
RIDER 23 REPORT

Annual Performance Report for the Prescription Drug Rebate Program

**As Required By
House Bill (H.B.) 1,
84th Legislature, Regular Session, 2015
(Article II, Health and Human Services Commission, Rider 23)**

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Executive Summary

The *Annual Performance Report for the Prescription Drug Rebate Program*, also referred to as the Rider 23 report, is submitted by the Health and Human Services Commission (HHSC). The Rider 23 report details the outstanding prescription drug rebate balances for the Texas Medicaid Program, Children's Health Insurance Program (CHIP), Department of State Health Services' (DSHS) Kidney Health Care (KHC) Program, Children with Special Health Care Needs (CSHCN) Services Program and the Texas Woman's Health Program (TWHP). 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 TWHP. This report is required by House Bill (H.B.) 1, 84th Legislature, Regular Session, 2014-15 (Article II, HHSC, Rider 23) is submitted to the legislature on an annual basis.

The Rider 23 report includes the rebate principal and interest outstanding, age of receivables, annual collection rates, billed amounts, dollar value of pricing and utilization adjustments, and dollars collected. This report includes a separate rebate collection report for each managed care and fee-for-service (FFS) rebate program.

For calendar years 1991 through 2015, HHSC collected a total of \$16,531,510,030 all funds (AF) in principal for rebates and \$7,650,423 (AF) in interest - a collection rate of 99.73 percent. In the five-year period from calendar years 2011 through 2015, HHSC collected \$ 8,293,922,552 (AF) in principal for rebates and \$ 240,355 (AF) in interest - a collection rate of 98.15 percent.

Over the lifespan of the HHSC rebate program, about 30 percent of the amount paid to pharmacies and other providers for rebatable products was billed to manufacturers for rebates. The percentage of provider payments expended from rebate revenue has increased over time. For calendar years 2011 through 2015, the percentage increased to 41 percent of expenditures.

The average collection rate has increased over time as shown in [Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)*, which is due in part to HHSC staff working with the contracted entity to collect on outstanding balances for rebate programs that are no longer in effect. Other targeted collection efforts involved ensuring compliance with national drug code (NDC) reporting on medical claims and encounters, which is required in order to collect rebates.

[Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)* and [Table 2](#) *Total Rebate Collections by Program (AF)* include information from calendar years 1991 through 2015, 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 years 2011 through 2015. The appendices include rebate data collected in May 2016, whereas the Tables include rebate data collected through June 10, 2016. As such, the calculations in the tables and appendices reflect the separate data collection dates.

Introduction

Rider 23 requires the Texas Health and Human Services Commission (HHSC) to report annually on the outstanding prescription drug rebate balances for Medicaid, Children's Health Insurance Program (CHIP), Department of State Health Services' (DSHS) Kidney Health Care (KHC) Program, and Children with Special Health Care Needs (CSHCN) Services Program. The report also includes rebate information about the Texas Woman's Health Program (TWHP). The report's rebate information is calculated by program for the most currently reportable five-year period for each rebate program (calendar years 2011 through 2015) as shown in the appendices described below. Rebate information for the entire lifespan of the HHSC rebate program is included in [Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)* and [Table 2](#) *Total Rebate Collections by Program (AF)*. 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 TWHP.

This report details the outstanding prescription drug rebate balances as specified in Rider 23. There are 19 different rebate programs. Rebate programs are established based on the level of each program's federal funding match rates, and to accommodate state and/or federal reporting requirements. The following is a list of the rebate programs included in this report.

Rebate Programs

Medicaid Pharmacy Programs

- Appendix A Summary by Calendar
- Appendix B Summary by Program
- Appendix C Fee for Service (FFS) Pharmacy
- Appendix D FFS Pharmacy Supplemental
- Appendix E FFS Enhanced Federal Medical Assistance Percentage (EFMAP)
- Appendix F FFS Enhanced Federal Medical Assistance Percentage (EFMAP) Supplemental
- Appendix G FFS Breast and Cervical Cancer (BCCP)
- Appendix H Medicaid Buy-In for Children (MBIC)
- Appendix I Managed Care Organization (MCO)
- Appendix J MCO Supplemental
- Appendix K MCO Enhanced Federal Medical Assistance Percentage (EFMAP)
- Appendix L MCO Enhanced Federal Medical Assistance Percentage (EFMAP) Supplemental

Medicaid Medical (J-Code) Programs

- Appendix M FFS Clinician Administered Drugs (CAD)
- Appendix N FFS Enhanced Federal Medical Assistance Percentage (EFMAP) CAD
- Appendix O MCO Clinician Administered Drugs (CAD)
- Appendix P MCO Enhanced Federal Medical Assistance Percentage (EFMAP) CAD

Children's Health Insurance Program (CHIP)

- Appendix Q CHIP – National & State Funded (CNSF)
- Appendix R CHIP – State Funded (CSF)

Department of State Health Services (DSHS) Programs

- Appendix S Children with Special Health Care Needs Services Program (CSHCN)
- Appendix T Kidney Health Care Program (KHC)
- Appendix U Texas Women's Health Program (TWHP)

Each of the rebate programs include the following information for calendar years 2011 through 2015, as specified in appendices 1 through 21:

1. Amounts billed;
2. Cumulative dollar value of pricing and utilization adjustments;
3. Dollars collected;
4. Outstanding principal and interest; and
5. 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. However, 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 report pricing changes after rebate invoices are sent.

Background

All rebates received by CMS are returned to their respective state program to be used as the first source of funding for the corresponding pharmacy program. 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 2015, HHSC collected a total of \$16,531,510,030, (AF) in principal rebates and \$7,650,423 (AF) in interest - a collection rate of 99.73 percent. In the five-year period from 2011 through 2015, HHSC collected \$8,293,922,552 (AF) in principal rebates and \$240,355 (AF) in interest - a collection rate of 98.15 percent. Over 50 percent of the total collections have been received in the last 5 years.

Over the 24 years of the rebate program's existence, about 30 percent of the amount paid to pharmacies and other providers for rebatable products was expended from rebates billed to manufacturers. The percentage of provider payments expended from rebate revenue has increased over time. For calendar years 2011 through 2015, the percentage increased to 41 percent of expenditures.

The average collection rate has increased over time as shown in [Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)*, which is due in part to HHSC staff working with the contracted entity to collect on outstanding balances for rebate programs that are no longer in effect. Other targeted collection efforts involved ensuring compliance with national drug code (NDC) reporting on medical claims and encounters, which is required in order to collect rebates.

[Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)* and [Table 2](#) *Total Rebate Collections by Program (AF)* include information from calendar years 1991 through 2015, which encompasses the lifespan of the HHSC rebate program. To ensure readability and relevance, the

21 appendices include detailed rebate information for only the most recent five-year period, from calendar years 2011 through 2015. The appendices include rebate data collected in May 2015, whereas the tables include rebate data collected in July 2015. As such, the calculations in the tables and appendices reflect the separate data collection dates. VDP manages the following rebate programs.

