



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

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

Health and Human Services

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Executive Summary

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

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

From calendar years 2014 through 2018, HHSC collected \$10,624,062,007 All Funds (AF) in principal for rebates—a collection rate of 99 percent. Interest collections were \$1,533,775 AF for 2014 through 2018.

1. Background

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

To ensure readability and relevance, the 20 appendices include detailed rebate information for only the most recent five-year period, from calendar year 2014 through 2018. The tables include the following information.

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

Rebate collections are reported on an accrual basis and are based on the calendar quarter in which the claims were originally paid. Collection amounts are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data for up to 12 calendar quarters after their initial submission to CMS. Additionally, collection rates can temporarily exceed 100 percent when manufacturers experience a pricing change after the end of the reporting period, and before they officially update the rebate rates the next quarter.

Medicaid and CHIP prescription drug rebate revenue is the first source of funding used to pay FFS pharmacy providers and capitation payments to Managed Care Organizations (MCOs). Rebate collections are an important source of funding for the prescription drug programs across the agency. As such, HHSC staff work with the contracted entity to collect rebate outstanding balances. Projects to resolve the outstanding balances have included: focusing on rebate programs that are no longer funded to assure that remaining balances are collected; targeting specific manufacturers with large outstanding balances; educating manufacturers about all

the rebate programs with CMS approvals so invoices are paid timely; and converting the Clinician Administered Drug (CAD) units of measure into rebate units of measures prior to invoicing to minimize disputes with the manufacturers.

Pharmacy Rebate Programs

Omnibus Budget Reconciliation Act of 1990 Rebate Programs

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

The Affordable Care Act (ACA) requires drug manufacturers to pay rebates for drugs dispensed to Medicaid members provided services through Medicaid MCOs and allows Medicaid to collect supplemental rebates on these managed care encounters. HHSC includes pharmacy services in the array of services provided by Medicaid MCOs. MCOs are also required to follow HHSC's Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL). The managed care rebate programs are outlined in Appendices H, I, J, K, L, O, and P.

Supplemental Rebate Program

In addition to the federally-mandated Medicaid OBRA '90 rebates, 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 into supplemental rebate contracts with the Texas Medicaid Program to have their products considered for preferred status on the PDL. The HHSC Drug Utilization Review (DUR) Board

recommends a drug's PDL status — designated as "preferred" or "non-preferred"— based on the safety, clinical effectiveness, and cost (including rebates) of the product. Non-preferred drugs do not have supplemental rebate contracts with the Texas Medicaid Program and require a prior authorization (PA) before dispensing. Preferred products do not require a PDL PA, although they may still require a clinical PA. A preferred status serves as an incentive to encourage drug manufacturers to participate in the Medicaid supplemental rebate program.

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

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

Medical Rebate Programs

Medical rebates are sometimes referred to as Physician-Administered Drugs, CAD or 'J-Code Drugs,' which refers to the Healthcare Common Procedure Codes Set (HCPCS) used to bill for certain drugs administered in the outpatient setting. The 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. Like OBRA '90 rebates, medical rebates are collected for both FFS and managed care, and for all Medicaid programs (including waivers) and are shared with CMS at the program's FMAP.

Children's Health Insurance Program Rebate Program

The CHIP rebate program is a voluntary program and the state shares the rebate revenue from the CHIP National State Funded program with CMS. The CHIP funding is furnished to the Texas CHIP program by both the Texas CHIP program and federal government. All funds collected from rebates for this program are shared with the federal government in a matching percentage from the funds received.

Other State Rebate Programs

A number of manufacturers also voluntarily participate in separate KHC, CSHCN, and HTW rebate programs. Rebate dollars collected for the KHC and CSHCN

programs become the first source of funding for the respective state program budgets for use in their pharmacy programs. Drug rebates collected for the HTW program are returned to the state's General Fund.

Quarterly Rebate Offset Amount

Section 2501 of the ACA increased the minimum federal Medicaid OBRA '90 rebate amount and required the state to remit 100 percent of the additional increase to CMS. This increased rebate established by the ACA is called the Quarterly Rebate Offset Amount (QROA). As of April 30, 2019, the QROA amount paid to CMS for all periods was \$429,435,428. All collections in the report's tables and appendices include the QROA amounts returned to CMS. The table below includes the QROA amounts paid to CMS for 2014-2018.

Table 1. QROA Payments Associated with Rebate Invoices

Year	QROA
2014	\$70,177,457
2015	\$73,008,105
2016	\$92,308,763
2017	\$101,667,362
2018	\$92,273,741
Total	\$429,435,428

Rebate Process

CMS uses pricing data submitted by manufacturers to calculate the rebate rate and QROA and sends this data to states quarterly. In compliance with federal law, HHSC matches the CMS rate and utilization based on claims paid during the quarter. HHSC sends invoices to the manufacturers within 60 days after the end of the calendar quarter. Manufacturers have 37 days to pay the balance before interest accrues. The following table illustrates the rebate process timeline.

