
RIDER 24 REPORT

Annual Performance Report for the Prescription Drug Rebate Program

**As Required By
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Executive Summary

The *Annual Performance Report for the Prescription Drug Rebate Program*, submitted by the Health and Human Services Commission (HHSC), 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, and DSHS' Children with Special Health Care Needs (CSHCN) Services Program. This report is required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Health and Human Services Commission, Rider 24). This report must include rebate principal and interest outstanding, age of receivables, and annual collection rates. It must also specify amounts billed, dollar value of pricing and utilization adjustments, and dollars collected. The required information is provided in this report for each rebate program for the most currently reportable five-year period for each rebate program (calendar year 2007 through calendar year 2012). HHSC's Vendor Drug Program (VDP) operates the formularies and oversees the contractor responsible for administration of the rebate programs for Medicaid, CHIP, KHC, and CSHCN.

The federal Medicaid drug rebate program, which was initiated in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), requires drug manufacturers to enter into a contract known as a national rebate agreement with the Centers for Medicare & Medicaid Services (CMS) for a drug to be included on a state's Medicaid formulary. The contracted manufacturers must report their current product and pricing information to CMS and pay the agreed-upon rebate amount for each outpatient drug dispensed to a Medicaid client. The rebate amount is based on the manufacturers' reported product and pricing information. States also may collect Medicaid rebates for drugs dispensed through CMS-approved Medicaid waivers and drugs administered by physicians in their offices. States share the rebates with CMS at the same rate as the Federal Medical Assistance Percentage (FMAP).

Since January 2004, Texas has operated a supplemental rebate program for Medicaid. Drug manufacturers who enter into supplemental rebate contracts with the Texas Medicaid Program have their products considered for preferred status on the Preferred Drug List (PDL). The HHSC Pharmaceutical and Therapeutics (P&T) Committee determines which products are assigned a "preferred" or "non-preferred" PDL status based on a products' safety, clinical effectiveness, and cost (including rebates). Non-preferred drugs require prior authorization before they can be dispensed, while preferred products do not require prior authorization. This provides an incentive for manufacturers to participate in the Medicaid supplemental rebate program. The rebate dollars collected from the supplemental rebate program are also shared with the CMS at the FMAP rate. All rebates received 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 and are subject to change because rebate programs allow retroactive adjustments to pricing and utilization data. For calendar years 2007 through 2012, for all programs, HHSC invoiced \$6,596,995,535 and collected \$6,521,508,657 in principal and \$386,746 in interest – a collection rate of 98.86 percent.

The Affordable Care Act (ACA) initiated the Quarterly Rebate Offset Amount (QROA), which increased the minimum federal Medicaid OBRA '90 rebate amount paid by drug manufacturers. All of the increased revenues collected due to these changes will be remitted to the CMS through a quarterly rebate offset process. For this period, the QROA amount was \$251,171,666. The ACA requires drug manufacturers to pay rebates for drugs dispensed to Medicaid clients who receive care from Medicaid managed care organizations (MCOs) and allows Medicaid to collect supplemental rebates on these encounters.

S.B. 7, 82nd Legislature, First Called Session, 2011, directed HHSC to include pharmacy benefits in the array of services provided by MCOs and required MCOs to comply with HHSC's Medicaid and CHIP formularies and Medicaid PDL. Therefore, this report includes separate rebate collection reports for managed care and fee-for-service.

Introduction

The *Annual Performance Report for the Prescription Drug Rebate Program* is required pursuant to the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Health and Human Services Commission, Rider 24). Rider 24 requires HHSC to report annually, the outstanding prescription drug rebate balances for Medicaid, CHIP, KHC, and CSHCN. This report must include rebate principal and interest outstanding, age of receivables, and annual collection rates. This report must also specify amounts billed, dollar value of pricing and utilization adjustments, and dollars collected. HHSC's Vendor Drug Program (VDP) operates the formularies and oversees the contractor responsible for administration of the rebate programs for Medicaid, CHIP, KHC, and CSHCN.

