



**Rider 23 Report:  
Annual Performance  
Report for the  
Prescription Drug  
Rebate Program**

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**As Required by  
House Bill (H.B.) 1,  
84th Legislature, Regular  
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**Health and Human Services**

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**TEXAS**  
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## Executive Summary

As directed in the 2016-17 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, Regular Session, 2015 (Article II, Health and Human Services Commission, Rider 23), the Health and Human Services Commission (HHSC) is required to submit 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's (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 includes 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 report for each managed care and fee-for-service (FFS) rebate program.

For calendar years 1991 through 2016, HHSC collected a total of \$18,769,951,492 all funds (AF) in principal for prescription drug rebates - a collection rate of 99.04 percent of total collectable rebates. In the five-year period from calendar years 2012 through 2016, HHSC collected \$9,153,524,161 (AF) in principal for rebates - a collection rate of 98.86 percent. Interest collections for the 1991 through 2016 timeframe were \$7,919,017 (AF) and for 2012 through 2016, they were \$420,704 (AF).

For calendar years 2012 through 2016, rebates billed to drug manufacturers accounted for 44 percent of the amount the State and managed care organizations (MCOs) paid to pharmacies and other providers for rebate eligible products. For the life of the prescription drug rebate programs (1991-2016), rebates accounted for 33 percent of drug expenditures paid by FFS Medicaid and the MCOs. Over the course of the past 25 years, rebate revenue has been increasing as a percent of drug expenditures for both FFS Medicaid and MCOs.

The average collection rate has also increased over time, as shown in Appendix A. Rebate Collections by Calendar Year for All Programs (All Funds), due in part to HHSC staff working with the contracted entity, Conduent, to collect on outstanding

balances for rebate programs that are no longer in effect. Other targeted collection efforts have focused on compliance with national drug code (NDC) reporting on medical claims and encounters. The NDC, which identifies the specific drug administered, is required in order to collect rebates.

Appendix A. Rebate Collections by Calendar Year for All Programs (All Funds) and Appendix B. Total Rebate Collections by Program (All Funds) include information from calendar years 1991 through 2016, which encompasses the lifespan of the HHSC rebate programs. To ensure readability and relevance, the 21 appendices include detailed rebate information for only the most recent five-year period, from calendar year 2012 through 2016. Appendix A includes rebate data collected through June 23, 2017 and reflects adjustments to these periods generated within the May 2017 rebate invoices. Appendices B through V include rebate data collected through April 2017. The calculations in the appendices reflect the separate data collection dates.

The provisions in H.B. 1917, 85th Legislature, First Called Session, 2017, extended HHSC's ability to define 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 collect rebates on all FFS and MCO pharmacy and CAD claims and encounters, and to maximize Supplemental rebate revenue.

# 1. Introduction

Rider 23 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 20 different rebate programs, based on varying levels of federal funding match rates, and federal reporting requirements. HHSC's VDP operates the formularies and oversees the contractor, Conduent, responsible for administration of the rebate programs for Medicaid, CHIP, KHC, CSHCN and HTW.

The report's rebate information is calculated by program for the most current reportable five-year period for each rebate program (calendar years 2012 through 2016). Rebate information for the entire lifespan of the HHSC rebate program is included in Appendix A. Rebate Collections by Calendar Year for All Programs (All Funds) and Appendix B. Total Rebate Collections by Program (All Funds).

Each of the rebate programs include the following information for calendar years 2012 through 2016, as specified in appendices C through V:

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

Rebate accounting is on an accrual basis and funds are allocated based on the calendar quarter in which the claims were originally paid. Rebate collections are subject to change due to manufacturers providing late or updated pricing information to the Centers for Medicare & Medicaid Services (CMS) or HHSC. This results in retroactive changes to rebate rates.

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.

## 2. Background

Medicaid and CHIP prescription drug rebate revenue is the first source of funding used to pay fee-for-service pharmacy providers and capitation payments to MCOs. 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 calendar years 1991 through 2016, HHSC collected a total of \$18,769,951,492, (AF) in principal rebates, a collection rate of 99.04 percent of total collectable rebates, and \$7,919,017 (AF) in interest. In the five-year period from 2012 through 2016, HHSC collected \$9,153,524,161 (AF) in principal for rebates and \$420,704 (AF) in interest - a collection rate of 98.86 percent.

For calendar years 2012 through 2016, rebates billed to drug manufacturers accounted for 44 percent of the amount the State and MCOs paid to pharmacies and other providers for rebateable products. Over the course of the past 25 years, rebate revenue has been increasing as a percent of drug expenditures for both the state and MCOs.

The average collection rate has increased over time as shown in Appendix A. Rebate Collections by Calendar Year for All Programs (AF), which is due in part to HHSC staff working with the contracted entity, Conduent, to collect on outstanding balances for rebate programs that are no longer in effect. Other targeted collection efforts have focused on ensuring compliance with NDC reporting on medical claims and encounters, which is required in order to collect rebates.

Appendix A. Rebate Collections by Calendar Year for All Programs (AF) and Appendix B. Total Rebate Collections by Program (AF) include information from calendar years 1991 through 2016, which encompasses the lifespan of the HHSC rebate program. To ensure readability and relevance, the 20 appendices include detailed rebate information for only the most recent five-year period, from calendar years 2012 through 2016. Appendix A includes rebate data collected through June 23, 2017. The other appendices include rebate data collected through April 30, 2017. The calculations in the appendices reflect the separate data collection dates. All rebate collection rates are calculated using principal payments only.



## **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. CMS requires participating states add contracted manufacturers drugs to the state's Medicaid formulary. 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. Medicaid pharmacy programs are required to include all of the contracted manufacturers' drug products in their Medicaid formularies and to submit invoices to 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-eligible people that receive care from Medicaid MCOs and allows Medicaid to collect supplemental rebates, on these managed care encounters. Senate Bill (S.B.) 7, 82nd Legislature, First Called Session, 2011, directed HHSC to include covered outpatient pharmacy benefits in the array of services provided by MCOs. S.B. 7 also required MCOs to follow HHSC's Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL). Pharmacy services were included into the array of services provided by Medicaid MCOs starting March 1, 2012. Rebate programs for managed care began in August 2012. As more of the Medicaid population shifts to a managed care delivery model, rebate revenue is also shifting to the managed care rebate programs listed in the Appendices.