Table 2. Rebate Process Timeline

Claims Paid	Invoices Sent	Payment Due
January–March (Q1)	May 30	July 7
April–June (Q2)	August 29	October 6
July–September (Q3)	November 29	January 6
October–December (Q4)	March 1	April 8

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

Manufacturers can make retroactive price adjustments for up to 12 calendar quarters after their original submission to CMS. For CHIP and CSHCN, HHSC relies on manufacturers to provide rebate pricing information. If the data submitted by a manufacturer contains errors, the rebate amount per unit can be overstated or understated and may result in large rebate adjustments when corrected. Performance measures have been put in place to check calculations in the rebate system to recognize errors. Utilization changes can also be retroactive. Since manufacturers have the right to dispute the number of units a state invoices, they may withhold payment, pending resolution of the dispute.

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

2. Drug Rebate Collections

The following rebate collection amounts and collection rates reflect AF principal collected for calendar years 2014 through 2018.

Pharmacy Rebate Programs

Fee-for-Service Pharmacy Program

The FFS pharmacy claims are subject to CMS' federal Medicaid drug rebate program (OBRA '90). As shown in Appendix C, the collections totaled \$1,196,833,231 AF for the FFS Pharmacy Medicaid rebate program, which is a 100 percent principal collection rate.

Fee-for-Service Supplemental Rebate Program

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

HHSC has collected \$94,971,259 AF in Medicaid supplemental rebates which is a 96 percent principal collection rate (see Appendix D).

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

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

As shown in Appendix E, the collections totaled \$8,291,667 AF for the EFMAP rebate program, which is a 98 percent principal collection rate.

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

The EFMAP rebate programs are subject to both the PDL and to supplemental drug rebates. HHSC has collected \$836,509 AF which is a 99 percent principal collection rate, as shown in Appendix F. Changes to the system to accommodate the addition of a new program were fully implemented in 2017 and this resulted in an increase for all collections in subsequent years.

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

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

As shown in Appendix G, the rebate principal collections totaled \$63,041,171 AF for the MBCC pharmacy program, which is a 98 percent principal collection rate.

Managed Care Organization Pharmacy Program

Managed care pharmacy encounters are subject to CMS' federal Medicaid drug rebate program. As shown in Appendix H, the collections totaled \$7,774,986,397 AF for the MCO OBRA '90 Medicaid rebate program, which is a 99 percent principal collection rate.

Managed Care Organization Pharmacy Supplemental Rebate Program

MCOs are required to follow the state's PDL. HHSC has collected \$652,682,982 AF in Medicaid managed care supplemental rebates (see Appendix I). The current principal collection rate is 99 percent.

Managed Care Organization Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program

As shown in Appendix J, the collections totaled \$239,248,106 AF for the managed care EFMAP rebate program. The principal collection rate is 99 percent.

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

As shown in Appendix K, the collections totaled \$28,858,548 AF for the MCO EFMAP Supplemental rebate program. The principal collection rate is 98 percent. Changes to the system to accommodate the addition of a new program were fully implemented in 2017 and this resulted in an increase for all collections in subsequent years.

Managed Care Breast and Cervical Cancer Program Rebate Program

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

As shown in Appendix L, the collections totaled \$22,321,853 AF for the MCO MBCC pharmacy program, which is an 89 percent principal collection rate. The shift from FFS to MCO rebate programs that required manufacturers to reprogram their systems, which affected rebate collections for several quarters of 2018. This caused lower than normal collection rates for MCO MBCC. Systems changes were fully implemented by the first quarter of 2019, so the collection rate should increase for subsequent years. Since April of 2019, collection rates for 2017 have risen from 88 percent to 97 percent in 2018 illustrating an increase.

Medical Rebate Programs

HHSC invoices and collects federal Medicaid rebates for outpatient drugs administered in a physician's office, clinic, or hospital outpatient setting. VDP pays for pharmacy-dispensed drugs identified by their National Drug Code (NDC). Texas' acute care claims administrator vendor pays for drugs administered in an outpatient medical setting as identified on medical claims using Healthcare Common Procedure Codes Set (HCPCS) codes. A drug product identified by a single HCPCS code may

refer to one or many NDCs. The unit of measure for the HCPCS code is different from that used for NDCs and is converted into NDC units for rebate invoicing. These differences cause drug manufacturers to dispute a larger portion of their invoices and have historically resulted in a lower percentage collection rate for this class of drug rebates while the dispute is being resolved. HHSC has provided guidance to providers on the process to convert HCPCS to NDC units, which has resulted in billed amounts and collections increasing.

