



Performance Reporting for the Prescription Drug Rebate Program

**Required by
Senate Bill 1, 87th Legislature, Regular
Session, 2021 (Article II, Health and
Human Services Commission, Rider
107(e))**

**Texas Health and Human Services
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TEXAS
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Executive Summary

As directed in the 2022-2023 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission [HHSC], Rider 107(e)), Texas 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 rates¹, 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 2017 through 2021, HHSC collected \$10,793,166,446 All Funds (AF) in principal for rebates—a collection rate of 99 percent. Interest collections were \$1,875,548 AF for 2017 through 2021.

¹ Annual collection rate is the total principal collected for each year from 2017 thru 2021 divided by the current value of the invoices for each year which creates an annual percentage collected.

Introduction

Rider 107(e) requires HHSC to report annually on the outstanding prescription drug rebate balances for Medicaid, CHIP, KHC Programs, and the CSHCN Services Program. There are 19 active rebate programs with different federal funding match rates and federal reporting requirements. The HHSC VDP operates the formularies and oversees Conduent State Healthcare, LLC (Conduent), the contractor responsible for administering the rebate programs for HHSC programs and services.

The 21 appendices include detailed rebate information for the most recent five-year period, calendar years 2017 through 2021. The calculations in the appendices reflect the separate data collection dates. Information on earlier years is available from HHSC by request.

Appendices A through U provide the following information for each rebate program for calendar years 2017 through 2021:

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

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 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. All states share the rebate revenue with CMS at the same rate as the Federal Medical Assistance Percentage (FMAP)².

The Affordable Care Act (ACA) requires drug manufacturers to pay federal rebates for drugs dispensed to Medicaid members who receive services through Medicaid MCOs. MCOs are also required to follow HHSC's Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL) and are prohibited from negotiating or collecting rebates for drug products on the Medicaid formulary. The information on rebates collected based on managed care encounter data are outlined in appendices: H-L, O-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

² Federal Medical Assistance Percentages are the percentage rates used in determining the amount of Federal matching funds for state expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures.

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 allows the State to continue to maximize supplemental rebate revenue during this time.

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.” 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, and are shared with CMS at the program's FMAP.

Children's Health Insurance Program Rebate Program

The CHIP rebate program is a voluntary state insurance program used by clients whose income prohibits them from qualifying for Medicaid. 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 the enhanced FMAP for CHIP.

Other State Rebate Programs

Several 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 split between the State's General Fund and shared with CMS at the program's FMAP. Portions of the HTW program became part of Medicaid in January 2020, and this change is reflected in this report.

Quarterly Rebate Offset Amount

Section 2501 of the ACA increased the minimum federal Medicaid 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 July 31, 2022, the QROA amount paid to CMS for 2017-2021 was \$501,298,970 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 2017-2021 calendar years. Amounts reported are for a point in time and the numbers may change due to variability in the rebate process including CMS updates on rebate amounts, claim reversals, and disputes.

Table 1. QROA Payments Associated with Rebate Invoices

Year	QROA
2017	\$95,113,769
2018	\$89,101,237
2019	\$99,209,077
2020	\$107,705,670
2021	\$110,169,217
Total	\$501,298,970

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

Claims Paid in Calendar Month	Invoices Mailed	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)	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 2017 through 2021 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 to the state directly. 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 measure before invoicing to minimize disputes with the manufacturers.

In Appendices A-U, 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.

Drug Rebate Collections

The following rebate collection amounts reflect both principal and interest collected, and the collection rates are calculated by taking the AF principal collected divided by the current value of invoices for calendar years 2017 through 2021. The financial data in this report is rounded to the nearest dollar or whole number.

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 \$154,947,404 AF for the FFS Pharmacy Medicaid rebate program, which is a 99 percent principal collection rate for 2017 through 2021.
- **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 reconcile the amounts due. HHSC has collected \$11,945,889 AF in Medicaid FFS supplemental rebates, which is an 85 percent principal collection rate for 2017 through 2021 (see Appendix D).
- **Fee-for-Service Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program (EFMAP):** This rebate program is a combination of the Medicaid waiver for Qualified Aliens and Medicaid expansion CHIP (M-CHIP). The EFMAP rebate programs cover many of the people previously covered under CHIP and qualify for the CMS CHIP enhanced FMAP. As shown in [Appendix E](#), the collections totaled \$6,125,062 AF for the EFMAP rebate program, which is a 96 percent principal collection rate for 2017 through 2021.
- **Fee-for-Service EFMAP Supplemental Rebate Program:** This program collects rebates obtained through the supplemental bidding and preferred drug process. HHSC has collected \$680,201 AF which is a 99 percent principal collection rate for 2017 through 2021, as shown in [Appendix F](#).

