



Performance Reporting for the Prescription Drug Rebate Program

**Required by
House Bill 1, 88th Legislature, Regular
Session, 2023 (Article II, Health and
Human Services Commission, Rider
114(e))**

**Texas Health and Human Services
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TEXAS
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Executive Summary

As directed in the 2023-2024 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission [HHSC], Rider 114(e)), 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 2018 through 2022, HHSC collected \$10,964,727,035 All Funds (AF) in principal for rebates—a collection rate of 99 percent. Interest collections were \$1,815,356 AF for 2018 through 2022. Overall, rebate invoices and collections increased from 2021 to 2022.

¹ Annual collection rate is the total principal collected for each year from 2018 thru 2022 divided by the current value of the invoices for each year which creates an annual percentage collected.

Introduction

Rider 114(e) requires HHSC to report annually on the outstanding prescription drug rebate balances for Medicaid, CHIP, HTW, 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 appendix includes detailed rebate information for the most recent five-year period, calendar years 2018 through 2022. The calculations in the appendix reflect the separate data collection dates. Information on earlier years is available from HHSC by request.

The appendix provides the following information for each rebate program for calendar years 2018 through 2022:

- 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 drug manufacturers' drugs to the state's Medicaid formulary. As part of the national rebate agreement, contracted drug 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 drug 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 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 the appendix (see tables 8-12, 15-16).

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

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.

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 drug 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, extended the statutory requirement for HHSC to maintain a single statewide formulary for Medicaid and CHIP programs and a Medicaid PDL until August 31, 2023. House Bill 1283, 88th Texas Legislature, Regular Session (2023), extended this end date to August 31, 2033. 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 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 drug 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 Revenue Fund and 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, 2023, the QROA amount paid to CMS for all periods was \$551,311,638 AF. All collections in the report's tables and appendix include the QROA amounts returned to CMS. The table below lists the QROA amounts paid to CMS for calendar years 2018-2022. 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, disputes, etc.

Table 1. QROA Payments Associated with Rebate Invoices

Year	QROA
2018	\$89,181,097
2019	\$97,157,870
2020	\$103,467,393
2021	\$113,834,537
2022	\$147,670,741
Total	\$551,311,638

Rebate Process

CMS uses pricing data submitted by drug manufacturers to calculate the rebate rate and QROA and sends this data to states quarterly. In compliance with 42 U.S. Code § 1396r-8, the HHSC rebate system takes the utilization (number of drug units paid for by Medicaid and other programs) and multiplies it by the rate determined by CMS from the quarterly submission of Average Manufacturer Price (AMP) by the drug manufacturer. The total is the amount the drug manufacturer is invoiced. HHSC sends invoices to the drug manufacturers within 60 days after the end of the

calendar quarter. Drug 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. Drug 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 drug manufacturer makes payment because drug manufacturers provide late or updated pricing information or utilization data to CMS or HHSC. Drug 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 drug manufacturer and transmits the changes to the state with the next quarterly update.

Additionally, collection rates for each of the five years from 2018 through 2022 can temporarily exceed 100 percent when drug 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 drug manufacturers to provide rebate pricing information to the state directly. If the data submitted by a drug 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 drug 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 drug manufacturers with large outstanding balances;
- Educating drug 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 drug manufacturers.

In the appendix, 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 2018 through 2022. 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 the appendix, table 3, the collections totaled \$95,872,149 AF for the FFS Pharmacy Medicaid rebate program, which is a 99 percent principal collection rate for 2018 through 2022. Collections in FFS have consistently decreased since 2018. This decrease can be attributed to client and program transition from FFS to managed care.
- **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 drug 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 drug 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 \$6,921,324 AF in Medicaid supplemental rebates, which is an 80 percent principal collection rate for 2018 through 2022 (see appendix, table 4).
- **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 enhanced federal match. As shown in the appendix, table 5, the collections totaled \$4,418,588 AF for the EFMAP rebate program, which is a 96 percent principal collection rate for 2018 through 2022.
- **Fee-for-Service EFMAP Supplemental Rebate Program:** This program collects rebates obtained through the supplemental bidding and preferred

drug process. HHSC has collected \$483,718 AF which is a 100 percent principal collection rate for 2018 through 2022, as shown in the appendix, table 6.