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 \$174,758,239 AF in rebates for CADs (see Appendix M), and the principal collection rate is 97 percent. There has been an increase in collections because of increased NDC enforcement.

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

HHSC has collected \$56,605 AF in rebates for FFS EFMAP CADs (see Appendix N), and the principal collection rate is 97 percent.

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 covered under a capitated arrangement between the MCO and the provider.

HHSC has collected \$193,997,383 AF in MCO CAD rebates (see Appendix O) and the principal collection rate is 97 percent.

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

MCO EFMAP CAD rebates resulted in collections of \$3,132,871 AF (see Appendix P). The current principal collection rate is 99 percent. Changes to the system to accommodate the addition of a new program were fully implemented in 2017 and this resulted in an increase for all collections in subsequent years.

Children's Health Insurance Program Rebate Program

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

For the CHIP rebate program, manufacturers are required to report rebate pricing to HHSC on a quarterly basis. If a manufacturer fails to comply with price reporting requirements, HHSC mails an invoice reporting the utilization of each NDC, but the invoice does not include the amount due because there is no reported current rate in the system and it defaults to zero. Pursuant to the terms of the contract, the manufacturer is responsible for calculating and paying the rebate amount. As a result, it appears in the rebate system as though HHSC has been overpaid (greater than 100 percent collections) until the manufacturer corrects and provides the pricing data from the previous quarter. If a manufacturer's pricing file contains errors, it could result in large price adjustments when corrected. This was the case in all five quarters represented in Appendix Q.

Children's Health Insurance Program National and State-Funded

For the CHIP NSF program, HHSC has collected \$113,546,544 AF in rebates (see Appendix Q), and the principal collection rate is 123 percent. The principal collection rate is dependent on the manufacturers sending in their rates for invoicing. When the state does not receive the rebate rates, the collection rates will be more than 100 percent.

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). Therefore, its rebate rates are limited, as is the case in CHIP. HHSC continues to send zero-rate utilization invoices for which the manufacturers are responsible for calculation and payment. If a manufacturer fails to submit rates but pays the invoice, the outstanding balance in the system appears to be a credit to the manufacturer (a greater than 100 percent collections rate) until the manufacturer submits the required rates. This was the case in three of the five quarters represented in Appendix R.

Total collections for the CSHCN rebate program were \$5,790,275 GR (see Appendix R). The principal collection rate is 97 percent.

Kidney Health Care Program

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

HHSC has collected \$42,610,011 GR in KHC drug rebates (see Appendix S). The principal collection rate is 99 percent.

Healthy Texas Women's Program

The HTW program covers contraception and certain other medications for women who meet specific eligibility criteria. The program is an SPAP under Section 1927 of the Social Security Act. The state is able to use the same rebate rates as Medicaid for participating manufacturers, without jeopardizing the manufacturers' Medicaid rate. HHSC works with the manufacturers of long-acting reversible contraception products to obtain drug rebates to help offset costs. To date, HHSC has collected \$8,098,354 GR in rebates (see Appendix T) and the principal collection rate is 100 percent.

3. Conclusion

This report reflects rebates collected as of April 30, 2019. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid.

Rebates are being closely monitored through various oversight activities assuring adequate invoicing and maximum collection. Measures to track and identify rebate invoice reduction in rebate revenue have been developed and implemented. Performance measures for monthly collections and quarterly reporting are in place to ensure that rebate amounts are accurately determined and billed. Additionally, VDP is in the planning phase of a project to increase adherence by the MCOs and their PBMs to VDP's preferred drug list (PDL). HHSC will increase adherence by redesigning the report used to monitor compliance, creating performance standards and associated liquidated damages, and by performing targeted onsite reviews to examine MCOs that fall below performance standards. The estimated project completion date is September 2021.

4. List of Acronyms

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

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

Appendix A. Summary by Calendar Year

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹

Year	Amounts Billed				Collections				Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2014	1,843,409,535	(\$635,421)	(\$13,348,095)	(\$561)	\$1,829,425,458	\$1,833,338,747	\$1,833,961,040	\$86,674	\$1,834,047,713	(\$4,535,582)	\$6,165,578	100%
2015	2,056,575,788	(24,767,410)	26,074,459	(253)	2,057,882,584	2,053,940,285	2,051,989,057	118,334	2,052,107,391	5,893,527	3,948,269	100%
2016	2,291,624,171	8,751,432	(46,704,330)	(59)	2,253,671,214	2,258,722,241	2,258,694,337	379,764	2,259,074,101	(5,023,123)	899,431	100%
2017	2,302,615,710	23,233,730	(940,706)	0	2,324,908,734	2,303,251,360	2,309,315,266	613,209	2,309,928,476	15,593,467	74,115	99%
2018	2,190,970,207	8,096,063	20,498,468	(19)	2,219,564,719	593,191,201	2,170,102,307	335,794	2,170,438,101	49,462,413	19,615	98%
TOTALS	10,685,195,411	\$14,678,393	(\$14,420,204)	(\$892)	\$10,685,452,709	\$9,042,443,835	\$10,624,062,007	\$1,533,775	\$10,625,595,782	\$61,390,702	\$11,107,008	99%