Pharmacy Rebate Programs

Omnibus Budget Reconciliation Act of 1990 (OBRA '90) Rebate Programs

OBRA '90 required drug manufacturers to enter into a contract known as a national rebate agreement with CMS to be added to a state's Medicaid formulary. Once the rebate agreement is established between the drug manufacturer and CMS, the drug manufacturer's covered outpatient products are eligible to be added to the Texas Drug Code Index. 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 client 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 clients that receive care from Medicaid managed care organizations (MCOs) and allows Medicaid to collect supplemental rebates, which are described below, 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 a result of the shift in 2012 from a FFS to a managed care delivery model for covered outpatient drugs, the rebate amounts reported for FFS programs are decreasing as the amounts for managed care are increasing. Currently, over 90 percent of the Medicaid population receives services through an MCO.

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 (i.e., 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 Pharmaceutical

and Therapeutics Committee determines which products are assigned a “preferred” or “non-preferred” PDL status based on the safety, clinical effectiveness, and cost (including rebates) of the product. Drugs categorized as non-preferred are supplied by drug manufacturers that do not enter into supplemental rebate contracts with the Texas Medicaid Program. As such, non-preferred drugs require prior authorization (PA) before they may be dispensed, while preferred products do not. Non-preferred status and requiring prior authorization both serve 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 clients in FFS and managed care. These rebate dollars are also shared with CMS at the FMAP rate.

Medical Rebate Programs

The medical rebates are sometimes referred to as Physician-Administered Drugs, Clinician Administered Drugs (CAD) or 'J-Code Drugs,' which refers to the most common series of 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, for all Medicaid programs (including waivers) and are shared with CMS at the program's FMAP.

Other State Rebate Programs

A number of manufacturers also voluntarily participate in separate CHIP, KHC, CSHCN, and TWHP rebate programs. While CHIP rebates are shared with CMS at an enhanced FMAP rate, rebate dollars collected for the KHC and CSHCN programs are returned to the respective state program budgets for use in their pharmacy programs. Drug rebates collected for the TWHP program are returned to state 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 2016, the QROA amount paid to CMS was \$452,386,170. All collections in the report's tables and appendices include the QROA amounts that are returned to CMS.

QROA Payments Associated with Rebate Invoices

Year	QROA
2011	\$71,923,885
2012	70,636,852
2013	77,541,091
2014	75,832,708
2015	80,002,564
Total	\$375,937,100

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.

Rebate Process Timeline

Claims Paid	Invoices Sent	Payment Due
January – March	May 30	July 7
April – June	August 29	October 5
July – September	November 29	January 5
October – December	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. As a result of changes after the original invoice, either in rates or utilization, it is possible to have more than a 100 percent collection rate.

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. Retroactive changes may be made to utilization data as well. If a claim has been reversed, or research shows that a pharmacy made an error in a claim affecting an earlier invoice, the invoice is changed retroactively.

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.

The following information is based on the information in Appendices one through 21, run in May 2016. In the Appendices, the principal outstanding represents the total receivables, which is the difference between the adjusted billed amount and cumulative rebates collected, and is aged based on the calendar year.

Drug Rebate Collections

The following rebate collection amounts reflect AF principal collected for calendar years 2011 through 2015 as shown in the appendices.

Pharmacy Rebates

FFS Pharmacy Program

The rebates reported under the Medicaid OBRA '90 heading are based on FFS pharmacy claims and are subject to CMS' federal Medicaid drug rebate program. As shown in Appendix C, the collections totaled \$2,836,695,023 for the FFS Pharmacy Medicaid rebate program, which is a 100.09 percent collection rate. A collection rate over 100 percent generally indicates that there was a shift between the regular CMS rebates and the state supplemental rate. Several manufacturers had not adjusted their payments (due to rate changes) 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 will continue to decline over time because of the drop in population.

FFS Supplemental Rebate Program

The Medicaid supplemental rebate rate is particularly volatile because it is dependent on the Medicaid OBRA '90 rebate rate. The Medicaid OBRA '90 rebate rate is affected by manufacturer price updates that may retroactively change the rate. 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.

HHSC has collected \$266,021,309 in Medicaid supplemental rebates (see Appendix D). Collection rates for Medicaid supplemental rebates are expected to run at the same rate as the federal Medicaid OBRA '90 rebates. The current collection rate is 108.55 percent because of the overpayments in the FFS Pharmacy program.

FFS EFMAP Rebate Program

The EFMAP Rebate Program is a combination of the Medicaid waiver for Qualified Aliens (QA) (established in 2011) and the "MCHIP" program. 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 consumers previously covered under CHIP and qualifies for the CMS enhanced federal match.

As shown in Appendix E, the collections totaled \$5,556,989 for the EFMAP rebate program, which is a 96.53 percent collection rate. It is expected that the collection rate for this new combined program will continue to increase as drug manufacturers update their systems to include this program.

FFS EFMAP Supplemental Rebate Program

Since the EFMAP programs are Medicaid programs covered by CMS, they are also covered by the state's PDL and are subject to supplemental drug rebates. Like the base EFMAP program, manufacturers have been slow to update their systems for this new program, resulting in an 86.23 percent collection rate, as shown in Appendix F.

FFS BCCP Rebate Program

CMS approved Texas' election to add Breast and Cervical Cancer Program (BCCP) as an optional coverage group in Medicaid in 2002. BCCP qualifies for enhanced federal match, but must be reported on federal reports differently than the EFMAP programs listed above. Prior to 2013, pharmacy claims were claimed at the regular Medicaid FMAP. As a cost containment measure in 2013, the claims were separated so that the state could claim the enhanced match from CMS and a new rebate program created so that the rebate funds could be returned to CMS at the EFMAP.

As shown in Appendix G, the rebate collections totaled \$27,419,313 for the BCCP pharmacy program, which is a 96.01 percent collection rate. There was a large increase in collections last year, from 29 percent up to the current 96 percent collection rate as a result of additional manufacturer education regarding the program.

MBIC Rebate Program

CMS approved the Medicaid Buy-in for Children (MBIC) Medicaid program effective January 1, 2011. Since these consumers were newly eligible, the American Recovery and Reinvestment Act of 2009 (ARRA) enhanced funding was not available. Therefore, these rebates run as a separate program. The federal match rate for both MBIC and regular Medicaid reverted to the same FMAP percentage on July 1, 2011, when ARRA funding expired. Therefore, the MBIC rebate program only shows rebate activity for 2011. MBIC rebates for subsequent years will be included in the Medicaid program.

As shown in Appendix H, the collections totaled \$131,229 for the Medicaid MBIC rebate program in 2011. Next year, this program will roll off the report.

MCO Pharmacy Program

The rebates reported under the Medicaid OBRA '90 heading are based on managed care (MCO) pharmacy encounters and are subject to CMS' federal Medicaid drug rebate program. As shown in Appendix I, the collections totaled \$4,253,823,757 for the MCO OBRA '90 Medicaid rebate program, which is a 98.50 percent collection rate.

MCO Supplemental Rebate Program

Managed Care plans are required to follow the VDP PDL in order to maximize the State rebate revenue. HHSC has collected \$439,637,548 in Medicaid managed care supplemental rebates (see Appendix J). The current collection rate is 94.17 percent.

MCO EFMAP Rebate Program

As shown in Appendix K, the collections totaled \$55,801,417 for the managed care EFMAP rebate program. Because this is a relatively new rebate program, the collection rate is 93.30 percent.