### **Supplemental Rebate Program**

In addition to the federally-mandated Medicaid OBRA '90 rebates, Texas implemented a Medicaid supplemental rebate program in January 2004, through which drug manufacturers provide services in-lieu-of cash (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 Use Review Committee recommends a "preferred" or "non- preferred" PDL status based on the safety, clinical effectiveness, and cost (including rebates) of the product. In a category of

drugs, some drugs will be designated “preferred” and others “non-preferred”. “Non-preferred” drugs do not have a supplemental rebate contract 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. Non-preferred status and PA requirements both serve as incentives 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.

The provisions in H.B. 1917, 85th Legislature, First Called Session, 2017, extended HHSC’s ability to define 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, Clinician Administered Drugs (CAD) or 'J-Code Drugs,' which refers to the Healthcare Common Procedure Codes Set (HCPCS) used to bill for these types of drugs administered in the outpatient setting. The Deficit Reduction Act of 2005 (DRA) updated the definition of a 'covered outpatient drug' in the Social Security Act to include 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 programs are voluntary programs that are divided into two subprograms, depending on the funding source: the federally-matched national-state funded (NSF) program and the state funded only (SF) program for qualified aliens (QA) – most of whom moved into the Medicaid QA Waiver in 2011. The ACA further reduced the number of children eligible for CHIP, and moved them into Medicaid and the programs that receive the Enhanced Federal Medicaid Assistance Percentage (EFMAP) in 2014. The State shares the rebate revenue from the CHIP NSF program with CMS.

## 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 become General Revenue (GR).

## Quarterly Rebate Offset Amount

The ACA also initiated the Quarterly Rebate Offset Amount (QROA), which increased the minimum federal Medicaid OBRA '90 rebate amount and required the state to remit 100 percent of the additional rebates collected to CMS as QROA. As of June 23, 2017, the QROA amount paid to CMS for all periods was \$543,402,230. All collections in the report's tables and appendices include the QROA amounts returned to CMS. The chart below includes the QROA amounts paid to CMS for 2012-2016.

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

Year	QROA
2012	\$70,728,655
2013	76,903,783
2014	75,523,391
2015	81,439,188
2016	91,466,698
Total	<b>\$396,061,715</b>

## Rebate Process

CMS uses pricing data submitted by manufacturers to calculate the rebate rate and QROA and sends this data to states quarterly. In compliance with federal law, 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 chart 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 5
July–September (Q3)	November 29	January 5
October–December (Q4)	March 1	April 7

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. 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. The most common reasons manufacturers cite for disputes are: (1) the state did not reimburse pharmacies at a rate that should cover the pharmacies' product cost, and (2) the manufacturer's sales records do not substantiate the number of units invoiced.

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

## 3. Drug Rebate Collections

The following rebate collection amounts and collection rates reflect AF principal collected for calendar years 2012 through 2016 as shown in the appendices.

### 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 \$2,009,754,737 for the FFS Pharmacy Medicaid rebate program, which is a 100.42 percent collection rate. A collection rate over 100 percent generally indicates there was a shift between the regular CMS rebates and the state supplemental rate. Due to rate changes, several manufacturers had not adjusted their payments between Medicaid OBRA '90 rebates and their Medicaid supplemental rebates, resulting in the overpayment of FFS Pharmacy rebates and the underpayment of the FFS Supplemental rebates.

As the Medicaid population moves from a FFS delivery model to a managed care model, the FFS Pharmacy rebates are expected to decline over time with the drop in population. For example, the STAR Kids population moved into managed care in November 2016, and there was a significant drop in the FFS Pharmacy rebate invoice for the fourth calendar quarter.

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

The Medicaid supplemental rebate rate is particularly volatile 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 twelve quarters to resolve.

HHSC has collected \$169,199,677 in Medicaid supplemental rebates (see Appendix D). Collection rates for Medicaid supplemental rebates should be at the same rate as the federal Medicaid OBRA '90 rebates. The current collection rate is 95.38 percent due to the overpayments in the FFS Pharmacy program. Additionally, not all of the fourth quarter supplemental rebate invoices, due the week before the data for this report was gathered, had been received.

## **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 QA (established in 2011) and Medicaid expansion CHIP (M-CHIP). The MCHIP 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 programs cover many of the people previously covered under CHIP and qualifies for the CMS enhanced federal match.

As shown in Appendix G, the principal collections totaled \$4,758,834 for the EFMAP rebate program, which is a 92.96 percent principal collection rate. The collection rate for this new combined program will continue to increase as drug manufacturers update their systems to include this program.

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

The EFMAP programs are subject to both the PDL and to supplemental drug rebates. Principal collections were \$465,422. As with the base EFMAP program, manufacturers have been slow to update their systems for this new program, resulting in a 95.49 percent principal collection rate, as shown in Appendix H. HHSC anticipates outstanding amounts will be paid when the manufacturers update their systems.

## **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 programs listed above due to federal reporting requirements.

As shown in Appendix I, the rebate principal collections totaled \$45,029,540 for the BCCP pharmacy program, which is a 95.62 percent principal collection rate. Despite quarterly reminders that BCCP is a Medicaid program Texas implemented as a separate program, we still experience lower than normal collection rates for BCCP.

## **Managed Care Organization Pharmacy Program**

With the implementation of the ACA, managed care pharmacy encounters are now subject to CMS' federal Medicaid drug rebate program. As shown in Appendix J, the

collections totaled \$5,780,840,062 for the MCO OBRA '90 Medicaid rebate program, which is a 98.84 percent principal collection rate.

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

Managed Care plans are required to follow the state's PDL in order to maximize the State's rebate revenue. HHSC has collected \$585,421,163 in Medicaid managed care supplemental rebates (see Appendix K). The current principal collection rate is 96.32 percent.

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

As shown in Appendix L, the collections totaled \$119,280,942 for the managed care EFMAP rebate program. Because this is a relatively new rebate program, the principal collection rate is 97.65 percent.

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

As shown in Appendix M, the principal collections totaled \$15,857,863 for the MCO EFMAP Supplemental rebate program. The principal collection rate is 93.70 percent. Like the base EFMAP program, manufacturers have been slow to update their systems for this new program. When the manufacturers do update their systems, the outstanding amounts will be paid. In addition, the payments for the fourth quarter of 2016 invoices were not due until the week before the data was run for this report.

## **Medical Rebate Programs**

HHSC has been invoicing and collecting federal Medicaid rebates for outpatient drugs provided in a physician's office, clinic, or hospital outpatient setting since 2003. VDP pays for pharmacy-dispensed drugs, identified by their NDC. Texas' acute care claims administrator vendor pays for drugs administered in an outpatient medical setting. Physician-administered drugs, or CADs, have HCPCS codes that generally start with the letter "J" (thus the common term "J-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 are converted into NDC units for rebate invoicing. This causes drug manufacturers to dispute a larger portion of their invoices and results in a lower collection rate.