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

Appendix B. Summary by Rebate Program

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019²

Amounts Billed					Collections				Outstanding Balances			
Program	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
PHARMACY REBATES												
FFS Pharmacy	\$1,202,191,834	\$5,265,928	(\$11,747,434)	\$3	\$1,195,710,331	\$1,172,930,230	\$1,196,833,231	\$92,366	\$1,196,925,597	(\$1,122,900)	\$619,331	100%
FFS Pharmacy Supplemental	100,450,761	(37,510,595)	36,349,829	0	99,289,995	93,679,902	94,971,259	2,575	94,973,833	4,318,737	559,364	96%
FFS EFMAP Pharmacy	8,491,497	81,799	(116,997)	0	8,456,299	7,178,182	8,291,667	6,836	8,298,503	164,632	2,699	98%
FFS EFMAP Pharmacy Supplemental	842,909	6,154	(5,515)	0	843,548	733,278	836,509	125	836,633	7,039	1,062	99%
Program	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate

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

	Amounts Billed				Collections				Outstanding Balances			
FFS BCCP	65,712,989	325,385	(1,543,925)	(19)	64,494,431	61,660,489	63,041,171	19,306	63,060,477	1,453,259	107,340	98%
MCO Pharmacy	7,852,384,098	40,792,438	(66,082,947)	2	7,827,093,591	6,457,246,239	7,774,986,397	908,811	7,775,895,208	52,107,193	4,583,915	99%
MCO Pharmacy Supplemental	673,743,471	(13,312,141)	1,013,304	0	661,444,634	567,351,861	652,682,982	169,464	652,852,446	8,761,652	2,006,410	99%
MCO EFMAP Pharmacy	239,636,782	2,053,920	(957,872)	0	240,732,830	197,988,956	239,248,106	132,924	239,381,030	1,484,723	184,272	99%
MCO EFMAP Pharmacy Supplemental	29,720,948	(1,406,153)	1,103,370	0	29,418,165	24,289,693	28,858,548	3,285	28,861,832	559,617	64,400	98%
MCO BCCP	22,742,437	(311,519)	2,779,366	0	25,210,285	6,645,892	22,321,853	8,001	22,329,854	2,888,431	0	89%
MEDICAL REBATES (CAD)												
FFS CAD	199,461,560	835,922	(19,806,533)	0	180,490,950	147,007,766	174,758,239	62,771	174,821,011	5,732,711	1,011,932	97%
FFS EFMAP CAD	49,615	505	8,219	0	58,338	50,088	56,605	7	56,612	1,733	1	97%
MCO CAD	149,675,469	3,518,670	46,432,064	0	199,626,203	159,178,679	193,997,383	65,583	194,062,966	5,628,820	1,926,574	97%
MCO EFMAP CAD	2,755,063	1,572	399,049	0	3,155,684	3,157,155	3,132,871	1,746	3,134,617	22,813	8	99%

CHIP REBATES

Program	Amounts Billed				Collections				Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
CHIP - NSF	82,037,786	8,921,921	(1,603,682)	(835)	92,328,344	94,728,635	113,546,544	52,113	113,598,657	(21,218,200)	0	123%
CHIP - SF	0	0	0	0	0	0	0	0	0	0	0	-
STATE-ONLY REBATES												
CSHCN	4,223,120	1,812,663	(50,266)	(43)	5,985,473	4,807,794	5,790,275	894	5,791,169	195,198	0	97%
KHC	42,806,607	611,608	(365,146)	0	43,053,068	38,088,317	42,610,011	1,034	42,611,045	443,057	35,448	99%
Healthy Texas Women	8,268,465	17,162	(225,088)	0	8,060,540	5,720,677	8,098,354	5,937	8,104,291	(37,814)	4,254	100%
Totals	\$10,685,195,411	\$11,705,240	(\$14,420,204)	(\$892)	\$10,685,452,709	\$9,042,443,835	\$10,624,062,007	\$1,533,775	\$10,625,595,782	\$61,390,702	\$11,107,008	99%