MCO EFMAP Supplemental Rebate Program

As shown in Appendix L, the collections totaled \$7,215,952 for the MCO EFMAP Supplemental rebate program. The collection rate is 85.07 percent.

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. However, Texas' acute care claims administrator vendor pays for drugs administered in an outpatient medical setting. Physician-administered drugs, or CAD, are identified by HCPCS codes that generally start with the letter "J" and are commonly referred to as "J-codes". A drug product identified by a single HCPCS code may refer to one or many NDCs. In addition, the unit of measure for the HCPCS code is different

than that used for NDCs, so in many cases the HCPCS units have to be converted into NDC units for rebate invoicing. Typically, this causes drug manufacturers to dispute a larger portion of their invoices and results in a lower collection rate.

FFS CAD Rebate Program

Beginning January 1, 2008, as part of the DRA of 2005, 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 \$170,410,427 in rebates for clinician-administered drugs (see Appendix M), and the collection rate is 96.77 percent. The collection rate for CAD rebate programs is lower than other programs because of the differences between HCPCS units and NDC units, but is increasing due to more NDC enforcement.

FFS EFMAP CAD Rebate Program

With the ACA, many clients previously covered by CHIP became eligible for the MCHIP program. When they moved from CHIP to Medicaid, the clients were covered by FFS while they chose an MCO.

HHSC has collected \$44,499 in rebates for clinician-administered drugs (see Appendix N), and the collection rate is 98.08 percent.

MCO CAD Drug Rebate Program

The Affordable Care Act (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 can pursue rebates for claims once covered under a capitated arrangement between the MCO and the provider. HHSC is working on a project to retroactively bill, back to 2010, for these claims not previously invoiced for rebates.

MCO CAD rebates brought in \$67,960,755 in rebates (see Appendix O) and the collection rate is 87.61 percent. This amount is significantly lower than collections for FFS CAD rebates for the same period, especially in light of the numbers of clients in managed care. HHSC expects that most of the difference is due to the fact MCOs capitated their provider payments and until the recent CMS guidance, these claims were not eligible for rebates.

MCO EFMAP CAD Rebate Program

MCO EFMAP CAD rebates resulted in collections of \$150,519 (see Appendix P). Because this is a relatively new rebate program, the current collection rate is 83.55 percent.

HHSC CHIP Rebate Programs

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 entice 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 that reports the utilization of each NDC, but does not calculate an amount due because the current rate in the system is zero. Pursuant to the terms of the contract, the manufacturer is responsible for calculating the rebate amount and paying. 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.

CHIP is divided into two subprograms, depending on the funding source: the federally-matched federal-state funded (FSF) 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 EFMAP programs in 2014.

CHIP National and State-Funded (CNSF)

On March 1, 2012, pharmacy services were added to the array of services provided by CHIP MCOs. This report combines rebates for encounters paid by MCOs and claims paid in FFS. For the CNSF program, HHSC has collected \$116,986,611 in rebates (see Appendix Q), and the collection rate is 99.71 percent.

CHIP State Funded (CSF)

The GR-funded CSF rebate program covered prescriptions for legal immigrants, all of who were moved into the Medicaid QA waiver in 2011. Therefore, this rebate program ended prior to the October 2012, but still falls within the five-year reporting period. Collections for this rebate program are \$427,084 (see Appendix R). The collection rate increased from 39 percent to over 79 percent because of work with manufacturers to update rate information.

DSHS Programs

CSHCN Services Program

The Children with Special Health Care Needs Services Program (CSHCN) began collecting voluntary rebates in 1997, and HHSC administers this program. However, the CSHCN program does not qualify as 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.

Total collections for the CSHCN rebate program were \$4,426,718 (see Appendix S). Collections have averaged 89.44 percent of the amount invoiced.

KHC Program

The Kidney Health Care (KHC) rebate program is a voluntary DSHS program that is administered by HHSC's VDP and started in 1997. Because KHC qualifies as an SPAP under Section 1927 of the Social Security Act, it is able to use the same rebate rates as Medicaid for participating manufacturers, without jeopardizing the manufacturers' Medicaid rate. The increase in the Medicaid rate as a result of changes from the ACA has increased the KHC rebates. However, KHC has had a declining client base.

HHSC has collected \$39,576,110 in KHC drug rebates (see Appendix T). Collections have averaged 95.86 percent of the amount invoiced.

TWHP

HHSC fully implemented the GR-funded Texas Women's Health Care Program (TWHP) 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. It 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. To date, HHSC has collected \$913,352 in rebates (see Appendix U) and the collection rate is 82.28 percent.

Conclusion

Summary of Rebate Collections

The summary information presented in the following [Table 1](#) *Rebate Collections by Calendar Year for All Programs (AF)*, and [Table 2](#) *Total Rebate Collections by Program (AF)* was run in June 2016. For calendar years 1991 through 2015, HHSC collected a total of \$16,531,510,030 (AF) in rebate principal and \$7,650,423 (AF) in interest. [Table 1](#), *Rebate Collections by Calendar Year for All Programs (AF)*, contains the summary breakdown by year and [Table 2](#) *Total Rebate Collections by Program (AF)* contains the summary breakdown by program based on collections.

Over the lifespan of the HHSC rebate program, about 30 percent of the amount paid to pharmacies and other providers for rebatable products was expended from rebates billed to manufacturers. The percentage of provider payments expended from rebate revenue has

increased over time. For calendar years 2011 through 2015, the percentage increased to 41 percent of expenditures.

The average collection rate calculated for all programs throughout the lifespan of the HHSC rebate program is 99.73 percent. This percentage has also increased over time, as shown in [Table 1 *Rebate Collections by Calendar Year for All Programs \(AF\)*](#), which is due in part to HHSC staff working with the contracted entity to collect on outstanding balances for rebate programs that are no longer in effect and other targeted efforts. HHSC's contractor is including additional information related to the CMS approval for the EFMAP programs to increase the rebate collections for these programs. Additional efforts are being made to convert the CAD units of measure into rebate units of measures prior to invoicing in order to minimize disputes.

It is important to note that collection rates are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data. Manufacturers regularly provide late and/or updated pricing information to the 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 rebate invoices are sent.

The provisions in S.B. 7, 82nd Legislature, First Called Session, 2011, which allow HHSC to define a single state-wide formulary for Medicaid and CHIP and a Medicaid PDL expires on August 31, 2018, unless the legislature modifies the statute. If MCOs obtain control of the formulary HHSC expects to see lower drug costs as MCOs shift to more generics like they currently use in their commercial plans and lower utilization because of greater use of clinical Prior Authorizations. These shifts will result in a drastic decrease in supplemental rebates, as most of these are associated with brand/single source drugs, and a general decrease in other rebates, since CMS rebate for generics is 13 percent for generics versus at least 23.1 percent of the Average Manufacturer Price, for brands. It is unknown at this time if the reduction in drug costs will offset the loss in rebate revenue. A full fiscal impact will be studied separately, and will be available before the end of the year.

[Table 1 *Rebate Collections by Calendar Year for All Programs \(AF\)*](#) below provides the total rebates billed and collected for each calendar year for all FFS and MCO programs combined. Rebates are tracked on an accrual basis and are tied to the calendar year in which the claim was originally paid.