- **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 the appendix, table 7, the rebate collections totaled \$9,385,193 AF for the BCCP pharmacy program, which is a 97 percent principal collection rate for 2018 through 2022.
- **Managed Care Organization Pharmacy Program:** Managed care pharmacy encounters are subject to CMS's federal Medicaid drug rebate program. As shown in the appendix, table 8, the collections totaled \$8,874,536,199 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99 percent principal collection rate for 2018 through 2022.
- **Managed Care Organization Pharmacy Supplemental Rebate Program:** HHSC has collected \$755,321,571 AF in Medicaid managed care supplemental rebates (see appendix, table 9). The current principal collection rate is 99 percent for 2018 through 2022.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program:** As shown in the appendix, table 10, the collections totaled \$294,298,631 AF for the managed care EFMAP rebate program for 2018 through 2022. The principal collection rate is 96 percent.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program:** As shown in the appendix, table 11, the collections totaled \$41,203,452 AF for the MCO EFMAP Supplemental rebate program for 2018 through 2022. The principal collection rate is 96 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 the appendix, table 12, the collections totaled \$128,734,632 AF for the MCO BCCP pharmacy program, which is a 99 percent principal collection rate for 2018 through 2022. 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 \$182,456,709 AF in rebates for CADs (see appendix, table 13), and the principal collection rate is 96 percent for 2018 through 2022.
- **Fee-for-Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** HHSC has collected \$12,144 AF in rebates for FFS EFMAP CADs (see appendix, table 14). The principal collection rate is 93 percent for 2018 through 2022.
- **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 \$316,910,534 AF in MCO CAD rebates

(see [appendix, table 15](#)). The principal collection rate is 97 percent for 2018 through 2022.

- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** MCO EFMAP CAD rebates resulted in collections of \$909,734 AF (see [appendix, table 16](#)). The current principal collection rate is 101 percent for 2018 through 2022.

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 drug manufacturers’ Medicaid best price and incentivize participation.

For the CHIP rebate program, drug manufacturers are required to report rebate pricing to HHSC on a quarterly basis. If a drug 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 drug 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 drug manufacturer corrects and provides the pricing data from the previous quarter. If a drug 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 [the appendix, table 17](#).

HHSC collected \$105,987,894 AF in rebates (see [appendix, table 17](#)), and the principal collection rate is 90 percent for 2018 through 2022. The principal collection rate is dependent on the drug 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 provided by CMS:

- ▶ 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 \$6,334,567 general revenue (GR) in CSHCN drug rebates (see [appendix, table 18](#)). In total across fiscal years for 2018 through 2022, the principal collection rate is 87 percent.

- **Kidney Health Care Program:** The KHC rebate program is a voluntary state program. Because KHC qualifies as an SPAP under 42 U.S.C. 1395w-133, the state can use the same rebate rates as Medicaid for participating drug manufacturers. The ACA changes that increased the Medicaid rates also increased KHC rebates. HHSC has collected \$24,879,102 GR in KHC drug rebates (see [appendix, table 19](#)) for 2018 through 2022. The principal collection rate is 94 percent.
- **Healthy Texas Women's (HTW) Programs:** The Healthy Texas Women 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 drug 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 42 U.S.C. 1395w-133 because funding was from state GR.

The state used the same rebate rates as Medicaid for participating drug manufacturers, without jeopardizing the drug manufacturers' Medicaid rate. HHSC works with the drug 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 \$6,993,215 GR in rebates for clients under 17 (see [appendix, table 20](#)), and the principal collection rate is 99 percent for 2018 through 2022.

- ▶ **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 drug manufacturers to pay rebates on drugs not previously invoiced in this program. HTW drug 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 2023 and caused lower than normal collection rates for this program at 81 percent, up from 73 percent last year. This rebate program is in the second year of operation (see [appendix, table 21](#)). To date, HHSC has collected \$15,811,167 AF and the principal collection rate is 81 percent.

Conclusion

This report reflects rebates collected as of July 31, 2023. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid.

Over the past three years, the COVID-19 public health emergency forced many drug manufacturers to make changes to their payment submission processes, including adapting to the use of electronic signatures and developing review and approval processes in a remote work environment, which delayed payments. HHSC has adjusted state payment processes to account for these new submission procedures adopted by the drug manufacturers, and collections are on the rise again. Overall, rebate invoices and collections increased from 2021 to 2022.

