



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
November 2024**



TEXAS
Health and Human
Services

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Executive Summary

As directed in the 2024-25 General Appropriations Act, House Bill 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 (year), annual collection rates¹, amounts billed (current value of invoices), 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 2019 through 2023, HHSC collected \$11,167,334,166 All Funds (AF) in principal for rebates—a collection rate of 99 percent. Interest collections were \$2,044,608 AF for 2019 through 2023. Overall, rebate invoices and collections increased from 2022 to 2023.

¹ Annual collection rate is the total principal collected for each year from 2019 thru 2023 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 Gainwell, 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 2019 through 2023. 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 2019 through 2023:

- 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 pay an 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 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 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](#) was amended in 2023 to extend the requirement that HHSC maintain a single statewide formulary for Medicaid and CHIP programs and a Medicaid PDL until August 31, 2033.

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 (GR) Fund and CMS at the program’s FMAP. Portions of the HTW program that are part of Medicaid are 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) or Unit Rebate Offset Amount (UROA). As of July 31, 2023, the UROA amount paid to CMS for all periods was \$599,067,492 AF. All collections in the report's tables and appendix include the UROA amounts returned to CMS. Table 1 lists the UROA amounts paid to CMS for calendar years 2019-2023. 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. UROA Payments Associated with Rebate Invoices

Year	QROA
2019	\$95,805,890
2020	\$99,617,207
2021	\$108,200,991
2022	\$143,032,678
2023	\$152,410,726
Total	\$599,067,492

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 using the quarterly submission of Average Manufacturer Price 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. Table 2 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 2019 through 2023 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 Gainwell 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 2019 through 2023. 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 A, Table 3, the collections totaled \$75,579,235 AF for the FFS Pharmacy Medicaid rebate program, which is a 99 percent principal collection rate for 2019 through 2023. Collections in FFS have consistently decreased since 2019. 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. As shown in Appendix A, Table 4, HHSC has collected \$5,927,605 AF in Medicaid supplemental rebates, which is an 87 percent principal collection rate for 2019 through 2023.
- **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. The EFMAP rebate programs cover many of the people previously covered under CHIP and qualify for the CMS enhanced federal match. As shown in Appendix A, Table 5, the collections totaled \$3,492,865 AF for the EFMAP rebate program, which is a 98 percent principal collection rate for 2019 through 2023.
- **Fee-for-Service EFMAP Supplemental Rebate Program:** This program collects rebates obtained through the supplemental bidding and preferred

drug process. As shown in Appendix A, Table 6, HHSC has collected \$366,533 AF which is a 100 percent principal collection rate for 2019 through 2023.

- **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 A, Table 7, the rebate collections totaled \$9,057,449 AF for the BCCP pharmacy program, which is a 99 percent principal collection rate for 2019 through 2023.
- **Managed Care Organization Pharmacy Program:** Managed care pharmacy encounters are subject to the rules of CMS's federal Medicaid drug rebate program. As shown in Appendix A, Table 8, the collections totaled \$8,998,707,645 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99 percent principal collection rate for 2019 through 2023.
- **Managed Care Organization Pharmacy Supplemental Rebate Program:** As shown in Appendix A, Table 9, HHSC has collected \$812,009,316 AF in Medicaid managed care supplemental rebates. The current principal collection rate is 99 percent for 2019 through 2023.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program:** As shown in Appendix A, Table 10, the collections totaled \$303,133,619 AF for the managed care EFMAP rebate program for 2019 through 2023. The principal collection rate is 99 percent.
- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate Program:** As shown in Appendix A, Table 11, the collections totaled \$39,412,669 AF for the MCO EFMAP Supplemental rebate program for 2019 through 2023. The principal collection rate is 94 percent.
- **Medicaid for Breast and Cervical Cancer Program Managed Care Expansion Rebate Program:** As shown in Appendix A, Table 12, the collections totaled \$137,927,004 AF for the MCO BCCP pharmacy program, which is a 100 percent principal collection rate for 2019 through 2023. 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 Healthcare Common Procedures Codes Set (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. As shown in Appendix A, Table 13, HHSC has collected \$177,718,629 AF in rebates for CADs, and the principal collection rate is 97 percent for 2019 through 2023.
- **Fee-for-Service Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** As shown in Appendix A, Table 14, HHSC has collected \$11,221 AF in rebates for FFS EFMAP CADs. The principal collection rate is 101 percent for 2019 through 2023.
- **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. As shown in Appendix A, Table 15, HHSC collected \$348,407,890 AF in MCO CAD rebates. The principal collection rate is 98 percent for 2019 through 2023.