- **Fee-for-Service Breast and Cervical Cancer Services Program (BCCP) Rebate Program:** The BCCP rebate program 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 \$23,962,941 AF for the BCCP pharmacy program, which is a 98 percent principal collection rate for 2017 through 2021.
- **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 \$8,821,709,385 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99 percent principal collection rate for 2017 through 2021.
- **Managed Care Organization Pharmacy Supplemental Rebate Program:** HHSC has collected \$699,453,680 AF in Medicaid managed care supplemental rebates (see [Appendix I](#)). The current principal collection rate is 98 percent for 2017 through 2021.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program:** As shown in [Appendix J](#), the collections totaled \$282,339,881 AF for the managed care EFMAP rebate program for 2017 through 2021. The principal collection rate is 98 percent.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program:** As shown in [Appendix K](#), the collections totaled \$36,957,107 AF for the MCO EFMAP Supplemental rebate program for 2017 through 2021. The principal collection rate is 99 percent.
- **Medicaid for Breast and Cervical Cancer Program Managed Care Expansion Rebate Program:** This program is an optional coverage group that transferred on September 1, 2017, from FFS coverage to MCO coverage, creating a new rebate program. As shown in [Appendix L](#), the collections totaled \$102,792,728 AF for the MCO BCCP pharmacy program, which is a 98 percent principal collection rate for 2017 through 2021. Because many of the drugs administered in this program are administered in a physician’s office, clinic, or hospital setting, the billing process resembles that of the medical rebate programs below and can temporarily lower the collection rate due to frequent disputes. The rates for subsequent years consistently show collection percentage increases.

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 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 \$192,068,893 AF in rebates for CADs (see Appendix M), and the principal collection rate is 96 percent for 2017 through 2021.
- **Fee-for-Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** HHSC has collected \$9,515 AF in rebates for FFS EFMAP CADs (see [Appendix N](#)). The principal collection rate is 90 percent for 2017 through 2021.
- **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 \$281,470,004 AF in MCO CAD rebates (see [Appendix O](#)). The principal collection rate is 98 percent for 2017 through 2021.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** MCO EFMAP

CAD rebates resulted in collections of \$3,239,126 AF (see [Appendix P](#)). The current principal collection rate is 103 percent for 2017 through 2021.

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 two of the five quarters represented in [Appendix Q](#).

HHSC collected \$119,395,674 AF in rebates (see [Appendix Q](#)), and the principal collection rate is 98 percent for 2017 through 2021. 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). 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.

HHSC has collected \$6,571,242 general revenue (GR) in CSHCN drug rebates (see [Appendix R](#)). In total across fiscal years for 2017 through 2021, the principal collection rate is 90 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 \$29,516,790 GR in KHC drug rebates (see [Appendix S](#)) for 2017 through 2021. The principal collection rate is 95 percent.
- **Healthy Texas Women's (HTW) Programs:** The HTW program covers contraception and certain other medications for women who meet specific eligibility criteria. There are currently two separate rebate programs for the HTW Program. Each program has a different name and separate invoices are created for each program so manufacturers can differentiate between the two.
 - ▶ **Texas Women's Health Program:** The Texas Women's Health Program rebate program is for clients 17 and younger. For 2020, this program was an SPAP under Section 1927 of the Social Security Act because funding was from state GR. The state used 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. Rebate funds are returned to the State's General Fund. HHSC has

collected \$9,746,896 GR in rebates for clients under 17 (see [Appendix T](#)), and the principal collection rate is 99 percent for 2017 through 2021.