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 ("Requirements for Manufacturers"). Drug 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 drug 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
H.B.	House Bill
HHSC	Health and Human Services Commission
HCPCS	Healthcare Common Procedure Codes Set
HTW	Healthy Texas Women Program
KHC	Kidney Health Care Program
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
SPAP	State Pharmaceutical Assistance Program
VDP	Vendor Drug Program

Appendix A. Summary Tables

Summary by Calendar Year

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023³

Table 1: Summary by Calendar Year

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	Outstanding Principal Balance	Outstanding Interest Balance	Collection Rates for Principal
2018	2,190,970,208	12,606,431	(5,967,142)	(5,432,374)	2,192,177,122	2,184,478,127	2,184,886,306	643,005	2,185,529,311	7,290,816	16,890	100%
2019	2,145,676,818	28,034,904	(32,693,947)	(6,383,789)	2,134,633,985	2,119,979,444	2,119,004,374	406,535	2,119,410,909	15,629,612	158	99%
2020	2,061,434,883	24,177,214	(4,409,201)	(1,904,184)	2,079,298,713	2,054,776,672	2,058,760,783	33,520	2,058,794,303	20,537,929	4	99%
2021	2,153,661,365	10,531,116	(5,183,364)	(74,732)	2,158,934,385	2,129,510,658	2,138,228,595	73,677	2,138,302,272	20,705,790	0	99%
2022	2,412,983,761	19,137,720	(26,165,655)	(48,525)	2,405,907,302	554,780,574	2,363,245,299	658,619	2,363,903,919	42,662,002	0	98%
TOTAL	10,964,727,035	94,487,385	(74,419,309)	(13,843,604)	10,970,951,507	9,043,525,475	10,864,125,357	1,815,356	10,865,940,714	106,826,149	17,052	99%

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

Summary by Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁴

Table 2a: Summary by Rebate Program

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	Outstanding Principal Balances	Outstanding Interest Balances	Collection Rate
FFS Pharmacy	98,611,332	360,062	(2,401,413)	(161,617)	96,408,363	89,297,483	95,836,869	35,280	95,872,149	571,494	57	99%
FFS Pharmacy Supplemental	8,947,263	(56,854)	(291,798)	(5,683)	8,592,928	6,249,989	6,895,689	25,635	6,921,324	1,697,239	20	80%
FFS EFMAP Pharmacy	4,715,925	(3,903)	(122,752)	0	4,589,271	4,237,874	4,416,971	1,617	4,418,588	172,299	4	96%
FFS EFMAP Pharmacy Supplemental	490,660	8,651	(16,879)	(916)	481,517	470,792	483,705	13	483,718	(2,188)	0	100%
FFS BCCP	10,561,829	1,604,660	(2,523,091)	(8,613)	9,634,785	8,019,367	9,380,922	4,271	9,385,193	253,863	0	97%
MCO Pharmacy	8,985,701,551	29,228,789	(81,143,753)	(13,096,513)	8,920,690,075	7,416,657,898	8,873,414,120	1,122,079	8,874,536,200	47,275,955	16,809	99%
MCO Pharmacy Supplemental	764,346,798	1,265,378	(3,038,678)	(407,371)	762,166,128	596,905,877	755,097,148	224,423	755,321,571	7,068,980	74	99%
MCO EFMAP Pharmacy	307,113,408	621,594	(1,032,497)	(7,732)	306,694,772	236,858,416	294,223,574	75,058	294,298,631	12,471,198	71	96%
MCO EFMAP Pharmacy Supplemental	42,905,588	424,340	(165,259)	(27,201)	43,137,468	31,842,560	41,196,716	6,736	41,203,452	1,940,752	1	96%
MCO BCCP	128,256,069	3,526,229	(1,255,004)	(37,960)	130,489,334	106,097,810	128,696,204	38,428	128,734,632	1,793,130	0	99%

Table 2b: Medical Rebates (CAD)