Appendix C. Medicaid Fee for Service Pharmacy Rebate Program

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019³

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$387,739,417	(\$82,884)	\$1,635,978	\$3	\$389,292,515	\$390,932,673	\$390,773,469	(\$2,199)	\$390,771,270	(\$1,480,954)	\$412,075	100%
2015	371,286,232	4,075,205	(4,964,353)	0	370,397,084	370,830,569	370,907,262	14,411	370,921,673	(510,178)	44,029	100%
2016	340,957,982	339,290	(7,060,623)	0	334,236,649	334,175,600	334,253,210	42,228	334,295,438	(16,561)	163,227	100%
2017	68,653,003	804,626	(809,258)	0	68,648,372	67,815,567	68,517,492	29,263	68,546,755	130,880	0	100%
2018	33,555,200	129,691	(549,179)	0	33,135,711	9,175,821	32,381,798	8,663	32,390,461	753,913	0	98%
Totals	\$1,202,191,834	\$5,265,928	(\$11,747,434)	\$3	\$1,195,710,331	\$1,172,930,230	\$1,196,833,231	\$92,366	\$1,196,925,597	(\$1,122,900)	\$619,331	100%

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

Appendix D. Medicaid Fee for Service Pharmacy Supplemental Rebate Program

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁴

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$33,397,456	(\$138,370)	(\$479,497)	\$0	\$32,779,588	\$32,058,934	\$32,064,201	\$56	\$32,064,256	\$715,387	\$92,903	98%
2015	30,857,729	(37,323,933)	37,415,098	0	30,948,894	30,005,505	29,979,586	622	29,980,208	969,309	436,147	97%
2016	26,806,926	171,612	(347,525)	0	26,631,012	25,355,889	25,340,910	1,428	25,342,339	1,290,102	30,314	95%
2017	6,707,550	(212,783)	(189,246)	0	6,305,521	5,857,450	5,858,330	438	5,858,767	447,191	0	93%
2018	2,681,100	(7,120)	(49,001)	0	2,624,979	402,124	1,728,232	31	1,728,263	896,747	0	66%
Totals	\$100,450,761	(\$37,510,595)	\$36,349,829	\$0	\$99,289,995	\$93,679,902	\$94,971,259	\$2,575	\$94,973,833	\$4,318,737	\$559,364	96%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁵

Year	Amounts Billed				Collections			Outstanding Balances		Collection Rates for Principal		
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections		Outstanding Principal	Outstanding Interest
2014	\$232,437	\$5017	\$2,816	\$0	\$240,270	\$237,893	\$237,877	\$7	\$237,885	\$2,393	\$301	99%
2015	2,147,894	42,837	(17,216)	0	2,173,515	2,130,881	2,131,418	350	2,131,768	42,097	1,788	98%
2016	2,534,027	(4,211)	(29,173)	0	2,500,643	2,478,771	2,479,750	3,328	2,483,079	20,893	609	99%
2017	2,048,717	33,256	(17,113)	0	2,064,860	1,948,601	2,019,565	2,259	2,021,824	45,296	0	98%
2018	1,528,421	4,900	(56,311)	0	1,477,010	382,035	1,423,057	891	1,423,948	53,954	0	96%
Totals	\$8,491,497	\$81,799	(\$116,997)	\$0	\$8,456,299	\$7,178,182	\$8,291,667	\$6,836	\$8,298,503	\$164,632	\$2,699	98%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁶

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$10,227	\$116	\$133	\$0	\$10,475	\$24,448	\$24,062	\$6	\$24,068	(\$13,586)	\$25	230%
2015	278,603	5,231	(\$1,047)	0	282,787	264,409	264,439	46	264,485	18,348	889	94%
2016	193,168	4,804	(714)	0	197,258	197,965	199,380	39	199,420	(2,122)	149	101%
2017	229,952	(2,480)	(2,087)	0	225,385	222,438	222,333	33	222,366	3,052	0	99%
2018	130,960	(1,517)	(1,800)	0	127,642	24,019	126,295	0	126,295	1,347	0	99%
Totals	\$842,909	\$6,154	(\$5,515)	\$0	\$843,548	\$733,278	\$836,509	\$125	\$836,633	\$7,039	\$1,062	99%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁷

Year	Amounts Billed				Current Value of Invoices	Collections Prior to Current SFY	Collections		Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments			Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2014	\$9,766,086	\$190,703	\$5,437,183	\$0	\$15,393,972	\$14,697,399	\$14,697,408	\$5,001	\$14,702,410	\$696,564	\$20,627	95%
2015	14,336,540	57,058	(2,596,717)	0	11,796,882	11,708,803	11,699,824	2,693	11,702,517	97,057	81,124	99%
2016	19,569,733	20,232	(1,412,987)	0	18,176,978	18,123,246	17,960,107	5,741	17,965,848	216,871	5,589	99%
2017	19,461,329	59,708	(2,658,890)	0	16,862,146	16,628,707	16,547,448	5,423	16,552,871	314,698	0	98%
2018	2,579,302	(2,316)	(312,514)	(19)	2,264,453	502,334	2,136,384	447	2,136,831	128,069	0	94%
Totals	\$65,712,989	\$325,385	(\$1,543,925)	(\$19)	\$64,494,431	\$61,660,489	\$63,041,171	\$19,306	\$63,060,477	\$1,453,259	\$107,340	98%

