\$65,442,026	\$63,242	\$65,505,268	\$486,834	\$53	99%
2018	\$55,288,025	\$98,492	(\$131,975)	\$0	\$55,254,541	\$54,852,021	\$54,848,305	\$36,320	\$54,884,624	\$406,236	\$70	99%
2019	\$51,063,788	\$213,680	(\$24,624)	\$0	\$51,252,844	\$12,830,524	\$51,007,271	\$8,468	\$51,015,739	\$245,574	\$1	100%
<b>Totals</b>	<b>\$287,986,555</b>	<b>\$2,217,346</b>	<b>(\$1,134,186)</b>	<b>\$0</b>	<b>\$289,069,714</b>	<b>\$250,251,772</b>	<b>\$288,441,445</b>	<b>\$149,749</b>	<b>\$288,591,194</b>	<b>\$628,270</b>	<b>\$161,256</b>	<b>100%</b>

<sup>11</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>12</sup>

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
2015	\$7,663,648	(\$1,109,254)	\$1,137,619	\$0	\$7,692,013	\$7,576,146	\$7,557,284	\$714	\$7,557,998	\$134,729	\$51,873	98%
2016	\$8,609,712	(\$44,407)	(\$40,546)	\$0	\$8,524,758	\$8,635,927	\$8,636,051	\$2,429	\$8,638,480	(\$111,293)	\$12,100	101%
2017	\$6,972,781	(\$127,778)	\$529	\$0	\$6,845,532	\$6,367,964	\$6,749,513	\$17,926	\$6,767,440	\$96,019	\$0	99%
2018	\$6,148,126	(\$82,281)	\$887	\$0	\$6,066,731	\$5,948,502	\$5,956,388	\$42	\$5,956,430	\$110,343	\$0	98%
2019	\$7,716,993	(\$41,886)	\$701	\$0	\$7,675,807	\$1,567,964	\$7,606,095	\$211	\$7,606,306	\$69,712	\$0	99%
<b>Totals</b>	<b>\$37,111,260</b>	<b>(\$1,405,606)</b>	<b>\$1,099,190</b>	<b>\$0</b>	<b>\$36,804,841</b>	<b>\$30,096,503</b>	<b>\$36,505,331</b>	<b>\$21,322</b>	<b>\$36,526,654</b>	<b>\$299,510</b>	<b>\$63,973</b>	<b>99%</b>

<sup>12</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>13</sup>

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
2015	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%
2016	\$0	\$0	\$52	\$0	\$52	\$51	\$51	\$1	\$52	\$1	\$0	99%
2017	\$3,399,566	\$3,509	\$735,079	\$0	\$4,138,154	\$3,507,434	\$4,249,386	\$2,549	\$4,251,935	(\$111,232)	\$0	103%
2018	\$19,342,871	(\$364,136)	\$1,941,955	\$0	\$20,920,690	\$20,104,137	\$20,448,661	\$14,255	\$20,462,916	\$472,029	\$0	98%
2019	\$23,643,342	\$24,889	\$1,383,868	\$0	\$25,052,099	\$4,501,035	\$24,226,141	\$14,337	\$24,240,478	\$825,958	\$0	97%
<b>Totals</b>	<b>\$46,385,779</b>	<b>(\$335,738)</b>	<b>\$4,060,954</b>	<b>\$0</b>	<b>\$50,110,995</b>	<b>\$28,112,657</b>	<b>\$48,924,239</b>	<b>\$31,142</b>	<b>\$48,955,381</b>	<b>\$1,186,756</b>	<b>\$0</b>	<b>98%</b>