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	Outstanding Principal Balances	Outstanding Interest Balances	Collection Rate
FFS CAD	225,888,042	13,016,106	(48,094,051)	(7,424)	190,802,673	161,478,772	182,393,442	63,267	182,456,709	8,409,232	0	96%
FFS EFMAP CAD	15,541	72	(2,565)	0	13,048	9,019	12,128	16	12,144	920	0	93%
MCO CAD	255,078,782	4,342,359	66,440,135	(82,835)	325,778,440	250,092,284	316,776,586	133,948	316,910,534	9,001,854	0	97%
MCO EFMAP CAD	710,909	43,311	147,295	(6)	901,508	813,023	909,375	358	909,734	(7,867)	0	101%

Table 2c: CHIP Rebates

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	Outstanding Principal	Outstanding Interest	Collection Rate
CHIP – National State Funded	80,734,834	36,446,803	62,911	0	117,244,548	94,485,048	105,908,156	79,738	105,987,894	11,336,391	16	90%

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

Table 2d: State-Only Rebates

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	Outstanding Principal Balances	Outstanding Interest Balances	Collection Rate
CSHCN	4,053,443	3,365,998	(98,609)	268	7,321,101	5,274,840	6,334,298	268	6,334,566	986,803	0	87%
KHC	26,738,995	204,977	(373,560)	0	26,570,412	21,596,376	24,877,947	1,156	24,879,102	1,692,466	0	94%
Texas Women's Health Program	7,297,345	(75,867)	(170,587)	0	7,050,890	6,945,442	6,990,655	2,560	6,993,215	60,235	0	99%
Healthy Texas Women	19,673,506	444,723	(523,274)	(1)	19,594,953	11,439,735	15,810,370	797	15,811,167	3,784,583	0	81%
TOTAL	10,971,841,820	94,767,428	(74,603,429)	(13,843,604)	10,978,162,214	9,048,772,605	10,869,654,875	1,815,648	10,871,470,523	108,507,339	17,052	99%

Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁵

Table 3: Medicaid Fee for Service Pharmacy Rebate Program

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
2018	33,555,200	(4,755)	(609,876)	(128)	32,940,441	32,860,285	32,858,270	13,274	32,871,544	82,171	55	100%
2019	24,476,300	193,528	(598,484)	(159,988)	23,911,355	23,738,914	23,769,563	13,089	23,782,652	141,792	2	99%
2020	16,937,209	98,018	(437,343)	74	16,597,958	16,367,854	16,419,812	3,566	16,423,378	178,146	0	99%
2021	13,947,038	38,152	(446,042)	(1,573)	13,537,575	13,460,216	13,420,675	3,834	13,424,509	116,900	0	99%
2022	9,695,585	35,119	(309,668)	(3)	9,421,034	2,870,214	9,368,549	1,517	9,370,066	52,485	0	99%
TOTAL	98,611,332	360,062	(2,401,413)	(161,618)	96,408,363	89,297,483	95,836,869	35,280	95,872,149	571,494	57	99%

⁵ The table displays financial data rounded to the nearest dollar or whole number.

Medicaid Fee for Service Pharmacy Supplemental Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁶

Table 4: Medicaid Fee for Service Pharmacy Supplemental Rebate Program

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
2018	2,681,101	(82,019)	(75,614)	(190)	2,523,277	1,950,878	1,951,081	3,041	1,954,123	572,196	8	77%
2019	2,543,935	40,137	(77,745)	(2,215)	2,504,112	2,187,824	2,195,157	1,945	2,197,102	308,955	8	88%
2020	1,511,706	(10,214)	(67,757)	(3,278)	1,430,458	1,147,196	1,177,709	201	1,177,910	252,749	4	82%
2021	1,234,690	(5,186)	(44,705)	0	1,184,799	777,721	795,886	61	795,947	388,913	0	67%
2022	975,831	428	(25,977)	0	950,282	186,371	775,855	20,387	796,242	174,426	0	82%
TOTAL	8,947,263	(56,854)	(291,798)	(5,683)	8,592,928	6,249,989	6,895,689	25,635	6,921,324	1,697,239	20	80%

⁶ The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁷

Table 5: Medicaid Fee for Services Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