- **Managed Care Organization Enhanced Federal Medical Assistance Percentage Clinician Administered Drug Rebate Program:** As shown in Appendix A, Table 16, MCO EFMAP CAD rebates resulted in collections of \$449,231 AF. The current principal collection rate is 76 percent for 2019 through 2023. This decrease from a 101 percent collection rate in the 2023 report resulted from the disputed claims inherent in medical rebate programs as identified above. Non-payment by only one or two manufacturers in this smaller rebate program lowers the percentage collected more significantly.

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 three of the five quarters represented in [appendix, Table 17](#).

As shown in Appendix A, Table 17, HHSC collected \$90,809,803 AF in rebates, and the principal collection rate is 102 percent for 2019 through 2023. 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.

As shown in Appendix A, Table 18, HHSC has collected \$6,345,979 GR in CSHCN drug rebates. In total across fiscal years for 2019 through 2023, the principal collection rate is 99 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. As shown in Appendix A, Table 19, HHSC has collected \$23,207,805 GR in KHC drug rebates for 2019 through 2023. The principal collection rate is 95 percent.
- **Healthy Texas Women's 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 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 GR Fund. As shown in Appendix A, Table 20, HHSC has collected \$4,905,510 GR in rebates for clients under 17, and the principal collection rate is 98 percent for 2019 through 2023.
- ▶ **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 the previous year. This rebate program is in the third year of operation (see [Appendix A, Table 21](#)). To date, HHSC has collected \$20,482,414 AF and the principal collection rate is 88 percent.

Conclusion

This report reflects rebates collected as of August 31, 2024. 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 2022 to 2023.

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
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
SPAP	State Pharmaceutical Assistance Program
UROA	Unit Rebate Offset Amount
VDP	Vendor Drug Program

Appendix A. Summary Tables

Summary by Calendar Year

For Calendar Years 2019 - 2023

All Funds as of August 31, 2024³

Table 1: Summary by Calendar Year

Year	Original Amounts Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	2,143,565,336	5,840,728	(14,408,119)	2,134,997,944	2,116,505,328	2,115,909,177	385,109	2,116,294,286	18,973,392	7,549,671	99%
2020	2,094,329,957	2,068,620	9,080,094	2,105,478,671	2,084,252,908	2,086,091,699	58,698	2,086,150,397	19,400,097	5,900,014	99%
2021	2,103,321,922	4,146,312	(2,874,481)	2,104,593,753	2,084,754,398	2,088,550,365	83,778	2,088,634,143	17,776,007	4,622,957	99%
2022	2,393,067,769	(3,781,115)	(13,402,576)	2,375,884,078	2,343,145,536	2,354,825,020	765,809	2,355,590,829	21,953,784	6,540,785	99%
2023	2,433,049,182	1,253,083	4,648,742	2,438,951,008	1,182,592,856	2,410,531,554	751,214	2,411,282,768	25,219,623	4,632,362	99%
TOTAL	11,167,334,166	9,527,628	(16,956,340)	11,159,905,454	9,811,251,026	11,055,907,815	2,044,608	11,057,952,423	103,322,903	29,245,789	99%