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

Appendix H. Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁸

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$1,187,710,945	(\$884,986)	(\$9,201,838)	\$0	\$1,177,624,121	\$1,177,402,572	\$1,177,280,737	\$6,787	\$1,177,287,523	\$343,384	\$2,891,685	100%
2015	1,365,084,479	14,000,252	(18,600,680)	0	1,360,484,050	1,355,315,336	1,354,956,270	22,340	1,354,978,610	5,527,780	1,256,885	100%
2016	1,584,701,982	1,302,041	(35,820,832)	2	1,550,183,192	1,547,063,990	1,546,893,712	210,274	1,547,103,986	3,289,481	341,615	100%
2017	1,874,921,957	21,405,859	(6,931,866)	0	1,889,395,950	1,868,748,074	1,872,136,299	424,073	1,872,560,372	17,259,651	74,115	99%
2018	1,839,964,736	4,969,272	4,472,270	0	1,849,406,278	508,716,267	1,823,719,380	245,337	1,823,964,717	25,686,898	19,615	99%
Totals	\$7,852,384,098	\$40,792,438	(\$66,082,947)	\$2	\$7,827,093,591	\$6,457,246,239	\$7,774,986,397	\$908,811	\$7,775,895,208	\$52,107,193	\$4,583,915	99%

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

Appendix I. Medicaid Managed Care Organization Pharmacy Supplemental Rebate Program

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019⁹

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$117,863,044	(\$931,890)	(\$748,038)	\$0	\$116,183,117	\$116,918,784	\$116,992,452	\$57,244	\$117,049,696	(\$809,335)	\$917,025	101%
2015	133,861,616	(10,107,579)	9,883,128	0	133,637,165	131,062,489	130,770,105	49,589	130,819,694	2,867,059	919,790	98%
2016	148,085,318	2,872,681	(4,826,450)	0	146,131,549	145,667,373	145,965,924	42,492	146,008,416	165,625	169,594	100%
2017	149,753,098	(4,466,268)	(2,441,008)	0	142,845,823	145,330,863	145,371,976	18,906	145,390,882	(2,526,154)	0	102%
2018	124,180,396	(679,086)	(854,329)	0	122,646,981	28,372,352	113,582,525	1,233	113,583,758	9,064,456	0	93%
Totals	\$673,743,471	(\$13,312,141)	\$1,013,304	\$0	\$661,444,634	\$567,351,861	\$652,682,982	\$169,464	\$652,852,446	\$8,761,652	\$2,006,410	99%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹⁰

Year	Amounts Billed					Collections			Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$2,714,015	\$3,983	\$96,809	\$0	\$2,814,808	\$2,724,976	\$2,741,316	\$122	\$2,741,438	\$73,492	\$23,684	97%
2015	53,076,346	863,070	(418,434)	0	53,520,982	54,811,722	53,330,841	9,999	53,340,840	190,141	113,251	100%
2016	63,618,614	14,277	(551,948)	0	63,080,942	63,791,475	63,793,026	29,437	63,822,464	(712,084)	47,336	101%
2017	64,939,782	990,817	24,357	0	65,954,957	62,040,559	65,407,722	63,178	65,470,899	547,235	0	99%
2018	55,288,025	181,773	(108,657)	0	55,361,141	14,620,225	53,975,202	30,188	54,005,390	1,385,939	0	97%
Totals	\$239,636,782	\$2,053,920	(\$957,872)	\$0	\$240,732,830	\$197,988,956	\$239,248,106	\$132,924	\$239,381,030	\$1,484,723	\$184,272	99%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹¹

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$326,681	\$3,036	\$5,864	\$0	\$335,580	\$340,830	\$341,502	\$30	\$341,532	(\$5,922)	\$427	102%
2015	7,663,648	(1,109,761)	1,137,619	0	7,691,506	7,568,653	7,576,146	714	7,576,859	115,361	51,873	99%
2016	8,609,712	(32,731)	(40,546)	0	8,536,434	8,624,753	8,634,572	2,429	8,637,001	(98,137)	12,100	101%
2017	6,972,781	(191,151)	282	0	6,781,912	6,366,957	6,367,489	93	6,367,582	414,423	0	94%
2018	6,148,126	(75,545)	152	0	6,072,733	1,388,500	5,938,840	19	5,938,859	133,893	0	98%
Totals	\$29,720,948	(\$1,406,153)	\$1,103,370	\$0	\$29,418,165	\$24,289,693	\$28,858,548	\$3,285	\$28,861,832	\$559,617	\$64,400	98%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹²