- ▶ **Healthy Texas Women's Program:** The HTW program became part of Medicaid in January 2020 through an 1115 demonstration for clients 18 and older. This program, funded by both federal and state funds, has a larger formulary which required manufacturers to pay rebates on drugs not previously invoiced in this program. HTW manufacturers had to change their accounting procedures and create a new program to account for these changes. This affected rebate collections for several quarters extending into 2021 and caused lower than normal collection rates for this program at 73 percent. This rebate program is in the second year of operation (see [Appendix U](#)). To date, HHSC has collected \$10,234,028 AF and the principal collection rate is 74 percent.

Conclusion

This report reflects rebates collected as of July 31, 2022. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid.

Over the past two years, many manufacturers were forced to make changes to their payment submission processes due to the novel coronavirus COVID-19 public health emergency. Adapting to changes in the payment submission process, such as obtaining electronic signatures and developing review and approval processes in a remote work environment, delayed payments. HHSC has adjusted state payment processes to account for these new submission procedures adopted by the manufacturers, and collections are on the rise again.

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 Code of Federal Regulation § 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.

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	Centers for Medicare and Medicaid Services
CSHCN	Children with Special Health Care Needs Services Program
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
HTW	Healthy Texas Women Program
KHC	Kidney Health Care Program
MCO	Managed Care Organization
NDC	National Drug Code
OBRA '90	Omnibus Budget Reconciliation Act of 1990
PA	Prior Authorization
PDL	Preferred Drug List
QROA	Quarterly Rebate Offset Amount
S.B.	Senate Bill
SPAP	State Pharmaceutical Assistance Program
VDP	Vendor Drug Program

Appendix A. Summary by Calendar Year

For Calendar Years 2017 - 2021

All Funds as of July 31, 2022³

Year	Original Amounts Billed	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	Outst. Principal Balance	Outst. Interest Balance	Collection Rates for Principal
2017	2,302,615,711	38,923,832	(8,476,666)	(5,324,304)	2,327,738,573	2,309,882,163	2,310,016,828	813,040	2,310,829,868	17,721,745	75,751	99%
2018	2,190,970,207	14,633,876	182,056	(5,430,564)	2,200,355,576	2,186,331,881	2,184,505,038	627,492	2,185,132,530	15,850,537	21,568	99%
2019	2,145,676,818	44,143,022	(29,274,976)	(6,383,423)	2,154,161,441	2,119,452,480	2,119,746,130	396,976	2,120,143,106	34,415,311	151	98%
2020	2,068,549,668	26,362,373	508,799	(1,877,727)	2,093,543,113	2,051,149,634	2,059,512,947	18,191	2,059,531,138	34,030,166	0	97%
2021	2,153,661,365	14,919,464	(1,075,423)	(30,635)	2,167,474,771	476,451,107	2,119,385,503	19,849	2,119,405,352	48,089,268	0	98%
TOTAL	10,861,473,769	138,982,567	(38,136,210)	(19,046,653)	10,943,273,474	9,143,267,265	10,793,166,446	1,875,548	10,795,041,994	150,107,027	97,470	99%

³ The table displays financial data rounded to the nearest dollar or whole number.

Appendix B. Summary by Rebate Program

For Calendar Years 2017 - 2021

All Funds as of July 31, 2022⁴

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments Billed	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outst. Principal Balances	Outst. Interest Balances	Collection Rate
FFS Pharmacy	157,568,750	1,700,627	(2,906,844)	(225,792)	156,136,741	144,545,717	154,947,404	63,523	155,010,927	1,189,336	83	99%
FFS Pharmacy Supplemental	14,678,982	(140,282)	(450,910)	(338)	14,087,452	11,227,963	11,945,889	6,908	11,952,796	2,141,563	20	85%
FFS EFMAP Pharmacy	6,434,799	82,523	(124,730)	0	6,392,592	5,826,445	6,125,062	3,832	6,128,894	267,530	4	96%
FFS EFMAP Pharmacy Supplemental	690,735	11,022	(10,545)	(916)	690,296	642,412	680,202	208	680,410	10,094	0	99%
FFS BCCP	27,834,938	143,073	(3,516,426)	(19)	24,461,567	22,700,364	23,962,940	9,193	23,972,133	498,627	0	98%
MCO Pharmacy	8,931,318,550	85,681,952	(75,585,982)	(18,350,054)	8,923,064,466	7,489,039,806	8,821,709,385	1,092,081	8,822,801,465	101,355,081	96,951	99%
MCO Pharmacy Supplemental	712,328,865	2,773,396	(3,739,738)	(407,371)	710,955,152	572,871,215	699,453,679	188,403	699,642,082	11,501,473	259	98%
MCO EFMAP Pharmacy	286,269,235	3,525,398	(603,282)	2	289,191,353	229,483,856	282,339,881	112,438	282,452,319	6,851,472	124	98%
MCO EFMAP Pharmacy Supplemental	37,072,818	357,341	(44,687)	(27,196)	37,358,276	29,179,881	36,957,107	18,216	36,975,323	401,169	4	99%
MCO BCCP	101,436,996	329,238	3,048,131	(341)	104,814,024	81,319,690	102,792,729	32,862	102,825,591	2,021,295	0	98%