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

Beginning January 1, 2008, as part of the DRA, physicians' offices, hospitals, and clinics were required to submit the NDC of the specific drug administered in addition to the HCPCS code. HHSC made significant system changes and created a NDC-to-HCPCS crosswalk that has assisted with the enforcement of the DRA requirement.

HHSC has collected \$152,476,493 in rebates for clinician-administered drugs (see Appendix N), and the principal collection rate is 94.07 percent. There has been an increase in collections because of increased NDC enforcement. However, the differences between HCPCS units and NDC units keeps the collection rate for CAD rebate programs lower than other programs.

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

With the ACA, some children previously covered by CHIP became eligible for the M-CHIP program. Through this move, the State was able to maintain the CMS enhanced federal match. FFS covered claims for the M-CHIP people under the FFS EFMAP rebate programs while they chose an MCO.

HHSC has collected \$45,291 in rebates for FFS EFMAP clinician-administered drugs (see Appendix O), and the principal collection rate is 98.10 percent.

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

The ACA requires drug manufacturers 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.

MCO CAD rebates brought in \$108,724,218 in rebates (see Appendix P) and the principal collection rate is 85.34 percent. This amount is significantly lower than collections for FFS CAD rebates, especially in light of the numbers of people in managed care. Recent increased compliance efforts by the State are beginning to show results as billed amounts and collections are increasing.

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

MCO EFMAP CAD rebates resulted in collections of \$251,670 (see Appendix Q). Because this is a relatively new rebate program, the current principal collection

rate is 87.96 percent. The lower than normal collection rate is due to manufacturers that have been slow to update their systems for this new program. When the manufacturers do update their systems, the outstanding amounts will be paid. Additionally, the payments for the fourth quarter of 2016 invoices were not due until the week before the data was run, and not all payments posted in time for inclusion in this report.

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

The CHIP rebate program is a voluntary state rebate program that began in March 2002. 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 incentivize participation.

For the CHIP rebate program, manufacturers are required to report rebate pricing to HHSC on a quarterly basis. If a manufacturer fails to comply with price reporting requirements, HHSC mails an invoice reporting the utilization of each NDC; the invoice does not include the amount due because the current rate in the system is 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 four of the five quarters represented in Appendix R.

CHIP is divided into two subprograms, depending on the funding source: the federally-matched national-state funded (NSF) program and the state funded only (SF) program for qualified aliens (QA) and M-CHIP.–. The ACA further reduced the number of children eligible for CHIP, and moved them into Medicaid and the EFMAP programs in 2014.

### **Children's Health Insurance Program National and State-Funded**

For the CHIP NSF program, HHSC has collected \$112,991,101 in rebates (see Appendix R), and the principal collection rate is 121.48 percent because we are 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.

## **Children's Health Insurance Program State Funded**

QAs, previously covered by the GR-funded CHIP SF rebate program moved to the Medicaid QA Waiver in 2011. Therefore, this rebate program ended prior to October 2012, but still falls within the five-year reporting period. Principal collections for this rebate program are \$341 (see Appendix S). The principal collection rate is 100 percent.

## **State-Only Rebate Programs**

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

The CSHCN program began collecting voluntary rebates in 1997. The CSHCN program, however, does not meet the CMS definition of a State Pharmaceutical Assistance Program (SPAP). Therefore, its 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 four of the five quarters represented in Appendix T.

Total principal collections for the CSHCN rebate program were \$4,731,231 (see Appendix T). The principal collection rate is 94.96 percent.

### **Kidney Health Care Program**

The KHC rebate program is a voluntary program started in 1997. 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, without jeopardizing the manufacturers' Medicaid rate. The ACA changes that increased the Medicaid rates have also increased KHC rebates.

HHSC has collected \$41,301,804 in KHC drug rebates (see Appendix U). The principal collection rate is 97.85 percent.

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

HHSC fully implemented the GR-funded HTW on January 1, 2013. The 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. In 2013,

HHSC reached out to the manufacturers of long-acting reversible contraception products to seek drug rebates to help offset costs. Three manufacturers agreed to participate in this rebate program. To date, HHSC has collected \$2,387,772 in rebates (see Appendix V) and the principal collection rate is 98.71 percent.

## 4. Conclusion

The summary information presented in Appendix A. Rebate Collections by Calendar Year for All Programs (AF) was run on June 23, 2016. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid. For calendar years 1991 through 2016, HHSC collected a total of \$18,769,951,492 (AF) and \$7,944,549 (AF) in interest.

For calendar years 2012 through 2016, rebates billed accounted for 44 percent of the amount paid to pharmacies and other providers for rebateable products. Historically, rebates accounted for 33 percent of drug expenditures paid by FFS Medicaid and the MCOs. Rebate revenue increased as a percent of expenditures for this reporting period due in part to increases in CMS rebate rates.

The average collection rate calculated for all programs throughout the life of the HHSC rebate programs (1991-2016) is 99.04 percent. HHSC staff are working with the contracted entity, Conduent, to collect outstanding balances. Projects to resolve the outstanding balances have included: focusing on rebate programs that are no longer in effect; targeting specific manufacturers with large outstanding balances; educating manufacturers about all of the rebate programs with CMS approvals so invoices are paid timely; and converting the CAD units of measure into rebate units of measures prior to invoicing in order to minimize disputes.

It is important to note collection rates are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data. Manufacturers regularly provide late or updated pricing information to CMS or HHSC. These updates to pricing information may retroactively change the rebate rates. Additionally, collection rates can exceed 100 percent when manufacturers report pricing changes after the end of the reporting period or before they officially update the rebate rates the next quarter.