Tables

Table 1

Rebate Collections by Calendar Year for All Programs (All Funds)

Calendar Years 1991-2015

As of June 10, 2016

Year	Current Invoice Amount	Principal Paid	Principal Due	Interest Due	Collection Rate
1991	\$43,712,510	\$40,836,402	\$762,035	\$25,752,959	93.42%
1992	79,235,325	76,066,046	408,989	274,074,142	96.00%
1993	96,916,881	92,642,547	1,405,720	1,147,600	95.59%
1994	100,620,315	100,076,285	607,996	790,676	99.46%
1995	110,760,638	110,322,354	457,000	1,422,305	99.60%
1996	122,161,180	121,182,304	1,027,513	743,872	99.20%
1997	142,175,005	141,610,195	561,042	415,688	99.60%
1998	171,629,823	171,868,866	-203,307	745,677	100.14%
1999	215,823,421	215,543,833	305,689	412,779	99.87%
2000	254,203,093	257,910,833	-3,673,805	3,075,227	101.46%
2001	308,611,381	310,058,047	-1,612,769	3,255,053	100.47%
2002	371,645,415	384,432,535	-12,794,861	9,020,423	103.44%
2003	444,291,742	483,534,275	-39,346,198	1,601,972	108.83%
2004	582,309,078	699,584,331	-117,216,592	2,407,176	120.14%
2005	841,638,384	838,630,165	3,263,674	6,734,652	99.64%
2006	557,182,053	551,910,897	5,564,208	2,512,945	99.05%
2007	689,958,606	682,699,067	7,210,990	2,947,966	98.95%
2008	827,288,078	807,732,305	21,017,024	3,527,380	97.64%
2009	961,899,255	956,386,312	5,857,500	3,458,327	99.43%
2010	1,203,978,906	1,194,559,878	7,384,253	8,026,200	99.22%
2011	1,389,312,207	1,370,634,587	15,895,646	3,937,479	98.66%
2012	1,548,550,431	1,537,141,990	11,393,713	1,505,595	99.26%
2013	1,571,158,415	1,556,959,399	14,199,020	336,520	99.10%
2014	1,830,037,828	1,825,189,579	4,848,205	9,586	99.74%
2015	2,111,155,892	2,003,996,996	107,158,896	7,359	94.92%
Total	\$16,576,255,862	\$16,531,510,030	\$34,481,583	\$357,869,559	99.73%

Table 2

Total Rebate Collections by Program (All Funds)

Calendar Years 1991-2015

As of June 10, 2016

Program	Current Invoice Amount	Principal Collected	Outstanding Principal	Outstanding Interest	Collection Rate
PHARMACY REBATES					
FFS Pharmacy	\$9,805,010,498	\$9,841,988,452	-\$44,602,973	\$317,958,970	100.38%
FFS Pharmacy Supplemental	1,164,570,653	1,118,901,274	42,915,307	17,737,412	96.08%
FFS EFMAP Pharmacy	5,762,519	5,563,920	198,599	5,951	96.55%
FFS EFMAP Pharmacy Supplemental	296,482	280,100	16,382	0	94.47%
FFS BCCP	33,784,773	27,552,581	6,232,192	169	81.55%
FFS MBIC	134,854	131,215	3,639	167	97.30%
MCO Pharmacy	4,314,109,512	4,247,929,477	66,179,787	715,901	98.47%
MCO Pharmacy Supplemental	464,672,084	443,885,001	20,787,084	236,839	95.53%
MCO EFMAP Pharmacy	59,441,832	56,107,552	3,334,281	1,396	94.39%
MCO EFMAP Pharmacy Supplemental	8,422,951	7,356,893	1,066,058	88	87.34%
MEDICAL REBATES					
FFS CAD	287,223,446	381,115,714	-93,901,962	19,271,398	132.69%
FFS EFMAP CAD	45,545	44,566	979	0	97.85%
MCO CAD	94,481,905	68,859,866	25,622,039	69,171	72.88%
MCO EFMAP CAD	193,585	151,545	42,040	50	78.28%
CHIP REBATES					
CHIP - NSF	232,121,499	231,853,712	565,183	1,384,084	99.88%
CHIP - SF	2,511,382	1,641,590	868,959	11,517	65.37%
DSHS REBATES					
CSHCN	10,422,692	9,796,125	615,655	148,522	93.99%
KHC	91,933,776	87,209,703	4,563,205	332,346	94.86%
TWHP	1,115,874	1,140,743	-24,870	-4,423	102.23%
TOTAL	\$16,576,255,862	\$16,531,510,030	\$34,481,583	\$357,869,559	99.73%

Appendix A

Summary by Calendar Year, All Programs 2011 - 2015

As of May 15, 2016

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$ 1,205,542,149.84	\$ (14,579,317.62)	\$ 164,507,076.41	\$ (7,664,241.98)	\$ 1,347,805,666.65	\$ 1,362,767,260.04	\$ 1,371,136,585.80	\$ 80,024.87	\$ 1,371,216,610.67	\$ (23,330,919.15)	\$ 4,940,449.24	101.73%
2012	1,584,890,162	4,270,016	(40,449,520)	(2,915)	1,548,707,743	1,531,925,629	1,535,661,754	91,115	1,535,752,869	13,045,989	1,930,345	99.16%
2013	2,010,541,357	(660,352)	(438,424,718)	-	1,571,456,287	1,535,617,833	1,556,993,394	37,798	1,557,031,192	14,462,893	352,319	99.08%
2014	1,843,409,535	8,861,004	(22,360,531)	(43)	1,829,909,964	1,810,560,083	1,825,305,105	5,541	1,825,310,646	4,604,859	21,909	99.75%
2015	2,056,575,788	27,751,541	4,198,063	-	2,088,525,392	455,481,056	2,004,117,932	49,294	2,004,167,226	84,407,460	37,151	95.96%
Total	\$ 8,700,958,991.48	\$ 25,642,892.36	\$ (332,529,629.67)	\$ (7,667,200.28)	\$ 8,386,405,053.89	\$ 6,696,351,862.14	\$ 8,293,214,771.38	\$ 263,771.40	\$ 8,293,478,542.78	\$ 93,190,282.51	\$ 7,282,172.93	98.89%