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
2018	1,528,422	(7,749)	(59,606)	0	1,461,066	1,442,624	1,442,879	1,070	1,443,949	18,186	1	99%
2019	1,300,191	(4,172)	(18,378)	0	1,277,642	1,265,106	1,265,510	460	1,265,970	12,132	3	99%
2020	1,000,739	2,639	(19,547)	0	983,832	889,302	891,089	3	891,091	92,743	0	91%
2021	556,730	3,983	(10,329)	0	550,384	511,170	516,845	29	516,875	33,539	0	94%
2022	329,843	1,396	(14,892)	0	316,347	129,672	300,648	55	300,703	15,699	0	95%
TOTAL	4,715,925	(3,903)	(122,752)	0	4,589,271	4,237,874	4,416,971	1,617	4,418,588	172,299	4	96%

⁷The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁸

Table 6: Medicaid Fee For Service Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate

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
2018	130,960	5,048	(1,822)	0	134,186	133,740	133,740	1	133,741	445	0	100%
2019	185,996	4,665	(5,628)	(430)	184,604	183,098	184,746	3	184,750	(142)	0	100%
2020	85,703	(363)	(923)	(486)	83,932	83,628	83,579	0	83,579	353	0	100%
2021	58,123	(696)	(86)	0	57,341	53,337	53,258	4	53,262	4,083	0	93%
2022	29,878	(3)	(8,420)	0	21,454	16,987	28,382	5	28,386	(6,927)	0	132%
TOTAL	490,660	8,651	(16,879)	(916)	481,517	470,792	483,705	13	483,718	(2,188)	0	100%

⁸ The table displays financial data rounded to the nearest dollar or whole number.

Medicaid Fee for Service Breast and Cervical Cancer Program Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023⁹

Table 7: Medicaid Fee for Service Breast and Cervical Cancer Program Rebate Program

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
2018	2,579,302	911,527	(1,318,977)	(21)	2,171,830	2,064,985	2,130,131	477	2,130,609	41,699	0	98%
2019	2,369,516	382,553	(527,941)	92	2,224,221	2,207,749	2,221,790	3,210	2,225,000	2,432	0	100%
2020	1,667,101	111,320	(139,955)	(3,204)	1,635,262	1,573,930	1,579,634	27	1,579,660	55,628	0	97%
2021	1,757,691	176,256	(212,440)	(251)	1,721,256	1,685,862	1,694,003	53	1,694,056	27,253	0	98%
2022	2,188,219	23,004	(323,778)	(5,229)	1,882,216	486,841	1,755,364	504	1,755,868	126,851	0	93%
TOTAL	10,561,829	1,604,660	(2,523,091)	(8,613)	9,634,785	8,019,367	9,380,922	4,271	9,385,193	253,863	0	97%

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

Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁰

Table 8: Medicaid Managed Care Organization Pharmacy Rebate Program

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
2018	1,839,964,735	1,002,874	(15,867,173)	(5,392,794)	1,819,707,643	1,816,817,210	1,816,984,466	366,097	1,817,350,563	2,723,177	16,708	100%
2019	1,764,279,966	10,049,337	(35,207,017)	(6,007,534)	1,733,114,752	1,725,606,994	1,725,525,019	246,294	1,725,771,312	7,589,733	101	100%
2020	1,689,730,857	6,495,464	(6,883,264)	(1,671,375)	1,687,671,682	1,675,541,411	1,678,259,085	10,882	1,678,269,967	9,412,597	0	99%
2021	1,762,421,033	5,195,715	(11,214,679)	(12,455)	1,756,389,615	1,740,837,849	1,743,687,055	30,418	1,743,717,473	12,702,560	0	99%
2022	1,929,304,960	6,485,399	(11,971,620)	(12,355)	1,923,806,383	457,854,434	1,908,958,495	468,388	1,909,426,884	14,847,888	0	99%
TOTAL	8,985,701,551	29,228,789	(81,143,753)	(13,096,513)	8,920,690,075	7,416,657,898	8,873,414,120	1,122,079	8,874,536,199	47,275,955	16,809	99%

¹⁰ The table displays financial data rounded to the nearest dollar or whole number.

Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹¹

Table 9: Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

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
2018	124,180,396	(2,043,436)	1,970,995	0	124,107,955	125,082,110	125,082,168	86,851	125,169,019	(974,212)	37	101%
2019	144,344,902	2,619,810	(1,466,182)	(224,603)	145,273,927	143,793,411	144,020,532	45,956	144,066,488	1,253,395	37	99%
2020	144,067,347	(243,478)	(663,976)	(182,768)	142,977,125	142,789,232	143,167,844	14,440	143,182,284	(190,720)	0	100%
2021	149,983,122	444,100	(2,096,948)	0	148,330,274	146,029,705	145,624,672	13,597	145,638,269	2,705,602	0	98%
2022	201,771,031	488,382	(782,567)	0	201,476,847	39,211,419	197,201,932	63,579	197,265,511	4,274,915	0	98%
TOTAL	764,346,798	1,265,378	(3,038,678)	(407,371)	762,166,128	596,905,877	755,097,148	224,423	755,321,571	7,068,980	74	99%

¹¹ The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹²

Table 10: Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

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
2018	55,288,025	(215,814)	(194,777)	0	54,877,434	54,441,892	54,469,924	36,503	54,506,427	407,510	70	99%
2019	51,063,788	(173,917)	(150,572)	0	50,739,300	51,170,345	49,796,337	8,559	49,804,896	942,963	1	98%
2020	46,986,023	122,750	(20,696)	281	47,088,358	46,266,134	46,330,201	517	46,330,716	758,157	0	98%
2021	67,991,617	316,507	(332,037)	(2,216)	67,973,871	65,063,905	65,108,610	3,551	65,112,161	2,865,261	0	96%
2022	85,783,955	572,068	(334,415)	(5,797)	86,015,809	19,916,140	78,518,502	25,928	78,544,431	7,497,307	0	91%
TOTAL	307,113,408	621,594	(1,032,497)	(7,732)	306,694,772	236,858,416	294,223,574	75,058	294,298,631	12,471,198	71	96%

¹² The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹³

Table 11: Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program

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
2018	6,148,126	219,683	(4,192)	0	6,363,617	6,247,109	6,285,611	43	6,285,654	78,006	0	99%
2019	7,716,993	234,397	(56,832)	(16,145)	7,878,413	7,868,201	7,859,032	211	7,859,243	19,381	1	100%
2020	7,526,727	(9,069)	19,258	(11,056)	7,525,859	7,507,163	7,524,111	8	7,524,119	1,748	0	100%
2021	8,708,191	(50,226)	(41,061)	0	8,616,904	8,599,182	8,594,418	39	8,594,457	22,487	0	100%
2022	12,805,551	29,555	(82,432)	0	12,752,675	1,620,905	10,933,544	6,435	10,939,979	1,819,130	0	88%
TOTAL	42,905,588	424,340	(165,259)	(27,201)	43,137,468	31,842,560	41,196,716	6,736	41,203,452	1,940,752	1	96%

¹³ The table displays financial data rounded to the nearest dollar or whole number.

Managed Care Breast and Cervical Cancer Program Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁴

Table 12: Managed Care Breast and Cervical Cancer Program Rebate Program

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
2018	19,342,871	958,798	366,899	(478)	20,668,091	20,343,328	20,450,752	15,014	20,465,766	217,339	0	99%
2019	23,643,342	1,069,428	33,185	(126)	24,745,828	24,607,442	24,745,099	14,604	24,759,703	729	0	100%
2020	26,627,311	1,037,359	(889,724)	(15,325)	26,759,621	26,153,422	26,419,608	452	26,420,060	340,013	0	99%
2021	28,423,906	371,816	(319,466)	(10,830)	28,465,425	27,617,916	28,007,253	3,401	28,010,654	458,172	0	98%
2022	30,218,639	88,828	(445,898)	(11,201)	29,850,369	7,375,702	29,073,492	4,957	29,078,449	776,877	0	97%
TOTAL	128,256,069	3,526,229	(1,255,004)	(37,960)	130,489,334	106,097,810	128,696,204	38,428	128,734,632	1,793,130	0	99%

¹⁴ The table displays financial data rounded to the nearest dollar or whole number.