<sup>13</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>14</sup>

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
2015	\$27,821,234	\$223,282	\$1,101,513	\$0	\$29,146,029	\$28,352,782	\$28,332,826	\$6,880	\$28,339,706	\$813,204	\$320,494	97%
2016	\$37,422,819	\$64,880	(\$2,231,616)	\$0	\$35,256,083	\$34,617,684	\$34,604,467	\$10,216	\$34,614,683	\$651,615	\$57,485	98%
2017	\$42,476,149	\$336,112	(\$4,238,340)	\$0	\$38,573,920	\$37,657,314	\$37,597,730	\$17,541	\$37,615,270	\$976,191	\$0	97%
2018	\$40,736,331	(\$18,403)	(\$5,596,142)	\$0	\$35,121,786	\$36,677,524	\$33,993,441	\$14,353	\$34,007,795	\$1,128,344	\$0	97%
2019	\$53,082,069	\$53,844	(\$5,360,022)	\$0	\$47,775,891	\$687,099	\$45,329,471	\$31,777	\$45,361,248	\$2,446,421	\$0	95%
<b>Totals</b>	<b>\$201,538,602</b>	<b>\$659,715</b>	<b>(\$16,324,607)</b>	<b>\$0</b>	<b>\$185,873,709</b>	<b>\$137,992,403</b>	<b>\$179,857,935</b>	<b>\$80,767</b>	<b>\$179,938,702</b>	<b>\$6,015,775</b>	<b>\$377,979</b>	<b>97%</b>

<sup>14</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>15</sup>

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
2015	\$28,964	\$585	(\$105)	\$0	\$29,444	\$29,428	\$29,431	\$0	\$29,431	\$13	\$0	100%
2016	\$726	(\$3)	(\$3)	\$0	\$720	\$89	\$85	\$0	\$86	\$635	\$0	12%
2017	\$504	\$9	(\$9)	\$0	\$504	\$479	\$484	\$0	\$484	\$20	\$0	96%
2018	\$3,368	\$0	(\$9)	\$0	\$3,359	\$3,156	\$3,167	\$3	\$3,170	\$192	\$0	94%
2019	\$6,032	\$0	(\$1)	\$0	\$6,031	\$27	\$6,003	\$0	\$6,003	\$28	\$0	100%
<b>Totals</b>	<b>\$39,594</b>	<b>\$591</b>	<b>(\$127)</b>	<b>\$0</b>	<b>\$40,058</b>	<b>\$33,179</b>	<b>\$39,170</b>	<b>\$3</b>	<b>\$39,174</b>	<b>\$888</b>	<b>\$0</b>	<b>98%</b>

<sup>15</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>16</sup>

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	
2015	\$27,302,313	\$2,642,555	\$3,716,302	\$0	\$33,661,170	\$32,708,765	\$32,676,207	\$9,239	\$32,685,445	\$984,963	\$707,818	97%
2016	\$35,001,783	(\$2,348)	\$10,995,904	\$0	\$45,995,338	\$46,510,468	\$46,757,470	\$19,231	\$46,776,701	(\$762,132)	\$62,114	102%
2017	\$32,324,453	\$313,012	\$16,349,520	(\$0)	\$48,986,986	\$46,038,001	\$46,821,891	\$25,775	\$46,847,666	\$2,165,095	\$0	96%
2018	\$33,804,444	\$167,130	\$19,475,841	\$0	\$53,447,415	\$49,066,876	\$51,582,503	\$32,749	\$51,615,251	\$1,864,912	\$0	97%
2019	\$42,946,595	\$172,845	\$15,151,641	\$0	\$58,271,081	\$7,679,199	\$51,643,056	\$22,461	\$51,665,518	\$6,628,025	\$0	89%
<b>Totals</b>	<b>\$171,379,588</b>	<b>\$3,293,194</b>	<b>\$65,689,208</b>	<b>\$0</b>	<b>\$240,361,990</b>	<b>\$182,003,309</b>	<b>\$229,481,127</b>	<b>\$109,455</b>	<b>\$229,590,581</b>	<b>\$10,880,863</b>	<b>\$769,932</b>	<b>95%</b>