Appendix B

Summary by Rebate Programs, 2011 - 2015 - All Programs

As of May 15, 2016¹

	Program	Amounts Billed					Collections				Outstanding as of 5/19/2016		
		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	Collections Rates for Principal
M E D I C A I D	FFS Pharmacy	\$2,720,275,465.76	(\$14,574,067.56)	\$133,240,755.31	(\$4,997,828.51)	\$2,833,944,325.00	\$2,550,114,266.44	\$2,836,589,929.04	\$105,093.97	\$2,836,695,023.01	(\$2,645,604.04)	\$2,849,742.45	100.09%
	FFS Pharmacy Supplemental	242,048,847.42	(165,775.06)	5,841,795.78	(2,657,091.89)	245,067,776.25	245,868,763.23	266,019,891.83	1,417.24	266,021,309.07	(20,952,115.58)	701,822.41	108.55%
	FFS EFMAP Pharmacy	5,249,285.99	(68,012.20)	575,455.83	(146.90)	5,756,582.72	3,829,825.62	5,556,758.54	230.17	5,556,988.71	199,824.18	5,950.72	96.53%
	FFS EFMAP Pharmacy Supplemental	288,829.57	36,081.01	(277.44)	0.00	324,633.14	111,551.53	279,930.59	2.40	279,932.99	44,702.55	0.00	86.23%
	FFS BCCP	24,233,313.81	217,426.39	4,109,099.04	0.00	28,559,839.24	3,935,531.87	27,418,944.12	368.77	27,419,312.89	1,140,895.12	169.14	96.01%
	FFS MBIC	112,554.29	(1,151.24)	23,394.87	(0.46)	134,797.46	131,214.80	131,214.82	14.42	131,229.24	3,582.64	167.47	97.34%
	MCO Pharmacy	4,752,712,610.86	11,734,611.88	(445,986,353.37)	(248.76)	4,318,460,620.61	3,206,841,947.28	4,253,732,871.98	90,884.55	4,253,823,756.53	64,727,748.63	715,921.74	98.50%
	MCO Pharmacy Supplemental	463,399,103.08	471,345.50	2,929,915.45	0.00	466,800,364.03	346,240,975.36	439,604,519.92	33,027.67	439,637,547.59	27,195,844.11	236,838.67	94.17%
	MCO EFMAP Pharmacy	58,676,842.02	815,564.93	314,336.81	0.00	59,806,743.76	11,708,292.03	55,796,713.42	4,703.09	55,801,416.51	4,010,030.34	1,396.19	93.30%
	MCO EFMAP Pharmacy Supplemental	8,320,439.73	101,839.90	60,093.06	0.00	8,482,372.69	1,788,999.05	7,215,852.53	99.86	7,215,952.39	1,266,520.16	87.57	85.07%
	FFS CAD	209,027,045.18	(1,103,627.44)	(31,839,357.78)	(49.32)	176,084,010.64	141,023,607.81	170,403,637.43	6,789.33	170,410,426.76	5,680,373.21	278,601.29	96.77%
	FFS EFMAP CAD	45,019.10	446.70	(96.20)	0.00	45,369.60	42,846.51	44,498.79	0.24	44,499.03	870.81	0.00	98.08%

¹ All dollar amounts reported are All Funds (AF)

Appendix B (continued)

Summary by Rebate Programs, 2011 - 2015 - All Programs

As of May 15, 2015²

	Program	Amounts Billed					Collections				Outstanding as of 5/19/2016		
		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	Collections Rates for Principal
M E D I C A I D	MCO CAD	79,637,589.38	339,766.91	(2,414,289.68)	0.00	77,563,066.61	43,458,662.26	67,949,182.27	11,572.57	67,960,754.84	9,613,884.34	63,966.01	87.61%
	MCO EFMAP CAD	137,119.98	1,085.50	41,931.86	0.00	180,137.34	35,668.66	150,509.61	9.47	150,519.08	29,627.73	50.25	83.55%
C H I P	CHIP - CNSF	92,595,908.80	26,601,788.19	(1,875,896.22)	(7,763.08)	117,314,037.69	103,588,897.55	116,978,460.17	8,150.46	116,986,610.63	335,577.52	710,448.91	99.71%
	CHIP - CSF	538,443.15	0.01	0.00	0.00	538,443.16	415,804.99	427,039.41	44.75	427,084.16	111,403.75	0.00	79.31%
D S H S	DSHS CSHCN	3,795,101.07	1,106,221.87	52,181.10	(4,071.36)	4,949,432.68	3,602,163.76	4,426,548.34	169.21	4,426,717.55	522,884.34	10,452.73	89.44%
	DSHS KHC	38,754,209.12	129,347.07	2,399,120.98	0.00	41,282,677.17	33,208,891.12	39,575,093.98	1,015.81	39,576,109.79	1,707,583.19	1,706,567.38	95.86%
	DSHS Women's Health	1,111,263.17	0.00	(1,439.07)	0.00	1,109,824.10	403,952.27	913,174.59	177.42	913,352.01	196,649.51	0.00	82.28%
	Total	\$8,700,958,991.48	\$25,642,892.36	(\$332,529,629.67)	(\$7,667,200.28)	\$8,386,405,053.89	\$6,696,351,862.14	\$8,293,214,771.38	\$263,771.40	\$8,293,478,542.78	\$93,190,282.51	\$7,282,172.93	98.89%

² All dollar amounts reported are All Funds (AF)

Appendix C

Summary by Calendar Year, 2011 - 2015

Medicaid FFS Pharmacy Rebate Program

As of May 15, 2016³

Year	Amounts Billed				Amounts Collected				Outstanding Balances		Collection Rates for Principal	
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal		Outstanding Interest
2011	\$1,027,286,314.26	(\$18,658,849.15)	\$162,279,329.72	(\$4,997,620.47)	\$1,165,909,174.36	\$1,159,740,557.05	\$1,160,287,414.96	\$71,244.65	\$1,160,358,659.61	\$5,621,759.40	\$2,429,377.97	99.52%
2012	585,598,384.52	543,588.49	(21,029,177.55)	(208.04)	565,112,587.42	567,478,339.10	567,771,089.06	24,951.54	567,796,040.60	(2,658,501.64)	378,378.55	100.47%
2013	348,365,117.76	(979,210.73)	(5,409,991.44)	0.00	341,975,915.59	335,411,800.57	340,840,562.06	3,537.00	340,844,099.06	1,135,353.53	39,126.93	99.67%
2014	387,739,417.42	660,298.48	1,739,135.20	0.00	390,138,851.10	391,003,808.10	392,904,273.48	0.00	392,904,273.48	(2,765,422.38)	2,859.00	100.71%
2015	371,286,231.80	3,860,105.35	(4,338,540.62)	0.00	370,807,796.53	96,479,761.62	374,786,589.48	5,360.78	374,791,950.26	(3,978,792.95)	0.00	101.07%
Total	\$2,720,275,465.76	(\$14,574,067.56)	\$133,240,755.31	(\$4,997,828.51)	\$2,833,944,325.00	\$2,550,114,266.44	\$2,836,589,929.04	\$105,093.97	\$2,836,695,023.01	(\$2,645,604.04)	\$2,849,742.45	100.09%

³ All dollar amounts reported are All Funds (AF)

Appendix D

Summary by Calendar Year, 2011 - 2015

Medicaid FFS Supplemental Rebate Program

As of May 15, 2016⁴

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$88,306,039.49	(\$464,593.06)	\$8,128,033.84	(\$2,657,091.89)	\$93,312,388.38	\$122,899,374.34	\$122,916,522.44	\$585.63	\$122,917,108.07	(\$29,604,134.06)	\$540,935.00	131.73%
2012	55,040,848.66	12,757.36	(1,530,175.84)	0.00	53,523,430.18	52,005,492.72	51,981,946.63	154.77	51,982,101.40	1,541,483.55	159,879.63	97.12%
2013	34,446,774.33	(3,248.66)	(415,274.36)	0.00	34,028,251.31	32,478,082.07	32,585,913.93	290.36	32,586,204.29	1,442,337.38	1,007.78	95.76%
2014	33,397,455.79	(517,712.61)	(138,829.03)	0.00	32,740,914.15	31,276,442.94	31,588,118.64	39.30	31,588,157.94	1,152,795.51	0.00	96.48%
2015	30,857,729.15	807,021.91	(201,958.83)	0.00	31,462,792.23	7,209,371.16	26,947,390.19	347.18	26,947,737.37	4,515,402.04	0.00	85.65%
Total	\$242,048,847.42	(\$165,775.06)	\$5,841,795.78	(\$2,657,091.89)	\$245,067,776.25	\$245,868,763.23	\$266,019,891.83	\$1,417.24	\$266,021,309.07	(\$20,952,115.58)	\$701,822.41	108.55%