⁴ The table displays financial data rounded to the nearest dollar or whole number.

Medical Rebates (CAD)

FFS CAD	225,030,559	2,129,907	(27,032,698)	(1,158)	200,126,610	166,132,755	192,068,893	67,687	192,136,580	8,057,717	0	96%
FFS EFMAP CAD	10,747	88	(244)	0	10,590	9,483	9,515	11	9,526	1,076	0	90%
MCO CAD	212,811,998	2,326,863	73,373,836	(33,741)	288,478,956	234,470,159	281,470,003	93,987	281,563,990	7,008,952	0	98%
MCO EFMAP CAD	2,733,296	(924)	401,236	0	3,133,607	3,177,003	3,239,125	2,522	3,241,647	(105,518)	0	103%

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 – National State Funded	85,620,282	36,670,775	155,908	0	122,446,965	104,395,301	119,395,675	176,701	119,572,376	3,051,290	18	98%

State-Only Rebates

CSHCN	4,249,923	3,124,681	(111,272)	268	7,263,600	5,399,690	6,571,242	449	6,571,692	692,358	0	90%
KHC	31,198,679	212,528	(385,353)	0	31,025,854	26,418,925	29,516,790	1,231	29,518,021	1,509,064	7	95%
Texas Women’s Health Program	10,124,313	(48,812)	(253,447)	0	9,822,054	9,711,316	9,746,896	5,168	9,752,063	75,158	0	99%
Healthy Texas Women	14,059,306	103,173	(349,162)	0	13,813,317	6,715,283	10,234,028	129	10,234,157	3,579,289	0	74%
TOTAL	10,861,473,771	138,982,567	(38,136,209)	(19,046,656)	10,943,273,472	9,143,267,264	10,793,166,445	1,875,549	10,795,041,992	150,107,026	97,470	99%

Appendix C. Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2017 - 2021

All Funds as of July 31, 2022⁵

Year	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
2017	68,653,003	904,933	(881,303)	(65,875)	68,610,758	68,542,359	68,549,818	29,887	68,579,705	60,940	25	100%
2018	33,555,200	130,637	(608,699)	0	33,077,138	32,902,369	32,892,794	13,268	32,906,062	184,344	55	99%
2019	24,476,300	452,028	(597,290)	(159,988)	24,171,050	23,737,318	23,740,921	13,081	23,754,002	430,129	2	98%
2020	16,937,209	138,491	(413,034)	0	16,662,665	16,364,688	16,364,899	3,566	16,368,465	297,766	0	98%
2021	13,947,038	74,538	(406,517)	71	13,615,130	2,998,982	13,398,972	3,721	13,402,693	216,158	0	98%
TOTAL	157,568,750	1,700,627	(2,906,843)	(225,792)	156,136,741	144,545,716	154,947,404	63,523	155,010,927	1,189,337	82	99%

⁵ 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 2017 - 2021

All Funds as of July 31, 2022⁶

Year	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
2017	6,707,550	(88,026)	(189,576)	5,345	6,435,293	5,892,108	5,881,884	1,740	5,883,624	553,409	8	91%
2018	2,681,100	(82,019)	(75,614)	(190)	2,523,278	1,946,624	1,950,878	3,041	1,953,919	572,400	8	77%
2019	2,543,935	42,590	(77,501)	(2,215)	2,506,809	2,158,676	2,187,790	1,944	2,189,734	319,019	4	87%
2020	1,511,706	(8,114)	(67,694)	(3,278)	1,432,621	1,118,434	1,147,196	173	1,147,369	285,425	0	80%
2021	1,234,690	(4,714)	(40,525)	0	1,189,451	112,121	778,141	9	778,150	411,310	0	65%
TOTAL	14,678,981	(140,283)	(450,910)	(338)	14,087,452	11,227,963	11,945,889	6,907	11,952,796	2,141,563	20	85%