The provisions in H.B. 1917, 85th Legislature, First Called Session, 2017, extended HHSC's ability to define 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 collect rebates on all FFS and MCO pharmacy and CAD claims and encounters, and to maximize supplemental rebate revenue.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
ACA	Affordable Care Act
AF	All Funds
BCCP	Breast and Cervical Cancer Program
CAD	Clinician Administered Drugs
CHIP	Children's Health Insurance Program
CMS	Center for Medicare and Medicaid Services
CNSF	CHIP National and State-Funded
CSF	CHIP 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
FSF	Federal-State Funded
GR	General Revenue

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

## Appendix A. Rebate Collections by Calendar Year for All Programs

Calendar Years 1991-2016

All Funds as of June 23, 2017

Year	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
1991	\$43,712,510	\$40,836,402	\$762,035	\$27,640,818	93.42%
1992	79,235,325	76,066,046	408,989	294,914,198	96.00%
1993	96,916,881	92,642,547	1,405,720	1,216,659	95.59%
1994	100,620,315	100,076,317	607,964	854,240	99.46%
1995	110,760,647	110,322,362	457,000	1,542,597	99.60%
1996	122,161,200	121,182,354	1,027,479	831,366	99.20%
1997	142,176,545	141,612,662	559,139	472,007	99.60%
1998	171,893,780	171,869,375	-39,258	884,606	99.99%
1999	217,302,979	215,578,943	1,295,775	482,258	99.21%



Year	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
2000	259,316,626	257,934,667	927,200	4,988,552	99.47%
2001	309,959,407	309,975,309	(404,295)	4,172,340	100.01%
2002	372,506,109	384,447,490	(11,985,798)	11,515,446	103.21%
2003	444,556,191	483,945,605	(39,498,065)	2,001,714	108.86%
2004	582,588,260	700,268,067	(117,615,625)	3,073,013	120.20%
2005	840,423,914	838,539,720	2,271,232	11,131,032	99.78%
2006	557,136,424	552,404,908	5,036,630	6,758,716	99.15%
2007	690,937,333	683,165,270	7,733,957	8,820,414	98.88%
2008	828,599,679	808,745,564	21,120,642	12,777,859	97.60%
2009	963,920,677	957,141,239	6,479,122	12,344,238	99.30%
2010	1,202,862,023	1,195,047,999	5,569,532	35,246,356	99.35%
2011 <sup>1</sup>	1,449,573,165	1,371,393,040	75,231,225	31,005,008	94.61%

<sup>1</sup> Medicaid Buy-In for Children rebate program expired in 2011 and is only included in Appendices A and B.

Year	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
<b>2012</b>	1,549,216,283	1,537,649,544	11,549,151	12,414,341	99.25%
<b>2013</b>	1,564,287,974	1,552,148,227	12,139,458	18,355,591	99.22%
<b>2014</b>	1,825,499,192	1,825,556,255	(57,627)	8,273,642	100.00%
<b>2015</b>	2,136,771,505	2,031,662,083	105,109,170	6,303,737	95.08%
<b>2016</b>	2,288,301,719	2,209,739,497	78,562,163	1,143,535	96.57%
<b>Totals</b>	<b>\$18,951,236,662</b>	<b>\$18,769,951,492</b>	<b>\$168,652,913</b>	<b>\$519,164,280</b>	<b>99.04%</b>

## Appendix B. Total Rebate Collections by Program

Calendar Years 1991-2016

All Funds as of April 30, 2017

Program	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
<b>PHARMACY REBATE PROGRAMS</b>					
<b>FFS Pharmacy</b>	\$9,906,856,683	\$9,841,989,156	\$57,242,508	\$317,958,970	99.35%
<b>FFS Pharmacy Supplemental</b>	1,171,799,348	1,118,901,274	50,144,002	17,737,412	95.49%
<b>FFS EFMAP Pharmacy</b>	6,440,716	5,563,920	876,796	5,951	86.39%
<b>FFS EFMAP Pharmacy Supplemental</b>	347,785	280,100	67,684	0	80.54%
<b>FFS BCCP</b>	37,785,928	27,552,581	10,233,347	169	72.92%
<b>MBIC<sup>2</sup></b>	134,854	131,215	3,639	167	97.30%
<b>MCO Pharmacy</b>	4,702,735,862	4,247,932,956	454,802,657	715,901	90.33%

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<sup>2</sup> Medicaid Buy-In for Children rebate program expired in 2011 and is only included in Appendices A and B.

Program	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
MCO Pharmacy Supplemental	497,829,223	443,885,001	53,944,222	236,839	89.16%
MCO EFMAP Pharmacy	75,539,933	56,107,559	19,432,374	1,396	74.28%
MCO EFMAP Pharmacy Supplemental	10,479,775	7,356,893	3,122,882	88	70.20%
<b>MEDICAL REBATE PROGRAMS</b>					
FFS CAD	295,877,807	381,115,714	-(85,247,601)	19,271,398	128.81%
FFS EFMAP CAD	46,184	45,281	903	19	98.04%
MCO CAD	103,487,927	68,859,866	34,628,061	69,171	66.54%
MCO EFMAP CAD	193,585	151,545	42,040	50	78.28%
<b>CHIP REBATE PROGRAMS</b>					
CHIP NSF	278,024,939	231,855,484	46,329,107	1,384,084	83.39%
CHIP SF	3,131,306	1,641,590	1,496,167	11,517	52.43%
<b>STATE-ONLY REBATE PROGRAMS</b>					

Program	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
CSHCN	20,171,680	9,796,010	9,045,240	148,522	48.56%
KHC	94,090,361	87,209,744	6,719,748	189,490	92.69%
HTW	1,202,374	1,140,743	61,630	0	94.87%
<b>Totals</b>	<b>\$17,206,176,270</b>	<b>\$16,531,516,634</b>	<b>\$662,945,407</b>	<b>\$357,731,145</b>	<b>96.08%</b>

## Appendix C. Summary by Calendar Year

All Rebate Programs 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
<b>2012</b>	\$1,584,890,162	\$6,486,942	(\$39,027,936)	(\$3,062)	\$1,552,346,106	\$1,535,701,087	\$1,537,619,232	\$103,843	\$1,537,723,075	\$14,726,874	\$12,427,114	99.05%
<b>2013</b>	2,010,541,357	(5,587,816)	(441,235,022)	(289)	1,563,718,230	1,557,331,897	1,558,055,329	47,879	1,558,103,208	5,662,901	18,368,648	99.64%
<b>2014</b>	1,843,180,504	(1,530,325)	(16,809,170)	(564)	1,824,840,445	1,823,076,282	1,825,761,479	8,969	1,825,770,448	(921,034)	8,273,589	100.05%
<b>2015</b>	2,055,693,555	(30,141,346)	34,726,954	(253)	2,060,278,911	2,048,641,299	2,044,079,190	89,842	2,044,169,032	16,199,721	6,314,414	99.21%
<b>2016</b>	2,291,624,171	4,684,240	(39,385,892)	(59)	2,256,922,460	523,183,395	2,186,863,237	169,942	2,187,033,179	70,059,223	1,148,384	96.90%
<b>Totals</b>	<b>\$9,785,929,750</b>	<b>(\$26,088,305)</b>	<b>(\$501,731,066)</b>	<b>(\$4,227)</b>	<b>\$9,258,106,152</b>	<b>\$7,487,933,960</b>	<b>\$9,152,378,468</b>	<b>\$420,474</b>	<b>\$9,152,798,942</b>	<b>\$105,727,684</b>	<b>\$46,532,148</b>	<b>98.86%</b>