Medicaid Fee for Service Clinician Administered Drug Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁵

Table 13: Medicaid Fee for Service Clinician Administered Drug Rebate Program

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
2018	40,736,331	1,566,745	(6,549,311)	(6)	35,753,758	34,490,692	34,561,917	15,646	34,577,562	1,191,842	0	97%
2019	53,082,069	1,213,295	(8,500,821)	29	45,794,573	43,566,486	43,554,970	34,751	43,589,721	2,239,603	0	95%
2020	47,947,054	521,683	(5,224,566)	(3,073)	43,241,099	40,334,363	40,350,229	387	40,350,617	2,890,870	0	93%
2021	40,788,956	388,625	(4,860,042)	(1,067)	36,316,472	35,985,831	35,998,013	1,574	35,989,586	328,459	0	99%
2022	43,333,630	9,325,758	(22,959,311)	(3,307)	29,696,771	7,101,400	27,938,313	10,909	27,949,223	1,758,458	0	94%
TOTAL	225,888,042	13,016,106	(48,094,051)	(7,424)	190,802,673	161,478,772	182,393,442	63,267	182,456,709	8,409,232	0	96%

¹⁵ The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁶

Table 14: Medicaid Fee for Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

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
2018	3,367	(9)	(8)	0	3,350	2,384	2,238	6	2,244	1,112	0	67%
2019	6,032	64	(1)	0	6,095	6,021	6,103	5	6,108	(8)	0	100%
2020	592	1	(226)	0	367	362	365	0	365	3	0	99%
2021	252	0	0	0	252	249	252	0	252	0	0	100%
2022	5,298	16	(2,330)	0	2,984	3	3,170	5	3,175	(186)	0	106%
TOTAL	15,541	72	(2,565)	0	13,048	9,019	12,128	16	12,144	921	0	93%

¹⁶ The table displays financial data rounded to the nearest dollar or whole number.

Medicaid Managed Care Organization Clinician Administered Drug Rebate Program

For Calendar Years 2018- 2022

All Funds as of July 31, 2023¹⁷

Table 15: Medicaid Managed Care Organization Clinician Administered Drug Rebate Program

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
2018	33,804,444	1,851,366	16,488,419	(38,756)	52,105,473	51,527,397	51,380,423	37,313	51,417,736	725,050	0	99%
2019	42,946,595	899,111	14,049,681	25,471	57,920,858	57,626,404	57,595,696	24,400	57,620,096	325,162	0	99%
2020	54,038,858	1,303,059	10,082,755	(12,586)	65,412,086	66,188,448	65,990,963	2,769	65,993,732	(578,877)	0	101%
2021	49,697,647	407,598	14,581,195	(46,339)	64,640,102	60,178,909	64,298,705	14,790	64,313,494	341,397	0	99%
2022	74,591,238	(118,775)	11,238,084	(10,625)	85,699,921	14,571,125	77,510,799	54,676	77,565,476	8,189,122	0	90%
TOTAL	255,078,782	4,342,359	66,440,134	(82,835)	325,778,440	250,092,284	316,776,586	133,948	316,910,534	9,001,854	0	97%

¹⁷ The table displays financial data rounded to the nearest dollar or whole number.

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

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁸

Table 16: Medicaid Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program

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
2018	409,816	38,950	(83,486)	0	365,280	382,185	384,828	269	385,097	(19,548)	0	105%
2019	167,467	2,150(101)	100,856	3	270,476	290,721	290,697	52	290,750	(20,222)	0	107%
2020	14,574	(614)	11,300	(1)	25,259	25,777	25,802	1	25,803	(543)	0	102%
2021	24,175	14	70,399	(1)	94,585	84,428	89,196	5	89,200	5,390	0	94%
2022	94,877	2,811	48,226	(7)	145,908	29,912	118,852	31	118,884	27,056	0	81%
TOTAL	710,909	(43,311)	147,295	(6)	901,508	813,023	909,375	358	909,734	(7,867)	0	101%

¹⁸ The table displays financial data rounded to the nearest dollar or whole number.