<sup>16</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>17</sup>

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	
2015	\$98,794	\$2,260	\$30,794	\$0	\$131,848	\$84,147	\$84,315	\$70	\$84,385	\$47,533	\$2	64%
2016	\$108,687	(\$2,363)	\$62,816	\$0	\$169,140	\$152,350	\$152,202	\$67	\$152,269	\$16,937	\$5	90%
2017	\$2,117,265	\$1,047	\$271,910	\$0	\$2,390,222	\$2,455,487	\$2,450,579	\$1,384	\$2,451,963	(\$60,358)	\$1	103%
2018	\$409,816	(\$1,393)	(\$46,172)	\$0	\$362,251	\$381,046	\$380,251	\$252	\$380,503	(\$18,000)	\$0	105%
2019	\$167,467	\$108	\$97,587	\$0	\$265,162	\$67,360	\$263,208	\$39	\$263,246	\$1,954	\$0	99%
<b>Totals</b>	<b>\$2,902,029</b>	<b>(\$341)</b>	<b>\$416,935</b>	<b>\$0</b>	<b>\$3,318,623</b>	<b>\$3,140,390</b>	<b>\$3,330,555</b>	<b>\$1,812</b>	<b>\$3,332,366</b>	<b>(\$11,934)</b>	<b>\$8</b>	<b>100%</b>

<sup>17</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

All Funds as of April 30, 2020<sup>18</sup>

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
2015	\$12,418,357	\$1,741,652	(\$350,577)	(\$252)	\$13,809,180	\$18,917,378	\$18,920,213	\$2,369	\$18,922,582	(\$5,111,033)	\$0	137%
2016	\$13,190,419	\$4,260,827	(\$259,728)	(\$62)	\$17,191,457	\$20,929,513	\$20,922,475	\$11,639	\$20,934,114	(\$3,731,019)	\$0	122%
2017	\$15,710,850	\$5,711,722	(\$185,023)	\$0	\$21,237,549	\$24,123,863	\$24,261,596	\$26,155	\$24,287,751	(\$3,024,047)	\$0	114%
2018	\$19,404,557	\$4,761,894	(\$121,625)	\$0	\$24,044,826	\$23,802,472	\$23,904,045	\$16,432	\$23,920,477	\$140,781	\$0	99%
2019	\$18,592,896	\$7,819,960	(\$116,636)	\$0	\$26,296,221	\$6,276,268	\$24,908,489	\$4,598	\$24,913,088	\$1,387,731	\$0	95%
<b>Totals</b>	<b>\$79,317,079</b>	<b>\$24,296,055</b>	<b>(\$1,033,589)</b>	<b>(\$314)</b>	<b>\$102,579,233</b>	<b>\$94,049,494</b>	<b>\$112,916,818</b>	<b>\$61,193</b>	<b>\$112,978,012</b>	<b>(\$10,337,587)</b>	<b>\$0</b>	<b>110%</b>

<sup>18</sup> The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2015 - 2019

General Revenue Funds as of April 30, 2020<sup>19</sup>

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
2015	\$994,614	(\$97,827)	(\$9,753)	\$0	\$887,034	\$1,066,149	\$1,066,791	\$193	\$1,066,985	(\$179,758)	\$0	120%
2016	\$709,258	\$453,808	(\$4,651)	\$0	\$1,158,414	\$1,166,978	\$1,167,650	\$337	\$1,167,987	(\$9,236)	\$0	101%
2017	\$873,924	\$603,529	(\$19,633)	\$0	\$1,457,820	\$1,334,171	\$1,342,622	\$308	\$1,342,931	\$115,197	\$0	92%
2018	\$880,433	\$573,286	(\$18,097)	\$0	\$1,435,622	\$1,219,990	\$1,218,367	\$52	\$1,218,419	\$217,255	\$0	85%
2019	\$845,306	\$508,461	(\$17,926)	\$0	\$1,335,842	\$309,141	\$1,247,063	\$13	\$1,247,076	\$88,779	\$0	93%
<b>Totals</b>	<b>\$4,303,535</b>	<b>\$2,041,257</b>	<b>(\$70,060)</b>	<b>\$0</b>	<b>\$6,274,732</b>	<b>\$5,096,429</b>	<b>\$6,042,493</b>	<b>\$903</b>	<b>\$6,043,398</b>	<b>\$232,237</b>	<b>\$0</b>	<b>96%</b>