## Appendix D. Summary by Rebate Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>PHARMACY REBATES</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>FFS Pharmacy</b>	2,033,947,133	\$3,939,514	(\$36,587,071)	(\$208)	\$2,001,299,368	\$1,779,471,085	\$2,009,754,737	\$61,852	\$2,009,816,589	(\$8,455,369)	\$4,950,133	100.42%
<b>FFS Pharmacy Supplemental</b>	180,549,734	(37,666,158)	34,507,766	-	177,391,341	152,773,871	169,199,677	1,808	169,201,486	8,191,664	1,936,029	95.38%
<b>FFS EFMAP Pharmacy</b>	5,102,971	46,890	(30,475)	-	5,119,386	3,132,154	4,758,834	382	4,759,216	360,552	8,214	92.96%
<b>FFS EFMAP Pharmacy Supplemental</b>	481,997	5,840	(416)	-	487,421	334,777	465,422	16	465,438	22,000	1,871	95.49%
<b>FFS BCCP</b>	43,803,047	178,380	3,110,918	-	47,092,344	31,105,122	45,029,540	9,427	45,038,968	2,062,804	140,917	95.62%
<b>MCO Pharmacy</b>	6,337,414,593	7,643,786	(496,538,251)	(243)	5,848,519,885	4,623,308,814	5,780,840,062	250,363	5,781,090,425	67,679,823	21,636,690	98.84%
<b>MCO Pharmacy Supplemental</b>	611,484,421	(11,926,293)	8,222,381	-	607,780,508	475,620,380	585,421,163	40,932	585,462,095	22,359,346	8,333,014	96.32%

Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
MCO EFMAP Pharmacy	122,295,456	930,010	(1,070,867)	(0)	122,154,598	72,875,711	119,280,942	15,567	119,296,509	2,873,656	413,850	97.65%
MCO EFMAP Pharmacy Supplemental	16,930,152	(1,093,454)	1,087,752	-	16,924,450	9,874,692	15,857,863	418	15,858,281	1,066,587	90,588	93.70%
MEDICAL REBATES (CAD)	-	-	-	-	-	-	-	-	-	-	-	-
FFS CAD	182,901,870	493,141	(21,305,522)	(0)	162,089,489	123,656,414	152,476,493	8,071	152,484,564	9,612,996	3,019,529	94.07%
FFS EFMAP CAD	45,745	526	(100)	-	46,170	44,625	45,291	-	45,291	879	19	98.10%
MCO CAD	112,586,933	2,728,447	12,087,901	-	127,403,282	77,977,834	108,724,218	19,777	108,743,995	18,679,064	5,869,255	85.34%
MCO EFMAP CAD	245,807	2,938	37,381	-	286,125	185,145	251,670	37	251,707	34,455	2,653	87.96%
CHIP REBATES	-	-	-	-	-	-	-	-	-	-	-	-
CHIP - NSF	90,765,997	6,849,833	(4,605,218)	(1,274)	93,009,337	99,094,983	112,991,101	9,580	113,000,681	(19,981,765)	53,549	121.48%
CHIP - SF	341	-	-	-	341	341	341	-	341	(0)	-	100.00%
STATE-ONLY REBATES	-	-	-	-	-	-	-	-	-	-	-	-



Program	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
CSHCN	3,986,565	1,091,740	(93,235)	(2,502)	4,982,568	3,983,760	4,731,231	159	4,731,390	251,337	3,999	94.96%
KHC	42,073,411	667,850	(525,999)	-	42,215,262	34,494,253	41,307,804	993	41,308,797	907,458	67,647	97.85%
Healthy Texas Women's	2,424,841	18,709	(24,499)	-	2,419,051	1,140,743	2,387,772	1,321	2,389,093	31,279	4,254	98.71%
<b>Totals</b>	<b>\$9,787,041,013</b>	<b>(\$26,088,305)</b>	<b>(\$501,727,555)</b>	<b>(\$4,227)</b>	<b>\$9,259,220,926</b>	<b>\$7,489,074,704</b>	<b>\$9,153,524,161</b>	<b>\$420,704</b>	<b>\$9,153,944,865</b>	<b>\$105,696,765</b>	<b>\$46,532,210</b>	<b>98.86%</b>

## Appendix E. Medicaid Fee-for-Service Pharmacy Rebate Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
<b>2012</b>	\$585,598,385	\$588,450	(\$21,035,640)	(\$208)	\$565,150,986	\$568,117,184	\$567,909,283	\$30,010	\$567,939,293	\$(2,758,297)	\$3,381,690	100.49%
<b>2013</b>	348,365,118	(1,052,615)	(5,419,408)		341,893,095	340,926,159	340,917,603	4,214	340,921,817	975,492	684,367	99.71%
<b>2014</b>	387,739,417	(290,105)	1,765,060		389,214,372	392,750,043	392,136,968	0	392,136,968	(2,922,596)	656,081	100.75%
<b>2015</b>	371,286,232	4,035,290	(4,993,973)		370,327,550	381,085,750	381,218,284	11,758	381,230,042	(10,890,735)	52,274	102.94%
<b>2016</b>	340,957,982	658,493	(6,903,110)		334,713,365	96,591,949	327,572,600	15,870	327,588,470	7,140,765	175,721	97.87%
<b>Totals</b>	<b>\$2,033,947,133</b>	<b>\$3,939,514</b>	<b>(\$36,587,071)</b>	<b>(\$208)</b>	<b>\$2,001,299,368</b>	<b>\$1,779,471,085</b>	<b>\$2,009,754,737</b>	<b>\$61,852</b>	<b>\$2,009,816,589</b>	<b>\$(8,455,369)</b>	<b>\$4,950,133</b>	<b>100.42%</b>

## Appendix F. Medicaid Fee-for-Service Pharmacy Supplemental Rebate Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
<b>2012</b>	\$55,040,849	\$(58,883)	\$(1,530,306)	-	\$53,451,659	\$51,981,688	\$51,933,153	\$155	\$51,933,309	\$1,518,506	\$1,281,825	97.16%
<b>2013</b>	34,446,774	(63,094)	(640,741)	-	33,742,939	32,587,085	32,635,564	292	32,635,856	1,107,375	71,316	96.72%
<b>2014</b>	33,397,456	(184,056)	(478,041)	-	32,735,359	31,772,921	31,997,471	39	31,997,510	737,888	93,501	97.75%
<b>2015</b>	30,857,729	(37,400,952)	37,416,664	-	30,873,441	29,648,316	29,726,969	622	29,727,591	1,146,472	452,573	96.29%
<b>2016</b>	26,806,926	40,827	(259,810)	-	26,587,943	6,783,861	22,906,520	699	22,907,219	3,681,423	36,814	86.15%
<b>Totals</b>	<b>\$180,549,734</b>	<b>\$(37,666,158)</b>	<b>\$34,507,766</b>	<b>\$0</b>	<b>\$177,391,341</b>	<b>\$152,773,871</b>	<b>\$169,199,677</b>	<b>\$1,808</b>	<b>\$169,201,486</b>	<b>\$8,191,664</b>	<b>\$1,936,029</b>	<b>95.38%</b>