⁶ 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 2017 - 2021

All Funds as of July 31, 2022⁷

Year	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
2017	2,048,717	28,693	(17,783)	0	2,059,628	2,017,732	2,017,746	2,273	2,020,020	41,881	1	98%
2018	1,528,421	4,972	(59,606)	0	1,473,787	1,443,802	1,442,624	1,070	1,443,694	31,163	3	98%
2019	1,300,191	34,973	(18,378)	0	1,316,786	1,273,303	1,265,211	458	1,265,669	51,575	0	96%
2020	1,000,739	8,092	(19,525)	0	989,306	880,281	888,394	13	888,406	100,912	0	90%
2021	556,730	5,794	(9,438)	0	553,086	211,328	511,087	18	511,105	41,998	0	92%
TOTAL	6,434,798	82,524	(124,730)	0	6,392,593	5,826,446	6,125,062	3,832	6,128,894	267,529	4	96%

⁷The 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 2017 - 2021

All Funds as of July 31, 2022⁸

Year	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
2017	229,952	1,785	(2,087)	0	229,651	226,091	226,091	204	226,295	3,560	0	98%
2018	130,960	5,048	(1,822)	0	134,186	133,500	133,740	1	133,741	446	0	100%
2019	185,997	5,026	(5,628)	(430)	184,965	178,897	183,100	4	183,104	1,864	0	99%
2020	85,703	(166)	(923)	(486)	84,128	83,391	83,628	0	83,628	500	0	99%
2021	58,123	(671)	(86)	0	57,366	20,533	53,642	0	53,642	3,724	0	94%
TOTAL	690,735	11,022	(10,546)	(916)	690,296	642,412	680,201	209	680,410	10,094	0	99%

⁸ 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 2017 - 2021

All Funds as of July 31, 2022⁹

Year	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
2017	19,461,329	53,760	(2,799,340)	0	16,715,749	16,437,669	16,430,442	5,475	16,435,916	285,307	0	98%
2018	2,579,302	12,792	(446,399)	(19)	2,145,677	2,058,025	2,067,565	477	2,068,042	78,112	0	96%
2019	2,369,516	(1,727)	(159,361)	0	2,208,429	2,215,575	2,205,140	3,192	2,208,332	3,288	0	100%
2020	1,667,101	5,253	(65,638)	0	1,606,715	1,593,130	1,573,940	25	1,573,964	32,776	0	98%
2021	1,757,691	72,995	(45,688)	0	1,784,997	395,966	1,685,854	25	1,685,878	99,144	0	94%
TOTAL	27,834,939	143,073	(3,516,426)	(19)	24,461,567	22,700,365	23,962,941	9,194	23,972,132	498,627	0	98%

⁹The table displays financial data rounded to the nearest dollar or whole number.

Appendix H. Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2017 - 2021

All Funds as of July 31, 2022¹⁰

Year	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
2017	1,874,921,958	25,512,630	(12,878,110)	(5,263,809)	1,882,292,668	1,866,610,827	1,866,261,174	474,924	1,866,736,098	16,031,494	75,465	99%
2018	1,839,964,736	7,098,304	(15,354,193)	(5,391,625)	1,826,317,221	1,818,971,161	1,816,813,110	351,274	1,817,164,383	9,504,111	21,385	99%
2019	1,764,279,966	27,185,968	(34,876,419)	(6,007,145)	1,750,582,370	1,727,232,054	1,725,341,004	245,066	1,725,586,070	25,241,366	101	99%
2020	1,689,730,857	14,871,126	(6,062,468)	(1,686,054)	1,696,853,461	1,670,660,061	1,675,574,510	10,288	1,675,584,798	21,278,951	0	99%
2021	1,762,421,033	11,013,924	(6,414,791)	(1,420)	1,767,018,746	405,565,702	1,737,719,587	10,528	1,737,730,116	29,299,159	0	98%
TOTAL	8,931,318,550	85,681,952	(75,585,981)	(18,350,053)	8,923,064,466	7,489,039,805	8,821,709,385	1,092,080	8,822,801,465	101,355,081	96,951	99%