Year	Amounts Billed					Collections			Outstanding Balances		Collection Rates for Principal		
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest	
2014	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	52	0	52	15	51	1	52	1	0	0	99%
2017	3,399,566	6,020	596,462	0	4,002,048	2,840,924	3,333,994	1,751	3,335,746	668,053	0	0	83%
2018	19,342,871	(317,539)	2,182,852	0	21,208,185	3,804,952	18,987,808	6,249	18,994,057	2,220,377	0	0	90%
Totals	\$22,742,437	(\$311,519)	\$2,779,366	\$0	\$25,210,285	\$6,645,892	\$22,321,853	\$8,001	\$22,329,854	\$2,888,431	\$0	\$0	89%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹³

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$51,005,028	\$260,389	(\$13,562,278)	\$0	\$37,703,138	\$37,904,679	\$37,906,843	\$17,784	\$37,924,628	(\$203,705)	\$631,967	101%
2015	27,821,234	223,249	1,525,166	0	29,569,649	28,218,194	28,344,930	6,679	28,351,609	1,224,718	322,359	96%
2016	37,422,819	49,933	(1,630,397)	0	35,842,355	34,600,562	34,622,865	10,044	34,632,909	1,219,490	57,606	97%
2017	42,476,149	317,346	(3,756,764)	0	39,036,731	37,418,745	37,687,103	16,541	37,703,644	1,349,628	0	97%
2018	40,736,331	(14,994)	(2,382,260)	0	38,339,076	8,865,586	36,196,497	11,724	36,208,221	2,142,579	0	94%
Totals	\$199,461,560	\$835,922	(\$19,806,533)	\$0	\$180,490,950	\$147,007,766	\$174,758,239	\$62,771	\$174,821,011	\$5,732,711	\$1,011,932	97%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹⁴

Year	Amounts Billed				Collections				Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2014	\$16,054	(\$86)	\$8,335	\$0	\$24,304	\$19,063	\$23,459	\$3	\$23,461	\$845	\$0	97%
2015	28,964	585	(105)	0	29,444	29,450	29,428	0	29,428	16	0	100%
2016	726	(2)	(3)	0	721	88	88	0	88	633	0	12%
2017	504	8	(9)	0	502	478	479	0	479	23	0	95%
2018	3,368	0	0	0	3,368	1,009	3,152	3	3,155	216	0	94%
Totals	\$49,615	\$505	\$8,219	\$0	\$58,338	\$50,088	\$56,605	\$6	\$56,612	\$1,733	\$0	97%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹⁵

Year	Amounts Billed				Collections				Outstanding Balances			Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2014	\$21,242,477	\$278,254	\$4,087,229	\$0	\$25,607,960	\$23,025,295	\$23,787,193	\$1,724	\$23,788,917	\$1,820,767	\$1,148,022	93%
2015	27,302,313	2,642,527	3,155,617	0	33,100,456	32,525,182	32,515,436	8,055	32,523,491	585,020	715,896	98%
2016	35,001,783	5,391	5,337,750	0	40,344,923	46,582,630	46,345,958	18,081	46,364,039	(6,001,034)	62,657	115%
2017	32,324,453	247,456	15,314,478	0	47,886,388	48,935,750	46,109,234	20,444	46,129,678	1,777,154	0	96%
2018	33,804,444	345,042	18,536,990	0	52,686,476	8,109,822	45,239,562	17,279	45,256,841	7,446,914	0	86%
Totals	\$149,675,469	\$3,518,670	\$46,432,064	\$0	\$199,626,203	\$159,178,679	\$193,997,383	\$65,583	\$194,062,966	\$5,628,820	\$1,926,574	97%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹⁶

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$20,501	\$59	\$40,932	\$0	\$61,492	\$46,097	\$65,634	\$4	\$65,638	(\$4,142)	\$2	107%
2015	98,794	2,264	33,575	0	134,633	82,156	84,128	70	84,198	50,505	5	62%
2016	108,687	(722)	64,719	0	172,683	149,932	152,321	63	152,383	20,363	1	88%
2017	2,117,265	1,394	293,021	0	2,411,679	2,514,320	2,436,869	1,363	2,438,232	(25,190)	0	101%
2018	409,816	(1,422)	(33,196)	0	375,197	364,649	393,919	246	394,165	(18,722)	0	105%
Totals	\$2,755,063	\$1,572	\$399,049	\$0	\$3,155,684	\$3,157,155	\$3,132,871	1,746	3,134,617	22,813	8	99%