## **Appendix G. Medicaid Fee-for-Services Enhanced Federal Medical Assistance Percentage Pharmacy Rebate Program**

For Calendar Years 2012-2016

All Funds as of April 30, 2017

<b>Year</b>	<b>Original Amount Billed</b>	<b>Pricing Adjustments since billing</b>	<b>Utilization Adjustments since billing</b>	<b>Other Adjustments</b>	<b>Current Value of Invoices</b>	<b>Collections Prior to Current SFY</b>	<b>Total Principal Collected</b>	<b>Total Interest Collected</b>	<b>Total Collections</b>	<b>Outstanding Principal</b>	<b>Outstanding Interest</b>	<b>Collection Rates for Principal</b>
<b>2012</b>	\$60,406	(\$27)	(\$1,081)	-	\$59,299	\$57,067	\$57,200	\$4	\$57,204	\$2,099	\$153	96.46%
<b>2013</b>	128,207	102	(243)	-	128,065	120,322	120,258	7	120,265	7,807	420	93.90%
<b>2014</b>	232,437	5,041	3,436	-	240,914	238,664	238,664	3	238,667	2,249	308	99.07%
<b>2015</b>	2,147,894	39,846	(16,058)	-	2,171,683	2,111,037	2,122,436	297	2,122,734	49,247	2,471	97.73%
<b>2016</b>	2,534,027	1,927	(16,529)	-	\$2,519,425	605,065	2,220,275	71	2,220,346	299,150	4,862	88.13%
<b>Totals</b>	<b>\$5,102,971</b>	<b>\$46,890</b>	<b>(\$30,475)</b>	<b>\$0</b>	<b>\$5,119,386</b>	<b>\$3,132,154</b>	<b>\$4,758,834</b>	<b>\$382</b>	<b>\$4,759,216</b>	<b>\$360,552</b>	<b>\$8,214</b>	<b>92.96%</b>

## Appendix H. Medicaid Fee-for-Service Enhanced Federal Medical Assistance Percentage Pharmacy Supplemental Rebate

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rates for Principal
<b>2012</b>	\$0	\$103	\$0	\$0	\$103	\$387	\$546	\$0	\$546	(\$442)	\$50	527.71%
<b>2013</b>	0	6	1,049	0	1,055	12,591	12,744	1	12,744	(11,688)	45	1207.39%
<b>2014</b>	10,227	(2)	107	0	10,331	23,510	23,509	1	23,510	(13,178)	32	227.55%
<b>2015</b>	278,603	5,690	(1,047)	0	283,246	246,933	249,796	5	249,802	33,449	1,565	88.19%
<b>2016</b>	193,168	43	(525)	0	192,686	51,356	178,827	9	178,836	13,859	179	92.81%
<b>Totals</b>	<b>\$481,997</b>	<b>\$5,840</b>	<b>(\$416)</b>	<b>\$0</b>	<b>\$487,421</b>	<b>\$334,777</b>	<b>\$465,422</b>	<b>\$16</b>	<b>\$465,438</b>	<b>\$22,000</b>	<b>\$1,871</b>	<b>95.49%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>2013</b>	130,688	(70,584)	6,428,955	-	6,489,059	6,485,479	5,947,095	1,321	5,948,416	541,964	5,025	91.65%
<b>2014</b>	9,766,086	198,271	(356,804)	-	9,607,554	9,297,511	9,333,033	2,816	9,335,849	274,521	34,888	97.14%
<b>2015</b>	14,336,540	40,286	(1,894,723)	-	2,482,103	11,720,721	1,710,683	2,524	11,713,207	771,420	82,388	93.82%
<b>2016</b>	19,569,733	10,407	(1,066,511)	-	18,513,629	3,601,410	18,038,730	2,766	18,041,496	474,900	18,616	97.43%
<b>Totals</b>	<b>\$43,803,047</b>	<b>\$178,380</b>	<b>\$3,110,918</b>	<b>\$0</b>	<b>\$47,092,344</b>	<b>\$31,105,122</b>	<b>\$45,029,540</b>	<b>\$9,427</b>	<b>\$45,038,968</b>	<b>\$2,062,804</b>	<b>\$140,917</b>	<b>95.62%</b>

## Appendix J. Medicaid Managed Care Organization Pharmacy Rebate Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$761,046,389	(\$1,115,685)	(\$4,012,876)	(\$249)	\$755,917,580	\$755,043,550	\$756,297,715	\$36,552	\$756,334,267	(\$380,135)	\$2,897,142	100.05%
<b>2013</b>	1,438,870,798	(4,741,435)	(435,853,768)	4	998,275,599	989,911,979	992,102,572	26,433	992,129,005	6,173,028	14,289,376	99.38%
<b>2014</b>	1,187,710,945	(1,270,650)	(8,646,753)	0	1,177,793,543	1,175,384,447	1,177,944,926	4,533	1,177,949,460	(151,384)	2,896,349	100.01%
<b>2015</b>	1,365,084,479	12,899,711	(13,719,496)	(0)	1,364,264,693	1,354,400,674	1,346,953,169	54,953	1,347,008,122	17,311,524	1,259,132	98.73%
<b>2016</b>	1,584,701,982	1,871,844	(34,305,359)	2	1,552,268,469	348,568,165	1,507,541,679	127,892	1,507,669,571	44,726,790	294,691	97.12%
<b>Totals</b>	<b>\$6,337,414,593</b>	<b>\$7,643,786</b>	<b>(\$496,538,251)</b>	<b>(\$243)</b>	<b>\$5,848,519,885</b>	<b>\$4,623,308,814</b>	<b>\$5,780,840,062</b>	<b>\$250,363</b>	<b>\$5,781,090,425</b>	<b>\$67,679,823</b>	<b>\$21,636,690</b>	<b>98.84%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustment	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$101,267,167	\$(103,622)	\$(87,807)	-	\$101,075,739	\$89,612,089	\$91,009,699	\$31,172	\$91,040,870	\$10,066,040	\$3,470,558	90.04%
2013	110,407,276	(71,409)	1,588,479	-	111,924,346	112,651,620	112,685,865	4,727	112,690,592	(761,519)	2,189,516	100.68%
2014	117,863,044	(1,026,817)	(641,566)	-	116,194,661	115,450,339	116,467,007	126	116,467,133	(272,346)	1,117,612	100.23%
2015	133,861,616	(12,354,837)	10,660,171	-	132,166,949	126,090,184	127,360,369	3,713	127,364,082	4,806,580	1,315,712	96.36%
2016	148,085,318	1,630,392	(3,296,897)	-	146,418,813	31,816,148	137,898,223	1,195	137,899,418	8,520,590	239,616	94.18%
<b>Totals</b>	<b>\$611,484,421</b>	<b>(\$11,926,293)</b>	<b>\$8,222,381</b>	<b>\$0</b>	<b>\$607,780,508</b>	<b>\$475,620,380</b>	<b>\$585,421,163</b>	<b>\$40,932</b>	<b>\$585,462,095</b>	<b>\$22,359,346</b>	<b>\$8,333,014</b>	<b>96.32%</b>