¹⁰ 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 2017 - 2021

All Funds as of July 31, 2022¹¹

Year	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
2017	149,753,098	2,261,417	(2,374,299)	0	149,640,217	147,347,012	147,688,521	57,877	147,746,398	1,951,696	185	99%
2018	124,180,396	(2,043,389)	1,971,019	0	124,108,026	125,095,316	125,085,546	86,851	125,172,397	(977,520)	37	101%
2019	144,344,902	2,816,923	(1,446,686)	(224,602)	145,490,536	142,253,130	143,795,344	40,867	143,836,211	1,695,192	37	99%
2020	144,067,347	(27,249)	(513,445)	(182,768)	143,343,884	138,745,426	141,797,824	1,621	141,799,445	1,546,061	0	99%
2021	149,983,122	(234,306)	(1,376,327)	0	148,372,490	19,430,331	141,086,445	1,187	141,087,632	7,286,045	0	95%
TOTAL	712,328,865	2,773,396	(3,739,738)	(407,370)	710,955,153	572,871,215	699,453,680	188,403	699,642,083	11,501,474	259	98%

¹¹ 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 2017 - 2021

All Funds as of July 31, 2022¹²

Year	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
2017	64,939,782	954,719	(16,014)	0	65,878,487	65,453,067	65,434,917	65,060	65,499,977	443,570	53	99%
2018	55,288,025	198,487	(194,777)	0	55,291,735	54,494,472	54,436,978	36,502	54,473,480	854,757	70	98%
2019	51,063,788	1,223,228	(150,572)	0	52,136,444	51,352,704	51,181,098	8,551	51,189,650	955,346	1	98%
2020	46,986,023	592,852	(10,334)	0	47,568,541	46,227,062	46,266,166	514	46,266,680	1,302,375	0	97%
2021	67,991,618	556,112	(231,586)	2	68,316,146	11,956,550	65,020,722	1,811	65,022,533	3,295,424	0	95%
TOTAL	286,269,236	3,525,398	(603,283)	2	289,191,353	229,483,855	282,339,881	112,438	282,452,320	6,851,472	124	98%

¹² 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 2017 - 2021

All Funds as of July 31, 2022¹³

Year	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
2017	6,972,781	(47,624)	590	5	6,925,752	6,742,313	6,742,465	17,926	6,760,391	183,287	3	97%
2018	6,148,126	219,688	(4,192)	0	6,363,622	6,234,644	6,247,109	42	6,247,151	116,513	0	98%
2019	7,716,993	250,668	(56,832)	(16,145)	7,894,684	7,683,210	7,868,004	211	7,868,215	26,680	1	100%
2020	7,526,727	1,702	24,027	(11,056)	7,541,400	7,503,135	7,507,394	7	7,507,402	34,006	0	100%
2021	8,708,191	(67,092)	(8,280)	0	8,632,819	1,016,579	8,592,135	29	8,592,165	40,684	0	100%
TOTAL	37,072,818	357,342	(44,687)	(27,196)	37,358,277	29,179,881	36,957,107	18,215	36,975,324	401,170	4	99%

¹³ 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 2017 - 2021

All Funds as of July 31, 2022¹⁴

Year	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
2017	3,399,566	(1,750)	599,883	0	3,997,699	4,124,947	4,165,286	2,751	4,168,038	(167,588)	0	104%
2018	19,342,871	(309,347)	1,539,898	0	20,573,422	20,245,992	20,327,964	15,002	20,342,966	245,458	0	99%
2019	23,643,342	65,834	967,575	(90)	24,676,661	24,392,108	24,593,868	14,532	24,608,400	82,793	0	100%
2020	26,627,311	392,065	(366,790)	0	26,652,585	25,968,011	26,153,671	238	26,153,909	498,914	0	98%
2021	28,423,905	182,437	307,566	(251)	28,913,657	6,588,632	27,551,939	338	27,552,277	1,361,718	0	95%
TOTAL	101,436,995	329,239	3,048,132	(341)	104,814,024	81,319,690	102,792,728	32,861	102,825,590	2,021,295	0	98%