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

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

For Calendar Years 2014 - 2018

All Funds as of April 30, 2019¹⁷

Year	Amounts Billed				Collections				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2014	\$21,313,603	\$0	(\$689,456)	(\$521)	\$20,623,626	\$26,274,436	\$26,276,516	\$0	\$26,276,516	(\$5,652,890)	\$0	127%
2015	12,418,357	1,758,156	(350,577)	(252)	13,825,683	18,909,712	18,917,376	2,177	18,919,554	(5,091,693)	0	137%
2016	13,190,419	3,467,443	(259,728)	(62)	16,398,073	20,684,330	20,938,378	11,632	20,950,010	(4,540,305)	0	128%
2017	15,710,850	3,696,323	(185,148)	0	19,222,025	23,513,645	24,097,972	26,142	24,124,114	(4,875,947)	0	125%
2018	19,404,557	2,973,153	(118,773)	0	22,258,937	5,346,513	23,316,302	12,162	23,328,464	(1,057,365)	0	105%
Totals	\$82,037,786	\$8,921,921	(\$1,603,682)	(\$835)	\$92,328,344	\$94,728,635	\$113,546,544	\$52,113	\$113,598,657	(\$21,218,200)	\$0	123%

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

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

For Calendar Years 2014 - 2018

General Revenue Funds as of April 30, 2019¹⁸

Year	Amounts Billed				Collections				Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
2014	\$764,890	\$304,379	(\$6,198)	(\$43)	\$1,063,029	\$1,065,802	\$1,065,030	\$7	\$1,065,037	(\$2,001)	\$0	100%
2015	994,614	(99,304)	(8,855)	0	886,454	1,062,881	1,066,220	193	1,066,413	(179,766)	0	120%
2016	709,258	452,591	(4,054)	0	1,157,795	1,138,929	1,167,711	337	1,168,048	(9,916)	0	101%
2017	873,924	589,901	(17,555)	0	1,446,270	1,247,176	1,285,098	308	1,285,406	161,172	0	89%
2018	880,433	565,096	(13,604)	0	1,431,925	293,006	1,206,216	48	1,206,264	225,709	0	84%
Totals	\$4,223,120	\$1,812,663	(\$50,266)	(\$43)	\$5,985,473	\$4,807,794	\$5,790,275	\$894	\$5,791,169	\$195,198	\$0	97%

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

Appendix S. Kidney Health Care Program

For Calendar Years 2014 - 2018

General Revenue Funds as of April 30, 2019¹⁹

Year	Amounts Billed				Collections				Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
2014	\$9,057,644	\$356,859	\$33,361	\$0	\$9,447,863	\$9,414,200	\$9,432,675	\$89	\$9,432,763	\$15,188	\$26,781	100%
2015	8,436,192	202,734	(130,701)	0	8,508,225	8,519,317	8,520,620	176	8,520,796	(12,395)	4,224	100%
2016	8,799,442	72,006	(90,741)	0	8,780,707	8,795,157	8,653,227	522	8,653,749	127,479	4,442	99%
2017	9,161,670	(46,582)	(78,891)	0	9,036,197	9,115,368	9,142,140	200	9,142,340	(105,942)	0	101%
2018	7,351,659	26,591	(98,173)	0	7,280,077	2,244,275	6,861,350	47	6,861,397	418,727	0	94%
Totals	\$42,806,607	\$611,608	(\$365,146)	\$0	\$43,053,068	\$38,088,317	\$42,610,011	\$1,034	\$42,611,045	\$443,057	\$35,448	99%

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

Appendix T. Healthy Texas Women's Program

For Calendar Years 2014 - 2018

General Revenue Funds as of April 30, 2019²⁰

Year	Amounts Billed					Collections			Outstanding Balances			
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
2014	\$229,031	\$0	(\$9,431)	\$0	\$219,600	\$250,667	\$250,667	\$9	\$250,676	(\$31,067)	\$53	114%
2015	882,232	0	12,942	0	895,174	895,027	895,027	220	895,247	148	10	100%
2016	1,313,577	16,798	(31,129)	0	1,299,246	1,291,536	1,293,147	1,686	1,294,834	6,099	4,192	100%
2017	2,863,161	279	(81,473)	0	2,781,967	2,705,735	2,773,723	2,796	2,776,519	8,244	0	100%
2018	2,980,464	86	(115,997)	0	2,864,552	577,712	2,885,790	1,226	2,887,016	(21,238)	0	101%
Totals	\$8,268,465	\$17,162	(\$225,088)	\$0	\$8,060,540	\$5,720,677	\$8,098,354	\$5,937	\$8,104,291	(\$37,814)	\$4,254	100%

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