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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustment	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$890,036	\$1,938	\$(28,068)	\$(0)	\$863,906	\$826,168	\$826,440	\$222	\$826,662	\$37,466	\$2,690	95.66%
2013	1,996,444	23,309	306	-	2,020,059	1,940,696	1,943,480	985	1,944,465	76,579	30,033	96.21%
2014	2,714,015	4,055	60,148	-	2,778,219	2,700,315	2,711,198	29	2,711,227	67,021	25,548	97.59%
2015	53,076,346	807,881	(418,022)	-	53,466,205	52,154,265	52,148,344	6,511	52,154,855	1,317,861	220,590	97.54%
2016	63,618,614	92,826	(685,231)	-	63,026,208	15,254,267	61,651,479	7,820	61,659,299	1,374,729	134,988	97.82%
<b>Totals</b>	<b>\$122,295,456</b>	<b>\$930,010</b>	<b>\$(1,070,867)</b>	<b>\$(0)</b>	<b>\$122,154,598</b>	<b>\$72,875,711</b>	<b>\$119,280,942</b>	<b>\$15,567</b>	<b>\$119,296,509</b>	<b>\$2,873,656</b>	<b>\$413,850</b>	<b>97.65%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$98,463	(\$67)	\$977	\$0	\$99,374	\$94,715	\$94,715	\$25	\$94,740	\$4,658	\$312	95.31%
2013	231,648	647	(256)	-	232,039	233,235	233,168	15	233,183	(1,129)	733	100.49%
2014	326,681	2,035	4,800	-	333,516	337,918	338,021	4	338,025	(4,506)	643	101.35%
2015	7,663,648	(1,099,312)	1,137,675	-	7,702,011	7,142,350	7,133,158	321	7,133,479	568,853	72,414	92.61%
2016	8,609,712	3,243	(55,445)	-	8,557,511	2,066,474	8,058,800	54	8,058,854	498,711	16,487	94.17%
<b>Totals</b>	<b>\$16,930,152</b>	<b>(\$1,093,454)</b>	<b>\$1,087,752</b>	<b>\$0</b>	<b>\$16,924,450</b>	<b>\$9,874,692</b>	<b>\$15,857,863</b>	<b>\$418</b>	<b>\$15,858,281</b>	<b>\$1,066,587</b>	<b>\$90,588</b>	<b>93.70%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$41,342,405	\$149,699	(\$9,136,452)	\$0	\$32,355,651	\$29,462,549	\$28,930,045	\$1,428	\$28,931,473	\$3,425,606	\$1,126,950	89.41%
<b>2013</b>	25,310,385	(67,941)	(1,227,784)	0	24,014,659	25,539,182	24,561,000	541	24,561,541	(546,341)	649,453	102.28%
<b>2014</b>	51,005,028	239,467	(12,997,300)	0	38,247,194	37,232,538	36,962,084	462	36,962,545	1,285,110	677,423	96.64%
<b>2015</b>	27,821,234	124,017	3,304,125	0	31,249,375	26,412,647	27,362,853	2,079	27,364,931	3,886,523	480,575	87.56%
<b>2016</b>	37,422,819	47,900	(1,248,110)	0	36,222,609	5,009,499	34,660,512	3,562	34,664,074	1,562,097	85,127	95.69%
<b>Totals</b>	<b>\$182,901,870</b>	<b>\$493,141</b>	<b>(\$21,305,522)</b>	<b>\$0</b>	<b>\$162,089,489</b>	<b>\$123,656,414</b>	<b>\$152,476,493</b>	<b>\$8,071</b>	<b>\$152,484,564</b>	<b>\$9,612,996</b>	<b>\$3,019,529</b>	<b>94.07%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2013	1	-	2	-	3	3	3	-	3	-	-	100.00%
2014	16,054	(102)	(2)	-	15,951	15,723	15,723	-	15,723	227	16	98.58%
2015	28,964	627	(97)	-	29,494	28,838	29,467	-	29,467	27	1	99.91%
2016	726	-	(3)	-	723	60	99	-	99	624	2	13.63%
<b>Totals</b>	<b>\$45,745</b>	<b>\$526</b>	<b>(\$100)</b>	<b>\$0</b>	<b>\$46,170</b>	<b>\$44,625</b>	<b>\$45,291</b>	<b>\$0</b>	<b>\$45,291</b>	<b>\$879</b>	<b>\$19</b>	<b>98.10%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$11,128,174	(\$184,728)	(\$2,758,112)	\$0	\$8,185,334	\$8,035,308	\$8,065,825	\$959	\$8,066,783	\$119,509	\$197,979	98.54%
<b>2013</b>	17,912,188	(19,541)	(2,673,835)	-	15,218,812	13,800,540	13,709,570	8,365	13,717,935	1,509,243	426,574	90.08%
<b>2014</b>	21,242,477	175,468	5,082,870	-	26,500,814	21,030,963	20,827,802	858	20,828,660	5,673,013	2,744,289	78.59%
<b>2015</b>	27,302,313	2,699,234	3,672,020	-	33,673,567	29,335,615	30,037,312	4,721	30,042,032	3,636,255	2,368,217	89.20%
<b>2016</b>	35,001,783	58,015	8,764,957	-	43,824,755	5,775,408	36,083,710	4,874	36,088,584	7,741,045	132,197	82.34%
<b>Totals</b>	<b>\$112,586,933</b>	<b>\$2,728,447</b>	<b>\$12,087,901</b>	<b>\$0</b>	<b>\$127,403,282</b>	<b>\$77,977,834</b>	<b>\$108,724,218</b>	<b>\$19,777</b>	<b>\$108,743,995</b>	<b>\$18,679,064</b>	<b>\$5,869,255</b>	<b>85.34%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$6,404	(\$108)	\$303	\$0	\$6,599	\$13,307	\$13,309	\$22	\$13,331	(\$6,710)	\$18	201.68%
2013	11,421	(125)	5,571	-	16,866	26,872	26,711	3	26,714	(9,845)	21	158.37%
2014	20,501	(186)	27,790	-	48,105	42,698	42,865	3	42,868	5,240	119	89.11%
2015	98,794	3,177	(726)	-	101,245	71,262	71,659	5	71,664	29,586	2,196	70.78%
2016	108,687	180	4,444	-	113,310	31,006	97,126	4	97,130	16,184	299	85.72%
<b>Totals</b>	<b>\$245,807</b>	<b>\$2,938</b>	<b>\$37,381</b>	<b>\$0</b>	<b>\$286,125</b>	<b>\$185,145</b>	<b>\$251,670</b>	<b>\$37</b>	<b>\$251,707</b>	<b>\$34,455</b>	<b>\$2,653</b>	<b>87.96%</b>