Children’s Health Insurance Program - National & State Funded Rebate Program

For Calendar Years 2018 - 2022

All Funds as of July 31, 2023¹⁹

Table 17: Children’s Health Insurance Program - National & State Funded Rebate Program

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
2018	19,404,557	7,719,638	223,407	0	27,347,602	25,654,888	25,731,680	65,263	25,796,943	1,615,922	12	94%
2019	18,592,896	10,833,774	(130,226)	0	29,296,445	26,706,585	26,819,868	11,781	26,831,648	2,476,577	4	92%
2020	16,325,693	13,747,068	(91,346)	0	29,981,415	22,973,107	23,607,894	254	23,608,148	6,373,521	0	79%
2021	15,586,286	2,468,415	26,099	0	18,080,799	18,137,991	18,923,039	1,844	18,924,883	(842,240)	0	105%
2022	10,825,402	1,677,908	34,977	0	12,538,287	1,012,477	10,825,675	596	10,826,272	1,712,611	0	86%
TOTAL	80,734,834	36,446,803	62,911	0	117,244,548	94,485,048	105,908,156	79,738	105,987,894	11,336,391	16	90%

¹⁹ The table displays financial data rounded to the nearest dollar or whole number.

State Only Children with Special Health Care Needs Program

For Calendar Years 2018 – 2022

General Revenue Funds as of July 31, 2023²⁰

Table 18: State Only Children with Special Health Care Needs Program

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
2018	880,433	597,980	(19,729)	0	1,458,685	1,229,951	1,229,953	56	1,230,009	228,732	0	84%
2019	845,306	640,896	(19,345)	1,655	1,468,513	1,255,268	1,255,285	66	1,255,350	213,229	0	85%
2020	851,088	968,670	(26,938)	(1,387)	1,791,433	1,403,943	1,402,536	1	1,402,538	388,897	0	78%
2021	799,172	665,271	(24,381)	0	1,440,061	1,350,175	1,349,781	44	1,349,823	90,281	0	94%
2022	677,445	493,181	(8,218)	0	1,162,409	35,503	1,096,745	103	1,096,848	65,664	0	94%
TOTAL	4,053,444	3,365,998	(98,610)	268	7,321,101	5,274,840	6,334,299	269	6,334,567	986,803	0	87%

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

Kidney Health Care Program

For Calendar Years 2018 - 2022

General Revenue Funds as of July 31, 2023²¹

Table 19: Kidney Health Care Program

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
2018	7,351,659	115,666	(111,049)	0	7,356,276	6,947,260	6,947,479	856	6,947,892	409,239	0	94%
2019	4,619,111	77,651	(75,395)	0	4,621,367	4,434,700	4,434,797	33	4,434,831	186,569	0	96%
2020	5,445,877	32,919	(51,703)	0	5,427,095	4,964,337	4,963,261	0	4,963,261	463,834	0	91%
2021	4,620,362	(24,479)	(78,298)	0	4,517,585	4,078,470	4,070,231	141	4,070,372	447,355	0	90%
2022	4,701,986	3,220	(57,117)	0	4,648,089	1,171,609	4,462,621	126	4,462,746	185,469	0	96%
TOTAL	26,738,995	204,977	(373,560)	0	26,570,412	221,596,376	24,877,946	1,156	24,879,102	1,692,466	0	94%

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

Texas Women's Health Program

For Calendar Years 2018 - 2022

General Revenue Funds as of July 31, 2023²²

Table 20: Texas Women's Health Program

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
2018	2,980,464	(28,063)	(121,241)	0	2,831,160	2,859,209	2,859,209	1,226	2,860,434	(28,049)	0	101%
2019	3,492,411	(47,804)	(43,104)	0	3,401,503	3,464,174	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	54,997	64,017	18	64,036	52,145	0	55%
2022	36,193	0	0	0	36,193	0	36,193	188	36,381	0	0	100%
TOTAL	7,297,345	(75,867)	(170,587)	0	7,050,891	6,945,442	6,990,655	2,560	6,993,215	60,235	0	99%

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

Healthy Texas Women Program

For Calendar Years 2018 - 2022

General Revenue Funds as of July 31, 2023²³

Table 21: Healthy Texas Women Program

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
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	280,042	(184,120)	0	7,210,707	5,247,130	5,529,518	292	5,529,809	1,681,190	0	77%
2021	6,944,521	135,253	(178,853)	0	6,900,921	5,002,744	5,942,687	275	5,942,962	958,234	0	86%
2022	5,614,200	29,427	(160,301)	(1)	5,483,325	1,189,860	4,338,165	230	4,338,396	1,145,159	0	79%
TOTAL	19,673,506	444,722	(523,274)	(1)	19,594,953	11,439,734	15,810,370	797	15,811,167	3,784,583	0	81%

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