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

Summary by Rebate Program

For Calendar Years 2019 - 2023

All Funds as of August 31, 2024⁴

Table 2a: Summary by Rebate Program

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	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	77,985,050	153,342	(1,815,138)	76,323,254	72,022,669	75,547,971	31,264	75,579,235	755,472	159,161	99%
FFS Pharmacy Supplemental	7,194,916	5,662	(383,121)	6,817,457	5,194,700	5,891,522	36,083	5,927,605	929,135	162,866	87%
FFS EFMAP Pharmacy	3,633,382	(678)	(72,658)	3,560,046	3,321,962	3,491,884	981	3,492,865	67,573	23,073	98%
FFS EFMAP Pharmacy Supplemental	377,470	(6,438)	(3,855)	367,177	365,452	366,519	13	366,533	406	1,435	100%
FFS BCCP	9,890,771	(154,128)	(629,008)	9,107,634	8,134,636	9,050,425	7,024	9,057,449	27,037	17,712	99%
MCO Pharmacy	9,101,712,368	10,934,703	(43,978,266)	9,068,668,804	8,001,915,859	8,997,518,855	1,188,790	8,998,707,645	68,514,391	15,362,567	99%
MCO Pharmacy Supplemental	826,284,615	1,602,707	(5,573,700)	822,313,622	706,585,253	811,756,107	253,209	812,009,316	9,856,925	4,441,402	99%
MCO EFMAP Pharmacy	304,902,833	111,847	115,887	305,130,567	264,290,143	303,076,802	56,817	303,133,619	1,918,467	1,494,626	99%
MCO EFMAP Pharmacy Supplemental	41,604,345	56,242	106,811	41,767,398	36,485,765	39,403,893	8,776	39,412,669	2,302,188	358,950	94%
MCO BCCP	136,493,484	191,290	1,312,943	137,997,717	120,602,833	137,859,275	67,730	137,927,005	(210,352)	672,275	100%

Table 2b: Medical Rebates (CAD)

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	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	223,357,112	(588,499)	(38,641,871)	184,126,742	164,459,966	177,638,010	80,619	177,718,629	6,539,655	1,511,832	97%
FFS EFMAP CAD	13,603	(5)	(2,484)	11,114	11,019	11,209	13	11,221	(95)	46	101%
MCO CAD	306,247,776	(251,644)	49,357,573	355,353,706	291,633,546	348,163,783	244,107	348,407,890	7,327,688	3,538,888	98%
MCO EFMAP CAD	666,430	882	(78,690)	588,623	392,607	449,137	94	449,231	216,182	33,004	76%

Table 2c: CHIP Rebates

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	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	70,032,179	(2,327,737)	21,193,599	88,898,041	87,767,686	90,752,323	57,481	90,809,804	1,035,371	301,808	102%

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	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	3,935,122	(151,979)	2,628,716	6,411,859	5,745,514	6,344,480	1,499	6,345,979	284,049	13,929	99%
KHC	24,533,692	1,550	(215,269)	24,319,972	20,833,498	23,206,834	970	23,207,804	1,111,438	153,236	95%
Texas Women's Health Program	5,114,657	(47,717)	(85,571)	4,981,369	4,894,498	4,905,510	0	4,905,510	75,859	570,223	98%
Healthy Texas Women	23,354,361	(1,772)	(192,237)	23,160,352	16,593,420	20,473,276	9,138	20,482,414	2,571,514	428,756	88%
TOTAL	11,167,334,166	9,527,628	(16,956,339)	11,159,905,454	9,811,251,026	11,055,907,815	2,044,608	11,057,952,423	103,322,903	29,245,789	99%

Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2019 - 2023

All Funds as of August 31, 2024⁵

Table 3: Medicaid Fee for Service Pharmacy Rebate Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	26,526,987	163,674	(566,601)	26,124,060	25,825,421	25,825,340	13,333	25,838,673	297,927	59,121	99%
2020	18,571,798	0	(322,669)	18,249,129	18,039,048	18,079,531	7,477	18,087,008	169,598	44,543	99%
2021	14,161,530	7,438	(478,731)	13,690,237	13,551,333	13,543,656	140	13,543,796	146,757	19,698	99%
2022	11,204,821	(63,972)	(212,700)	10,928,150	10,765,967	10,786,386	7,140	10,793,526	144,771	23,532	99%
2023	7,519,914	46,202	(234,437)	7,331,678	3,840,900	7,313,058	3,174	7,316,232	(3,581)	12,267	100%
TOTAL	77,985,050	153,342	(1,815,138)	76,323,254	72,022,669	75,547,971	31,264	75,579,235	755,472	159,161	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 2019 - 2023