⁴All dollar amounts reported are All Funds (AF)

Appendix E

Summary by Calendar Year, 2011 - 2015

Medicaid FFS EFMAP Rebate Program

As of May 15, 2016⁵

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$2,680,341.95	(\$111,274.12)	\$584,134.30	(\$146.90)	\$3,153,055.23	\$3,156,859.76	\$3,121,461.73	\$23.89	\$3,121,485.62	\$31,593.50	\$5,891.53	99.00%
2012	60,406.47	(27.63)	(1,083.31)	0.00	59,295.53	56,954.18	57,064.52	3.79	57,068.31	2,231.01	19.32	96.24%
2013	128,206.61	159.75	(146.12)	0.00	128,220.24	120,031.94	120,085.94	6.88	120,092.82	8,134.30	35.53	93.66%
2014	232,436.57	5,399.06	3,547.65	0.00	241,383.28	237,101.39	238,363.35	2.78	238,366.13	3,019.93	4.34	98.75%
2015	2,147,894.39	37,730.74	(10,996.69)	0.00	2,174,628.44	258,878.35	2,019,783.00	192.83	2,019,975.83	154,845.44	0.00	92.88%
Total	\$5,249,285.99	(\$68,012.20)	\$575,455.83	(\$146.90)	\$5,756,582.72	\$3,829,825.62	\$5,556,758.54	\$230.17	\$5,556,988.71	\$199,824.18	\$5,950.72	96.53%

⁵ All dollar amounts reported are All Funds (AF)

Appendix F

Summary by Calendar Year, 2011 - 2015

Medicaid FFS EFMAP Supplemental Rebate Program

As of May 15, 2016⁶

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$4,792.31	\$0.00	\$0.00	\$4,792.31	\$4,467.01	\$4,428.56	\$0.00	\$4,428.56	\$363.75	\$0.00	92.41%
2012	0.00	482.11	0.00	0.00	482.11	365.28	482.11	0.00	482.11	0.00	0.00	100.00%
2013	0.00	12,604.88	0.00	0.00	12,604.88	12,419.41	12,601.13	0.51	12,601.64	3.75	0.00	99.97%
2014	10,226.58	12,932.64	305.94	0.00	23,465.16	23,358.56	23,568.02	0.64	23,568.66	(102.86)	0.00	100.44%
2015	278,602.99	5,269.07	(583.38)	0.00	283,288.68	70,941.27	238,850.77	1.25	238,852.02	44,437.91	0.00	84.31%
Total	\$288,829.57	\$36,081.01	(\$277.44)	\$0.00	\$324,633.14	\$111,551.53	\$279,930.59	\$2.40	\$279,932.99	\$44,702.55	\$0.00	86.23%

⁶ All dollar amounts reported are All Funds (AF)

Appendix G

Summary by Calendar Year, 2011 - 2015

Medicaid FFS BCCP Rebate Program

As of May 15, 2016⁷

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2013	130,687.89	(32,076.68)	6,462,736.68	0.00	6,561,347.89	74,696.88	6,158,117.66	43.16	6,158,160.82	403,230.23	169.14	93.85%
2014	9,766,085.89	207,366.03	(316,085.97)	0.00	9,657,365.95	2,877,991.55	9,294,841.68	121.61	9,294,963.29	362,524.27	0.00	96.25%
2015	14,336,540.03	42,137.04	(2,037,551.67)	0.00	12,341,125.40	982,843.44	11,965,984.78	204.00	11,966,188.78	375,140.62	0.00	96.96%
Total	\$24,233,313.81	\$217,426.39	\$4,109,099.04	\$0.00	\$28,559,839.24	\$3,935,531.87	\$27,418,944.12	\$368.77	\$27,419,312.89	\$1,140,895.12	\$169.14	96.01%

⁷ All dollar amounts reported are All Funds (AF)

Appendix H

Summary by Calendar Year, 2011 - 2015

Medicaid MBIC Rebate Program

As of May 15, 2016⁸

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$112,554.29	(\$1,151.24)	\$23,394.87	(\$0.46)	\$134,797.46	\$131,214.80	\$131,214.82	\$14.42	\$131,229.24	\$3,582.64	\$167.47	97.34%
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2013	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2014	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total	\$112,554.29	(\$1,151.24)	\$23,394.87	(\$0.46)	\$134,797.46	\$131,214.80	\$131,214.82	\$14.42	\$131,229.24	\$3,582.64	\$167.47	97.34%

⁸ All dollar amounts reported are All Funds (AF)

Appendix I

Medicaid MCO Pharmacy Program

Summary by Calendar Year, 2011 - 2015

As of May 15, 2016⁹

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	761,046,389.09	(1,228,193.55)	(5,632,026.50)	(248.76)	754,185,920.28	755,382,298.87	755,037,790.23	33,068.68	755,070,858.91	(851,869.95)	451,264.95	100.11%
2013	1,438,870,797.98	(4,389,546.49)	(433,135,313.35)	0.00	1,001,345,938.14	984,184,895.81	989,478,421.87	19,776.31	989,498,198.18	11,867,516.27	255,426.51	98.81%
2014	1,187,710,945.00	3,562,332.44	(14,045,827.69)	0.00	1,177,227,449.75	1,170,928,236.48	1,177,504,517.84	4,228.60	1,177,508,746.44	(277,068.09)	9,230.28	100.02%
2015	1,365,084,478.79	13,790,019.48	6,826,814.17	0.00	1,385,701,312.44	296,346,516.12	1,331,712,142.04	33,810.96	1,331,745,953.00	53,989,170.40	0.00	96.10%
Total	\$4,752,712,610.86	\$11,734,611.88	(\$445,986,353.37)	(\$248.76)	\$4,318,460,620.61	\$3,206,841,947.28	\$4,253,732,871.98	\$90,884.55	\$4,253,823,756.53	\$64,727,748.63	\$715,921.74	98.50%

⁹ All dollar amounts reported are All Funds (AF)

Appendix J

Summary by Calendar Year, 2011 - 2015

Medicaid MCO Supplemental Rebate Program

As of May 15, 2016¹⁰

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	101,267,167.06	65,904.21	(87,376.00)	0.00	101,245,695.27	89,793,845.49	89,780,455.34	27,633.67	89,808,089.01	11,465,239.93	235,823.51	88.68%
2013	110,407,276.02	314,307.35	1,590,101.68	0.00	112,311,685.05	111,745,341.87	112,830,329.15	4,123.83	112,834,452.98	(518,644.10)	1,015.16	100.46%
2014	117,863,044.09	(1,851,057.20)	1,088,031.32	0.00	117,100,018.21	114,974,345.02	115,803,488.10	103.61	115,803,591.71	1,296,530.11	0.00	98.89%
2015	133,861,615.91	1,942,191.14	339,158.45	0.00	136,142,965.50	29,727,442.98	121,190,247.33	1,166.56	121,191,413.89	14,952,718.17	0.00	89.02%
Total	\$463,399,103.08	\$471,345.50	\$2,929,915.45	\$0.00	\$466,800,364.03	\$346,240,975.36	\$439,604,519.92	\$33,027.67	\$439,637,547.59	\$27,195,844.11	\$236,838.67	94.17%