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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$20,555,839	\$7,068,386	(\$150,321)	(\$146)	\$27,473,758	\$25,219,194	\$25,232,391	\$2,889	\$25,235,280	\$2,241,367	\$49,667	91.84%
<b>2013</b>	23,287,778		(3,305,027)	(293)	19,982,458	24,034,808	24,016,679	774	24,017,452	(4,034,220)	3,881	120.19%
<b>2014</b>	21,313,603		(663,156)	(521)	20,649,926	26,510,209	26,263,490	-	26,263,490	(5,613,564)	-	127.18%
<b>2015</b>	12,418,357	(110,003)	(283,210)	(252)	12,024,890	18,782,634	18,550,055	2,177	18,552,233	(6,525,165)	-	154.26%
<b>2016</b>	13,190,419	(108,550)	(203,504)	(62)	12,878,304	4,548,137	18,928,486	3,740	18,932,226	(6,050,182)	-	146.98%
<b>Totals</b>	<b>\$90,765,997</b>	<b>\$6,849,833</b>	<b>(\$4,605,218)</b>	<b>(\$1,274)</b>	<b>\$93,009,337</b>	<b>\$99,094,983</b>	<b>\$112,991,101</b>	<b>\$9,580</b>	<b>\$113,000,681</b>	<b>(\$19,981,765)</b>	<b>\$53,549</b>	<b>121.48%</b>

## Appendix S. Children’s Health Insurance Program - State Funded Rebate Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
<b>2012</b>	\$341	\$0	\$0	\$0	\$341	\$341	\$341	\$0	\$341	(\$0)	\$0	100.00%
<b>2013</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>2014</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>2015</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>2016</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Totals</b>	<b>\$341</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$341</b>	<b>\$341</b>	<b>\$341</b>	<b>\$0</b>	<b>\$341</b>	<b>(\$0)</b>	<b>\$0</b>	<b>100.00%</b>



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

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$618,537	\$184,100	(\$60,365)	(\$2,458)	\$739,814	\$768,688	\$780,243	\$59	\$780,302	(\$40,429)	\$3,829	105.46%
2013	899,266	382,098	(12,153)	-	1,269,210	738,640	772,356	11	772,367	496,854	170	60.85%
2014	764,890	261,838	(5,118)	(43)	1,021,567	1,080,922	1,069,561	7	1,069,568	(47,993)	-	104.70%
2015	994,614	(61,900)	(8,812)	-	923,902	1,069,458	1,071,694	39	1,071,732	(147,791)	-	116.00%
2016	709,258	325,604	(6,787)	-	1,028,075	326,053	1,037,378	42	1,037,420	(9,303)	-	100.90%
<b>Totals</b>	<b>\$3,986,565</b>	<b>\$1,091,740</b>	<b>(\$93,235)</b>	<b>(\$2,502)</b>	<b>\$4,982,568</b>	<b>\$3,983,760</b>	<b>\$4,731,231</b>	<b>\$159</b>	<b>\$4,731,390</b>	<b>\$251,337</b>	<b>\$3,999</b>	<b>94.96%</b>

## Appendix U. State Only Kidney Health Care Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$7,236,768	(\$42,616)	(\$228,190)	\$0	\$6,965,962	\$6,468,852	\$6,468,327	\$346	\$6,468,673	\$497,635	\$14,250	92.86%
2013	8,543,366	92,767	(126,168)	-	8,509,964	8,322,687	8,370,662	190	8,370,852	139,302	17,716	98.36%
2014	9,057,644	355,419	35,358	-	9,448,420	9,207,561	9,389,157	89	9,389,246	59,263	26,781	99.37%
2015	8,436,192	229,900	(127,536)	-	8,538,556	8,340,616	8,332,941	116	8,333,058	205,615	4,307	97.59%
2016	8,799,442	32,380	(79,463)	-	8,752,359	2,154,538	8,746,716	251	8,746,968	5,643	4,592	99.94%
<b>Totals</b>	<b>\$42,073,411</b>	<b>\$667,850</b>	<b>(\$525,999)</b>	<b>\$0</b>	<b>\$42,215,262</b>	<b>\$34,494,253</b>	<b>\$41,307,804</b>	<b>\$993</b>	<b>\$41,308,797</b>	<b>\$907,458</b>	<b>\$67,647</b>	<b>97.85%</b>

## Appendix V. State Only Healthy Texas Women's Program

For Calendar Years 2012-2016

All Funds as of April 30, 2017

Year	Original Amount Billed	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collections Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2013	-	-	-	-	-	-	-	-	-	-	-	
2014	229,031	-	(9,431)	-	219,600	250,667	250,667	9	250,676	(31,067)	53	114.15%
2015	882,232	-	12,942	-	895,174	890,076	895,027	220	895,247	148	10	99.98%
2016	1,313,577	18,709	(28,010)	-	1,304,276		1,242,078	1,091	1,243,170	62,198	4,192	95.23%
<b>Totals</b>	<b>\$2,424,841</b>	<b>\$18,709</b>	<b>(\$24,499)</b>	<b>\$0</b>	<b>\$2,419,051</b>	<b>\$1,140,743</b>	<b>\$2,387,772</b>	<b>\$1,321</b>	<b>\$2,389,093</b>	<b>\$31,279</b>	<b>\$4,254</b>	<b>98.71%</b>