All Funds as of August 31, 2024⁶

Table 4: Medicaid Fee for Service Pharmacy Supplemental Rebate Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	2,613,651	0	(165,110)	2,448,541	2,022,435	2,021,629	164	2,021,793	426,912	107,932	83%
2020	1,616,960	0	(64,607)	1,552,353	1,392,993	1,398,555	21	1,398,575	153,798	21,058	90%
2021	1,160,116	(1,547)	(60,452)	1,098,117	677,059	765,914	45	765,959	332,475	43,871	70%
2022	1,079,021	6,679	(40,182)	1,045,518	799,594	1,027,988	20,647	1,048,636	10,110	(378)	100%
2023	725,168	530	(52,770)	672,927	302,619	677,436	15,206	692,642	5,840	(9,617)	103%
TOTAL	7,194,916	5,662	(383,121)	6,817,456	5,194,700	5,891,522	36,083	5,927,605	929,135	162,866	87%

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 2019 - 2023

All Funds as of August 31, 2024⁷

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	1,405,793	0	(19,583)	1,386,210	1,373,966	1,378,473	366	1,378,839	7,737	6,001	99%
2020	1,048,751	0	(12,151)	1,036,600	940,762	967,047	5	967,052	69,554	10,990	93%
2021	672,341	4,106	(30,591)	645,856	623,806	642,117	11	642,128	3,519	2,258	99%
2022	357,411	(5,269)	(5,063)	347,079	329,938	361,799	493	362,292	(14,468)	2,903	104%
2023	149,086	485	(5,270)	144,301	53,490	142,448	106	142,554	1,231	921	99%
TOTAL	3,633,382	(678)	(72,658)	3,560,046	3,321,962	3,491,884	981	3,492,865	67,573	23,073	98%

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 2019 - 2023

All Funds as of August 31, 2024⁸

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	195,089	0	762	195,851	195,366	195,284	3	195,288	567	480	100%
2020	106,636	(103)	(1,792)	104,741	104,459	104,361	1	104,361	380	364	100%
2021	40,731	(15)	(936)	39,780	36,185	36,161	4	36,165	3,646	404	91%
2022	34,586	(6,320)	(270)	17,996	23,848	23,859	5	23,864	(6,142)	47	133%
2023	10,428	0	(1,619)	8,809	5,594	6,854	1	6,855	1,955	140	78%
TOTAL	377,470	(6,438)	(3,855)	367,177	365,452	366,519	14	366,533	406	1,435	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 2019 - 2023

All Funds as of August 31, 2024⁹

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	2,257,050	0	(105,180)	2,151,870	2,153,831	2,157,744	3,389	2,161,133	(5,874)	1,348	100%
2020	1,745,573	0	(83,906)	1,661,667	1,651,170	1,658,001	60	1,658,061	3,666	1,268	100%
2021	1,704,644	(16,781)	(56,434)	1,631,429	1,611,293	1,614,442	29	1,614,471	19,622	3,697	99%
2022	1,881,998	(4,405)	(216,419)	1,661,174	1,677,657	1,656,517	676	1,657,193	5,280	2,778	100%
2023	2,301,506	(132,943)	(167,069)	2,001,494	1,040,685	1,963,721	2,870	1,966,591	4,343	8,621	98%
TOTAL	9,890,771	(154,129)	(629,008)	9,107,634	8,134,636	9,050,425	7,024	9,057,449	27,037	17,712	99%

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

Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2019 - 2023

All Funds as of August 31, 2024¹⁰

Table 8: Medicaid Managed Care Organization Pharmacy Rebate Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	1,771,523,177	5,720,374	(30,377,535)	1,746,866,017	1,734,276,517	1,734,658,510	238,538	1,734,897,048	12,095,268	3,528,727	99%
2020	1,709,675,540	2,101,926	(6,775,287)	1,705,002,178	1,693,337,272	1,693,886,478	17,297	1,693,903,775	11,132,074	3,211,249	99%
2021	1,723,247,849	5,140,847	(6,314,783)	1,722,073,913	1,706,101,383	1,707,620,729	44,589	1,707,665,318	14,370,041	2,039,326	99%
2022	1,909,627,845	(3,198,042)	(3,745,448)	1,902,684,355	1,887,983,271	1,889,076,385	452,878	1,889,529,263	14,602,289	3,705,502	99%
2023	1,987,637,957	1,169,598	3,234,787	1,992,042,341	980,217,417	1,972,276,753	435,488	1,972,712,241	16,314,719	2,877,763	99%
TOTAL	9,101,712,368	10,934,703	(43,978,266)	9,068,668,804	8,001,915,860	8,997,518,855	1,188,790	8,998,707,645	68,514,391	15,362,567	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 2019 - 2023