¹⁰ All dollar amounts reported are All Funds (AF)

Appendix K

Summary by Calendar Year, 2011 - 2015

Medicaid MCO EFMAP Rebate Program

As of May 15, 2016¹¹

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	890,036.12	1,911.07	(27,820.71)	0.00	864,126.48	825,696.59	826,166.33	98.32	826,264.65	37,960.15	443.93	95.61%
2013	1,996,444.11	25,111.72	1,591.14	0.00	2,023,146.97	1,942,462.04	1,940,638.63	284.72	1,940,923.35	82,508.34	908.60	95.92%
2014	2,714,015.34	13,987.64	70,193.66	0.00	2,798,196.64	2,660,726.36	2,700,128.89	28.16	2,700,157.05	98,067.75	43.66	96.50%
2015	53,076,346.45	774,554.50	270,372.72	0.00	54,121,273.67	6,279,407.04	50,329,779.57	4,291.89	50,334,071.46	3,791,494.10	0.00	92.99%
Total	\$58,676,842.02	\$815,564.93	\$314,336.81	\$0.00	\$59,806,743.76	\$11,708,292.03	\$55,796,713.42	\$4,703.09	\$55,801,416.51	\$4,010,030.34	\$1,396.19	93.30%

¹¹ All dollar amounts reported are All Funds (AF)

Appendix L

Summary by Calendar Year, 2011 - 2015

Medicaid MCO EFMAP Supplemental Rebate Program

As of May 15, 2016¹²

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	98,463.02	(66.73)	2,003.34	0.00	100,399.63	94,189.31	94,713.41	24.35	94,737.76	5,686.22	53.85	94.34%
2013	231,647.82	942.53	5,505.71	0.00	238,096.06	231,492.71	233,297.67	14.58	233,312.25	4,798.39	33.72	97.98%
2014	326,680.57	910.19	8,363.89	0.00	335,954.65	334,011.22	338,326.48	3.51	338,329.99	(2,371.83)	0.00	100.71%
2015	7,663,648.32	100,053.91	44,220.12	0.00	7,807,922.35	1,129,305.81	6,549,514.97	57.42	6,549,572.39	1,258,407.38	0.00	83.88%
Total	\$8,320,439.73	\$101,839.90	\$60,093.06	\$0.00	\$8,482,372.69	\$1,788,999.05	\$7,215,852.53	\$99.86	\$7,215,952.39	\$1,266,520.16	\$87.57	85.07%

¹² All dollar amounts reported are All Funds (AF)

Appendix M

Summary by Calendar Year, 2011 - 2015

Medicaid FFS CAD Rebate Program

As of May 15, 2016¹³

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$63,547,994.22	(\$1,387,855.57)	(\$10,339,770.73)	(\$49.32)	\$51,820,318.60	\$44,354,032.59	\$51,822,011.47	\$3,868.11	\$51,825,879.58	(\$1,692.87)	\$143,543.20	100.00%
2012	41,342,404.79	114,297.63	(9,102,921.16)	0.00	32,353,781.26	25,999,412.59	29,597,782.67	1,277.88	29,599,060.55	2,755,998.59	119,543.20	91.48%
2013	25,310,384.87	(62,696.52)	(1,190,327.82)	0.00	24,057,360.53	22,895,040.80	25,668,941.83	493.86	25,669,435.69	(1,611,581.30)	14,917.97	106.70%
2014	51,005,027.55	171,317.23	(12,843,714.84)	0.00	38,332,629.94	41,830,457.33	37,397,787.43	421.71	37,398,209.14	934,842.51	596.92	97.56%
2015	27,821,233.75	61,309.79	1,637,376.77	0.00	29,519,920.31	5,944,664.50	25,917,114.03	727.77	25,917,841.80	3,602,806.28	0.00	87.80%
Total	\$209,027,045.18	(\$1,103,627.44)	(\$31,839,357.78)	(\$49.32)	\$176,084,010.64	\$141,023,607.81	\$170,403,637.43	\$6,789.33	\$170,410,426.76	\$5,680,373.21	\$278,601.29	96.77%

¹³ All dollar amounts reported are All Funds (AF)

Appendix N

Summary by Calendar Year, 2011 - 2015

Medicaid FFS EFMAP CAD Rebate Program

As of May 15, 2016¹⁴

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2013	1.27	0.00	1.73	0.00	3.00	1.27	3.00	0.00	3.00	0.00	0.00	100.00%
2014	16,054.07	(18.43)	(1.98)	0.00	16,033.66	15,646.74	15,726.31	0.01	15,726.32	307.35	0.00	98.08%
2015	28,963.76	465.13	(95.95)	0.00	29,332.94	27,198.50	28,769.48	0.23	28,769.71	563.46	0.00	98.08%
Total	\$45,019.10	\$446.70	(\$96.20)	\$0.00	\$45,369.60	\$42,846.51	\$44,498.79	\$0.24	\$44,499.03	\$870.81	\$0.00	98.08%

¹⁴ All dollar amounts reported are All Funds (AF)

Appendix O

Summary by Calendar Year, 2011 - 2015

Medicaid MCO CAD Drug Rebate Program

As of May 15, 2016¹⁵

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$2,052,438.69	(\$23,985.99)	(\$1,118,648.30)	\$0.00	\$909,804.40	\$962,095.91	\$1,008,399.15	\$164.44	\$1,008,563.59	(\$98,594.75)	\$11,420.60	110.84%
2012	11,128,173.59	(185,015.52)	(2,663,350.82)	0.00	8,279,807.25	8,080,039.06	8,031,255.72	625.18	8,031,880.90	248,551.53	32,833.55	97.00%
2013	17,912,187.98	73,121.24	(2,995,018.72)	0.00	14,990,290.50	13,264,751.87	13,610,779.33	8,248.22	13,619,027.55	1,379,511.17	19,385.39	90.80%
2014	21,242,476.55	48,427.81	2,629,263.14	0.00	23,920,167.50	16,919,006.52	20,340,876.33	484.11	20,341,360.44	3,579,291.17	316.47	85.04%
2015	27,302,312.57	427,219.37	1,733,465.02	0.00	29,462,996.96	4,232,768.90	24,957,871.74	2,050.62	24,959,922.36	4,505,125.22	0.00	84.71%
Total	\$79,637,589.38	\$339,766.91	(\$2,414,289.68)	\$0.00	\$77,563,066.61	\$43,458,662.26	\$67,949,182.27	\$11,572.57	\$67,960,754.84	\$9,613,884.34	\$63,956.01	87.61%

¹⁵ All dollar amounts reported are All Funds (AF)