<sup>19</sup> The table displays financial data rounded to the nearest dollar or whole number.

## Appendix S. Kidney Health Care Program

For Calendar Years 2015 - 2019

General Revenue Funds as of April 30, 2020<sup>20</sup>

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
2015	\$8,436,192	\$202,938	(\$133,159)	\$0	\$8,505,972	\$8,520,609	\$8,519,324	\$176	\$8,519,500	(\$13,352)	\$4,224	100%
2016	\$8,799,442	\$72,176	(\$94,200)	\$0	\$8,777,418	\$8,653,924	\$8,652,127	\$522	\$8,652,649	\$125,291	\$4,442	99%
2017	\$9,161,670	(\$10,589)	(\$80,480)	\$0	\$9,070,601	\$9,059,964	\$8,892,880	\$201	\$8,893,081	\$177,721	\$0	98%
2018	\$7,351,659	\$101,152	(\$106,831)	\$0	\$7,345,980	\$6,853,793	\$6,849,501	\$50	\$6,849,551	\$496,479	\$0	93%
2019	\$4,619,110	\$71,157	(\$67,737)	\$0	\$4,622,530	\$880,797	\$4,009,896	\$1	\$4,009,897	\$612,635	\$0	87%
<b>Totals</b>	<b>\$38,368,073</b>	<b>\$436,834</b>	<b>(\$482,407)</b>	<b>\$0</b>	<b>\$38,322,501</b>	<b>\$33,969,087</b>	<b>\$36,923,728</b>	<b>\$950</b>	<b>\$36,924,678</b>	<b>\$1,398,774</b>	<b>\$8,666</b>	<b>96%</b>

<sup>20</sup> The table displays financial data rounded to the nearest dollar or whole number.

## Appendix T. Healthy Texas Women’s Program

For Calendar Years 2015 - 2019

General Revenue Funds as of April 30, 2020<sup>21</sup>

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
2015	\$882,232	\$0	\$12,942	\$0	\$895,174	\$895,027	\$895,027	\$220	\$895,247	\$148	\$10	100%
2016	\$1,313,577	\$19,764	(\$31,129)	\$0	\$1,302,213	\$1,285,762	\$1,288,729	\$1,686	\$1,290,415	\$13,484	\$4,192	99%
2017	\$2,863,161	\$12,987	(\$81,960)	\$0	\$2,794,188	\$2,773,723	\$2,786,036	\$2,796	\$2,788,832	\$8,152	\$0	100%
2018	\$2,980,464	(\$28,063)	(\$121,242)	\$0	\$2,831,159	\$2,864,938	\$2,859,209	\$1,226	\$2,860,435	(\$28,049)	\$0	101%
2019	\$3,492,412	(\$47,805)	(\$38,574)	\$0	\$3,406,033	\$828,944	\$3,449,023	\$1,110	\$3,450,133	(\$42,990)	\$0	101%
<b>Totals</b>	<b>\$11,531,846</b>	<b>(\$43,117)</b>	<b>(\$259,963)</b>	<b>\$0</b>	<b>\$11,228,767</b>	<b>\$8,648,394</b>	<b>\$11,278,024</b>	<b>\$7,038</b>	<b>\$11,285,062</b>	<b>(\$49,255)</b>	<b>\$4,202</b>	<b>100%</b>

<sup>21</sup> The table displays financial data rounded to the nearest dollar or whole number.