All Funds as of August 31, 2024¹¹

Table 9: Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	137,472,486	0	554,695	138,027,181	138,154,329	135,846,861	24,570	135,871,431	2,180,320	1,263,142	98%
2020	146,425,454	0	(987,383)	145,438,072	144,048,952	144,609,835	21,525	144,631,360	828,237	815,128	99%
2021	143,011,490	470,006	(1,394,377)	142,087,120	140,662,935	140,840,945	14,614	140,855,558	1,168,377	1,058,978	99%
2022	192,868,793	855,915	(2,302,891)	191,421,817	189,229,729	189,052,741	70,277	189,123,019	1,367,847	502,949	99%
2023	206,506,392	276,786	(1,443,745)	205,339,432	94,489,308	201,405,725	122,223	201,527,948	4,312,144	801,205	98%
TOTAL	826,284,615	1,602,707	(5,573,701)	822,313,622	706,585,253	811,756,107	253,209	812,009,316	9,856,925	4,441,402	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 2019 - 2023

All Funds as of August 31, 2024¹²

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	51,206,974	140	(310,539)	50,896,575	49,985,167	50,799,641	10,707	50,810,348	96,795	311,317	100%
2020	47,198,673	0	34,663	47,233,336	46,434,085	47,020,083	603	47,020,687	213,001	95,058	100%
2021	60,640,630	330,401	(231,382)	60,739,649	58,932,781	60,299,214	1,019	60,300,233	437,775	166,768	99%
2022	85,674,738	(243,906)	153,170	85,584,002	78,450,083	84,678,724	25,215	84,703,938	970,366	649,918	99%
2023	60,181,817	25,213	469,975	60,677,005	30,488,027	60,279,140	19,273	60,298,413	200,530	271,565	99%
TOTAL	304,902,832	111,848	115,887	305,130,567	264,290,143	303,076,802	56,817	303,133,619	1,918,467	1,494,626	99%

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 2019 - 2023

All Funds as of August 31, 2024¹³

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	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
2019	7,308,238	0	258,260	7,566,498	7,519,675	7,517,799	213	7,518,011	48,699	69,258	99%
2020	7,593,765	0	(34,421)	7,559,344	7,554,678	7,546,772	13	7,546,785	12,572	51,657	100%
2021	6,379,990	922	(59,094)	6,321,818	6,350,138	6,349,772	14	6,349,786	(29,027)	2,948	100%
2022	12,476,031	24,729	(32,348)	12,468,412	10,586,168	10,698,086	7,558	10,705,645	1,679,448	193,684	86%
2023	7,846,321	30,592	(25,586)	7,851,327	4,475,106	7,291,464	978	7,292,442	590,495	41,403	93%
TOTAL	41,604,345	56,243	106,811	41,767,399	36,485,765	39,403,893	8,776	39,412,669	2,302,187	358,950	94%

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 2019 - 2023

All Funds as of August 31, 2024¹⁴

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	22,063,736	923	1,655,411	23,720,070	23,721,712	24,017,716	16,972	24,034,688	(298,586)	122,875	101%
2020	26,117,660	(2,762)	364,770	26,479,667	26,122,888	26,552,587	1,938	26,554,525	(70,157)	286,056	100%
2021	28,163,421	134,835	(220,013)	28,078,243	27,757,323	28,046,613	3,160	28,049,773	49,899	78,832	100%
2022	30,872,642	63,095	(907,281)	30,028,456	29,359,863	30,133,910	14,207	30,148,117	(110,138)	129,423	100%
2023	29,276,025	(4,801)	420,056	29,691,281	13,641,047	29,108,449	31,453	29,139,901	218,631	55,089	98%
TOTAL	136,493,484	191,290	1,312,943	137,997,717	120,602,833	137,859,275	67,730	137,927,004	(210,351)	672,275	100%