Appendix P

Summary by Calendar Year, 2011 - 2015

Medicaid EFMAP CAD Rebate Program

As of May 15, 2016¹⁶

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	6,404.02	(107.52)	302.58	0.00	6,599.08	4,414.60	13,307.20	1.31	13,308.51	(6,708.12)	33.62	201.65%
2013	11,420.56	9.72	5,523.57	0.00	16,953.85	10,254.46	26,856.18	3.32	26,859.50	(9,902.33)	16.21	158.41%
2014	20,500.99	(85.29)	27,774.00	0.00	48,189.70	20,227.14	38,671.63	1.88	38,673.51	9,518.07	0.42	80.25%
2015	98,794.41	1,268.59	8,331.71	0.00	108,394.71	772.46	71,674.60	2.96	71,677.56	36,720.11	0.00	66.12%
Total	\$137,119.98	\$1,085.50	\$41,931.86	\$0.00	\$180,137.34	\$35,668.66	\$150,509.61	\$9.47	\$150,519.08	\$29,627.73	\$50.25	83.55%

¹⁶ All dollar amounts reported are All Funds (AF)

Appendix Q

CHIP CNSF

Summary by Calendar Year, 2011 - 2015

As of May 15, 2016¹⁷

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$15,020,331.18	\$5,683,067.91	\$2,091,499.22	(\$7,763.08)	\$22,787,135.23	\$23,282,459.97	\$23,496,188.73	\$3,729.85	\$23,499,918.58	(\$709,053.50)	\$655,132.49	103.11%
2012	20,555,839.17	4,799,633.83	(129,893.59)	0.00	25,225,579.41	24,887,249.22	25,220,194.35	2,870.35	25,223,064.70	5,385.06	51,384.08	99.98%
2013	23,287,778.49	4,066,211.75	(3,207,368.08)	0.00	24,146,622.16	24,102,870.45	24,317,742.96	773.07	24,318,516.03	(171,120.80)	3,932.34	100.71%
2014	21,313,603.27	6,188,561.09	(605,436.62)	0.00	26,896,727.74	27,080,395.48	26,612,791.30	0.00	26,612,791.30	283,936.44	0.00	98.94%
2015	12,418,356.69	5,864,313.61	(24,697.15)	0.00	18,257,973.15	4,235,922.43	17,331,542.83	777.19	17,332,320.02	926,430.32	0.00	94.93%
Total	\$92,595,908.80	\$26,601,788.19	(\$1,875,896.22)	(\$7,763.08)	\$117,314,037.69	\$103,588,897.55	\$116,978,460.17	\$8,150.46	\$116,986,610.63	\$335,577.52	\$710,448.91	99.71%

¹⁷ All dollar amounts reported are All Funds (AF)

Appendix R

CHIP CSF

Summary by Calendar Year, 2011 - 2015

As of May 15, 2016¹⁸

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$538,102.37	\$0.00	\$0.00	\$0.00	\$538,102.37	\$415,464.20	\$426,698.62	\$44.75	\$426,743.37	\$111,403.75	\$0.00	79.30%
2012	340.78	0.01	0.00	0.00	340.79	340.79	340.79	0.00	340.79	0.00	0.00	100.00%
2013	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2014	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total	\$538,443.15	\$0.01	\$0.00	\$0.00	\$538,443.16	\$415,804.99	\$427,039.41	\$44.75	\$427,084.16	\$111,403.75	\$0.00	79.31%

¹⁸ All dollar amounts reported are General Revenue (GR)

Appendix S

Summary by Calendar Year, 2011 - 2015

DSHS CSHCN Services Program

As of May 15, 2016¹⁹

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$517,793.76	\$329,308.38	\$97,041.60	(\$1,569.86)	\$942,573.88	\$776,167.33	\$776,524.71	\$74.01	\$776,598.72	\$166,049.17	\$6,452.28	82.38%
2012	618,537.03	187,468.21	(19,934.87)	(2,458.38)	783,611.99	767,563.96	780,282.77	58.51	780,341.28	3,329.22	3,829.24	99.58%
2013	899,265.78	285,225.23	(11,651.35)	0.00	1,172,839.66	733,032.89	738,454.38	10.92	738,465.30	434,385.28	171.21	62.96%
2014	764,890.48	270,905.49	(5,635.04)	(43.12)	1,030,117.81	1,053,727.63	1,079,006.56	6.91	1,079,013.47	(48,888.75)	0.00	104.75%
2015	994,614.02	33,314.56	(7,639.24)	0.00	1,020,289.34	271,671.95	1,052,279.92	18.86	1,052,298.78	(31,990.58)	0.00	103.14%
Total	\$3,795,101.07	\$1,106,221.87	\$52,181.10	(\$4,071.36)	\$4,949,432.68	\$3,602,163.76	\$4,426,548.34	\$169.21	\$4,426,717.55	\$522,884.34	\$10,452.73	89.44%

¹⁹ All dollar amounts reported are General Revenue (GR)

Appendix T

DSHS KHC Program

Summary by Calendar Year, 2011 - 2015

As of May 15, 2016²⁰

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$5,480,239.63	\$51,222.91	\$2,762,061.89	\$0.00	\$8,293,524.43	\$7,044,567.08	\$7,145,720.61	\$275.12	\$7,145,995.73	\$1,147,803.82	\$1,147,528.70	86.16%
2012	7,236,767.70	(42,615.76)	(228,065.39)	0.00	6,966,086.55	6,549,427.67	6,468,883.21	346.19	6,469,229.40	497,203.34	496,857.15	92.86%
2013	8,543,365.81	28,733.39	(125,087.56)	0.00	8,447,011.64	8,410,658.44	8,430,648.45	190.76	8,430,839.21	16,363.19	16,172.43	99.81%
2014	9,057,643.69	87,439.37	37,815.80	0.00	9,182,898.86	9,098,371.26	9,173,951.84	88.71	9,174,040.55	8,947.02	8,858.31	99.90%
2015	8,436,192.29	4,567.16	(47,603.76)	0.00	8,393,155.69	2,105,866.67	8,355,889.87	115.03	8,356,004.90	37,265.82	37,150.79	99.56%
Total	\$38,754,209.12	\$129,347.07	\$2,399,120.98	\$0.00	\$41,282,677.17	\$33,208,891.12	\$39,575,093.98	\$1,015.81	\$39,576,109.79	\$1,707,583.19	\$1,706,567.38	95.86%

²⁰ All dollar amounts reported are General Revenue (GR)

Appendix U

DSHS TWHP

Summary by Calendar Year, 2011 - 2015

As of May 15, 2016²¹

Year	Amounts Billed					Amounts Collected				Outstanding Balances		Collection Rates for Principal
	Original	Pricing Adjustments since billing	Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices	Collectons Prior to Current SFY	Total Principal Collected	Total Interest Collected	Total Collections	Outstanding Principal	Outstanding Interest	
2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2013	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2014	229,030.80	0.00	(9,430.56)	0.00	219,600.24	226,229.12	250,667.16	9.26	250,676.42	(31,066.92)	0.00	114.15%
2015	882,232.37	0.00	7,991.49	0.00	890,223.86	177,723.15	662,507.43	168.16	662,675.59	227,716.43	0.00	74.42%
Total	\$1,111,263.17	\$0.00	(\$1,439.07)	\$0.00	\$1,109,824.10	\$403,952.27	\$913,174.59	\$177.42	\$913,352.01	\$196,649.51	\$0.00	82.28%

²¹ All dollar amounts reported are General Revenue (GR)