¹⁴ 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 2017 - 2021

All Funds as of July 31, 2022¹⁵

Year	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
2017	42,476,149	506,073	(4,282,090)	30	38,700,161	37,837,705	37,840,323	18,763	37,859,086	859,838	0	98%
2018	40,736,331	627,243	(5,677,458)	0	35,686,116	34,424,817	34,502,501	15,184	34,517,685	1,183,615	0	97%
2019	53,082,069	558,806	(7,825,983)	29	45,814,921	43,771,761	43,388,750	32,899	43,421,649	2,426,171	0	95%
2020	47,947,054	67,904	(4,754,033)	(1,265)	43,259,661	41,317,507	40,339,059	387	40,339,446	2,920,602	0	93%
2021	40,788,956	369,881	(4,493,134)	49	36,665,751	8,780,965	35,998,260	454	35,998,714	667,491	0	98%
TOTAL	225,030,559	2,129,907	(27,032,698)	(1,157)	200,126,610	166,132,755	192,068,893	67,687	192,136,580	8,057,717	0	96%

¹⁵ 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 2017 - 2021

All Funds as of July 31, 2022¹⁶

Year	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
2017	504	41	(9)	0	536	486	498	0	498	38	0	93%
2018	3,368	(12)	(9)	0	3,347	2,384	2,384	6	2,390	963	0	71%
2019	6,032	59	(1)	0	6,089	6,018	6,022	5	6,027	68	0	99%
2020	592	0	(226)	0	366	361	362	0	362	4	0	99%
2021	252	0	0	0	252	234	249	0	249	3	0	99%
TOTAL	10,748	88	(245)	0	10,590	9,483	9,515	11	9,526	1,076	0	90%

¹⁶ 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 2017 - 2021

All Funds as of July 31, 2022¹⁷

Year	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
2017	32,324,453	409,299	14,240,225	0	46,973,977	47,038,891	46,920,984	31,416	46,952,400	52,994	0	99%
2018	33,804,444	371,181	19,169,326	(38,730)	53,306,221	51,487,752	51,532,671	37,139	51,569,809	1,773,551	0	97%
2019	42,946,595	305,119	15,136,730	25,509	58,413,954	57,028,959	57,631,414	23,283	57,654,696	782,540	0	99%
2020	54,038,858	920,035	13,095,694	8,567	68,063,154	65,664,670	66,635,137	1,033	66,636,170	1,428,016	0	98%
2021	49,697,647	321,228	11,731,861	(29,086)	61,721,650	13,249,888	58,749,798	1,117	58,750,915	2,971,852	0	95%
TOTAL	212,811,997	2,326,862	73,373,836	(33,740)	288,478,956	234,470,160	281,470,004	93,988	281,563,990	7,008,953	0	98%

¹⁷ 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 2017 - 2021

All Funds as of July 31, 2022¹⁸

Year	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
2017	2,117,265	(311)	264,744	0	2,381,698	2,473,150	2,457,222	2,200	2,459,422	(75,524)	0	103%
2018	409,816	(766)	(46,823)	0	362,227	381,953	382,185	269	382,454	(19,958)	0	106%
2019	167,467	(101)	102,950	0	270,316	290,693	290,703	51	290,754	(20,387)	0	108%
2020	14,574	140	11,295	0	26,009	26,235	25,767	0	25,767	242	0	99%
2021	24,175	114	69,069	0	93,358	4,971	83,249	1	83,250	10,109	0	89%
TOTAL	2,733,297	(924)	401,235	0	3,133,608	3,177,002	3,239,126	2,521	3,241,647	(105,518)	0	103%

¹⁸ 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 2017 - 2021

All Funds as of July 31, 2022¹⁹

Year	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
2017	15,710,850	7,800,243	44,340	0	23,555,433	25,915,155	26,176,708	99,230	26,275,939	(2,621,276)	2	111%
2018	19,404,557	7,715,929	223,407	0	27,343,893	25,486,941	25,650,811	65,229	25,716,040	1,693,082	12	94%
2019	18,592,896	10,637,497	(130,212)	0	29,100,182	26,729,890	26,913,775	11,618	26,925,393	2,186,406	5	92%
2020	16,325,693	8,601,158	(87,082)	0	24,839,769	22,858,707	22,982,700	240	22,982,940	1,857,068	0	93%
2021	15,586,286	1,915,949	105,454	0	17,607,689	3,404,608	17,671,680	384	17,672,065	(63,991)	0	100%
TOTAL	85,620,282	36,670,776	155,907	0	122,446,966	104,395,301	119,395,674	176,701	119,572,377	3,051,289	19	98%