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 2019 - 2023

All Funds as of August 31, 2024¹⁵

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	50,333,713	(3,166)	(7,237,568)	43,092,980	40,991,516	40,973,950	37,944	41,011,894	2,118,134	505,407	95%
2020	50,669,616	(18,756)	(2,487,432)	48,163,428	44,607,294	44,590,387	1,639	44,592,026	3,568,228	625,061	93%
2021	40,379,998	(412,192)	(3,947,164)	36,020,641	35,695,454	35,752,982	6,696	35,759,678	283,652	193,809	99%
2022	48,559,233	(137,574)	(18,109,784)	30,311,875	30,158,054	30,049,533	10,575	30,060,109	243,059	135,516	99%
2023	33,414,552	(16,811)	(6,859,923)	26,537,818	13,007,648	26,271,158	23,765	26,294,922	326,582	52,039	99%
TOTAL	223,357,112	(588,499)	(38,641,871)	184,126,742	164,459,966	177,638,010	80,619	177,718,629	6,539,655	1,511,832	97%

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 2019 - 2023

All Funds as of August 31, 2024¹⁶

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	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
2019	2,055	0	62	2,117	1,761	1,952	1	1,953	164	45	92%
2020	5,979	0	(235)	5,744	5,754	5,745	0	5,745	(1)	1	100%
2021	255	0	0	256	255	256	0	256	0	0	100%
2022	4,861	1	(2,330)	2,532	2,802	2,803	11	2,814	(271)	(1)	111%
2023	453	(6)	18	465	446	453	1	453	13	1	97%
TOTAL	13,603	(5)	(2,485)	11,114	11,018	11,209	13	11,221	(95)	46	101%

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 2019 - 2023

All Funds as of August 31, 2024¹⁷

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	41,357,503	6,500	14,339,739	55,703,742	54,863,287	54,516,374	31,825	54,548,198	1,187,000	991,219	98%
2020	53,762,965	(11,685)	9,454,115	63,205,395	62,656,390	62,644,677	7,617	62,652,294	559,760	401,683	99%
2021	54,423,400	160,161	6,753,200	61,336,761	61,144,082	61,569,357	11,995	61,581,352	(36,046)	697,888	100%
2022	73,139,083	(309,377)	11,321,333	84,151,039	78,741,066	81,650,503	108,158	81,758,662	2,617,539	1,000,004	97%
2023	83,564,825	(97,242)	7,489,186	90,956,769	34,228,721	87,782,872	84,512	87,867,384	2,999,426	448,094	97%
TOTAL	306,247,776	(251,643)	49,357,573	355,353,706	291,633,546	348,163,783	244,107	348,407,890	7,327,688	3,538,888	98%

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 2019 - 2023

All Funds as of August 31, 2024¹⁸

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	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
2019	248,842	0	(32,847)	215,996	125,098	126,890	33	126,923	89,105	13,985	59%
2020	58,111	0	26,823	84,934	86,453	85,574	4	85,578	(640)	2,367	101%
2021	28,884	142	2,250	31,277	21,466	21,030	2	21,032	10,267	1,128	67%
2022	132,441	809	26,131	159,380	93,607	103,315	39	103,354	55,470	10,098	65%
2023	198,153	(69)	(101,047)	97,036	65,983	112,328	16	112,344	61,980	5,426	116%
TOTAL	666,431	882	(78,690)	588,623	392,607	449,137	94	449,231	216,182	33,004	76%

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 2019 - 2023

All Funds as of August 31, 2024¹⁹

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	19,571,571	0	7,276,880	26,848,451	25,967,134	26,542,601	6,815	26,549,415	305,850	134,006	99%
2020	17,194,464	0	9,148,370	26,342,834	25,624,418	25,298,093	274	25,298,366	1,044,742	15,873	96%
2021	15,912,963	(1,583,307)	2,689,611	17,019,267	19,366,183	18,915,452	1,169	18,916,622	(313,946)	63,193	111%
2022	14,028,438	(705,651)	476,614	13,799,400	14,585,264	14,560,383	45,146	14,605,529	(46,004)	65,172	106%
2023	3,324,743	(38,778)	1,602,124	4,888,089	2,224,687	5,435,794	4,077	5,439,871	44,729	23,564	111%
TOTAL	70,032,179	(2,327,736)	21,193,599	88,898,041	87,767,686	90,752,323	57,481	90,809,803	1,035,371	301,808	102%

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 2019 – 2023

General Revenue Funds as of August 31, 2024²⁰

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

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	915,239	0	434,452	1,349,691	1,291,818	1,292,077	20	1,292,098	57,614	1,769	96%
2020	819,917	0	701,880	1,521,797	1,350,870	1,350,602	1	1,350,603	171,194	590	89%
2021	827,369	(90,113)	554,637	1,291,892	1,385,650	1,353,818	5	1,353,823	23,749	899	105%
2022	685,715	(60,468)	441,836	1,067,084	1,166,543	1,169,038	445	1,169,482	25,682	9,351	110%
2023	686,882	(1,398)	495,911	1,181,394	550,633	1,178,945	1,028	1,179,973	5,811	1,320	100%
TOTAL	3,935,122	(151,979)	2,628,716	6,411,858	5,745,514	6,344,480	1,499	6,345,979	284,050	13,929	99%

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

Kidney Health Care Program

For Calendar Years 2019 - 2023

General Revenue Funds as of August 31, 2024²¹

Table 19: Kidney Health Care Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	5,179,545	0	(45,657)	5,133,888	4,707,705	4,708,162	217	4,708,379	425,726	47,444	92%
2020	5,233,912	0	49,834	5,283,746	4,994,754	4,994,195	0	4,994,195	289,551	22,716	95%
2021	4,834,957	433	(76,428)	4,758,962	4,511,799	4,512,409	0	4,512,410	243,101	63,508	95%
2022	4,630,357	3,279	(92,167)	4,541,470	4,510,639	4,511,143	568	4,511,711	26,588	5,107	99%
2023	4,654,920	(2,162)	(50,851)	4,601,906	2,108,601	4,480,925	185	4,481,110	126,472	14,461	97%
TOTAL	24,533,691	1,550	(215,269)	24,319,972	20,833,498	23,206,834	970	23,207,805	1,111,438	153,236	95%

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

Texas Women’s Health Program

For Calendar Years 2019 - 2023

General Revenue Funds as of August 31, 2024²²

Table 20: Texas Women’s Health Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	3,383,687	(47,717)	(67,762)	3,268,208	3,328,589	3,328,175	0	3,328,175	(59,966)	385,596	102%
2020	1,492,751	0	(14,909)	1,477,842	1,433,833	1,433,833	0	1,433,833	44,009	160,946	97%
2021	170,652	0	(1,678)	168,974	67,662	67,662	0	67,662	101,311	18,171	40%
2022	40,859	0	(475)	40,384	49,879	49,879	0	49,879	(9,495)	4,053	124%
2023	26,708	0	(747)	25,961	14,535	25,961	0	25,961	0	1,457	100%
TOTAL	5,114,657	(47,717)	(85,571)	4,981,369	4,894,498	4,905,510	0	4,905,510	75,859	570,223	98%

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

Healthy Texas Women Program

For Calendar Years 2019 - 2023

General Revenue Funds as of August 31, 2024²³

Table 21: Healthy Texas Women Program

Year	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	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
2019	0	0	0	0	0	0	0	0	0	0	0
2020	4,991,432	0	84,431	5,075,862	3,866,835	3,865,341	225	3,865,566	1,210,521	133,405	76%
2021	7,560,702	975	(2,115)	7,559,562	6,257,611	6,597,835	286	6,598,121	960,836	167,581	87%
2022	5,778,895	(638)	(154,303)	5,623,954	4,631,565	5,232,029	1,770	5,233,799	391,853	101,126	93%
2023	5,023,332	(2,110)	(120,250)	4,900,973	1,837,409	4,778,071	6,857	4,784,928	8,304	26,644	98%
TOTAL	23,354,361	(1,773)	(192,237)	23,160,351	16,593,420	20,473,276	9,138	20,482,414	2,571,514	428,756	88%

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