¹⁹ 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 2017 – 2021

General Revenue Funds as of July 31, 2022²⁰

Year	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
2017	873,924	614,664	(21,267)	0	1,467,320	1,332,220	1,332,221	316	1,332,537	135,099	0	91%
2018	880,433	597,522	(19,714)	0	1,458,241	1,229,818	1,229,492	56	1,229,548	228,749	0	84%
2019	845,306	536,866	(19,344)	1,656	1,364,484	1,251,952	1,255,428	66	1,255,493	109,056	0	92%
2020	851,088	719,000	(26,934)	(1,387)	1,541,767	1,415,669	1,404,094	1	1,404,095	137,673	0	91%
2021	799,171	656,630	(24,014)	0	1,431,787	170,031	1,350,007	12	1,350,019	81,780	0	94%
TOTAL	4,249,922	3,124,682	(111,273)	269	7,263,599	5,399,690	6,571,242	451	6,571,692	692,357	0	90%

²⁰ The table displays financial data rounded to the nearest dollar or whole number.

Appendix S. Kidney Health Care Program

For Calendar Years 2017 - 2021

General Revenue Funds as of July 31, 2022²¹

Year	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
2017	9,161,670	(13,770)	(81,710)	0	9,066,191	9,088,980	9,089,074	201	9,089,275	(22,883)	7	100%
2018	7,351,659	115,668	(111,047)	0	7,356,280	6,933,101	6,947,479	856	6,948,335	408,801	0	94%
2019	4,619,110	77,071	(74,921)	0	4,621,260	4,431,588	4,434,384	33	4,434,417	186,876	0	96%
2020	5,445,877	42,473	(48,380)	0	5,439,970	4,946,536	4,954,014	0	4,954,014	485,956	0	91%
2021	4,620,362	(8,913)	(69,295)	0	4,542,154	1,018,721	4,091,839	140	4,091,980	450,314	0	90%
TOTAL	31,198,678	212,529	(385,353)	0	31,025,855	26,418,926	29,516,790	1,230	29,518,021	1,509,064	7	95%

²¹ The table displays financial data rounded to the nearest dollar or whole number.

Appendix T. Texas Women's Health Program

For Calendar Years 2017 - 2021

General Revenue Funds as of July 31, 2022²²

Year	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
2017	2,863,161	27,055	(82,860)	0	2,807,357	2,801,454	2,801,454	2,796	2,804,249	5,903	0	100%
2018	2,980,464	(28,063)	(121,242)	0	2,831,159	2,859,209	2,859,209	1,226	2,860,435	(28,049)	0	101%
2019	3,492,412	(47,805)	(43,104)	0	3,401,503	3,464,644	3,464,174	1,115	3,465,289	(62,671)	0	102%
2020	670,424	0	(4,552)	0	665,872	567,062	567,062	13	567,075	98,810	0	85%
2021	117,853	0	(1,690)	0	116,163	18,947	54,997	18	55,016	61,165	0	47%
TOTAL	10,124,314	(48,813)	(253,448)	0	9,822,054	9,711,316	9,746,896	5,168	9,752,064	75,158	0	99%

²² The table displays financial data rounded to the nearest dollar or whole number.

Appendix U. Healthy Texas Women Program

For Calendar Years 2017 - 2021

General Revenue Funds as of July 31, 2022²³

Year	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
2017	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0	0	0
2020	7,114,785	37,613	(181,160)	0	6,971,238	5,209,268	5,247,130	72	5,247,203	1,724,108	0	75%
2021	6,944,521	65,560	(168,002)	0	6,842,079	1,506,015	4,986,898	57	4,986,955	1,855,181	0	73%
TOTAL	14,059,306	103,173	(349,162)	0	13,813,317	6,715,283	10,234,028	129	10,234,158	3,579,289	0	74%

²³ The table displays financial data rounded to the nearest dollar or whole number.