This report details the outstanding prescription drug rebate balances as specified in Rider 24. The following rebate programs for Medicaid fee-for-service (FFS) and Medicaid managed care are included in this report:

- Medicaid Fee-for-Service (FFS)
 - OBRA '90 Pharmacy rebates (Appendix 3)
 - Buy-In for Children rebates (Appendix 4)
 - Supplemental rebates (Appendix 5)
 - Qualified Alien rebates (Appendix 6)
 - Physician-administered drug rebates (Appendix 7)
- Medicaid Managed Care Organization (MCO)
 - OBRA '90 Pharmacy rebates (Appendix 8)
 - Qualified Alien rebates (Appendix 9)
 - Supplemental rebates (Appendix 10)
 - Qualified Alien supplemental rebates (Appendix 11)
 - Physician-administered drug rebates (Appendix 12)
 - Qualified Aliens physician-administered drug rebates (Appendix 13)
- Children's Health Insurance Program
 - Federal-State Funded (Appendix 14)
 - State Funded (Appendix 15)
- Department of State Health Services (DSHS)
 - Kidney Health Care (Appendix 16)
 - Children with Special Health Care Needs (Appendix 17)

For each of the rebate programs, appendices 1 through 17 include the following information for calendar years 2007 through 2012.

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

Background

Rebate Programs

The federal Medicaid drug rebate program, which was initiated in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), requires drug manufacturers to enter into a contract known as a national rebate agreement with the Centers for Medicare & Medicaid Services (CMS). The contracted manufacturers agree to provide these federal rebates on all quantities of products dispensed to Medicaid clients in an outpatient setting. As part of this agreement, manufacturers must report their current product and pricing information to CMS within 30 days of the end of the calendar quarter. Rebates are calculated and paid to state Medicaid programs by the drug manufacturers based on the reported 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. Texas also collects rebates for outpatient drugs administered by physicians in their offices or clinics for FFS clients. States are required to share all Medicaid rebates with the CMS at the same rate as the Federal Medical Assistance Percentage (FMAP).

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 cash, or services in lieu of cash (i.e. Program Benefit Agreement), to the Medicaid program. Drug manufacturers that enter into supplemental rebate contracts with the Texas Medicaid Program have their products considered for preferred status on the Preferred Drug List (PDL). The HHSC Pharmaceutical and Therapeutics (P&T) Committee applies clinical, safety, and cost effectiveness criteria to determine which products are assigned a "preferred" or "non-preferred" PDL status. Non-preferred drugs require prior authorization before they can be dispensed. Preferred products require no prior authorization, which provides an incentive for manufacturers to participate in the Medicaid supplemental rebate program. HHSC invoices and collects Medicaid supplemental rebates from manufacturers for their preferred products based on claims submitted for clients in FFS and managed care. These rebate dollars are also shared with the CMS at the FMAP rate. All rebates received are returned to HHSC's Vendor Drug Program (VDP) to be used as the first source of funding for the corresponding pharmacy program.

A number of manufacturers also voluntarily participate in separate CHIP, KHC, and CSHCN 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.

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 CMS or HHSC. This results in rebate rates changing retroactively. Additionally, collection rates can temporarily exceed 100 percent when manufacturers report pricing changes after rebate invoices are sent.

Recent State and Federal Legislation

The Affordable Care Act (ACA) 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. For this period, the QROA amount was \$251,171,666. The ACA requires drug manufacturers to pay rebates for drugs dispensed to Medicaid clients who receive care from a Medicaid MCO and allows Medicaid to collect supplemental rebates on these encounters.

QROA Payments Associated with Rebate Invoices

Year	QROA
2010	\$85,239,134
2011	86,165,571
2012	79,766,961
Total	\$251,171,666

Senate Bill (S.B.) 7, 82nd Legislature, First Called Session, 2011, directed HHSC to include 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 PDL. In March 2012, pharmacy services were added to the array of services provided by the Texas Medicaid and CHIP MCOs. This resulted in an approximate 80 percent drop in FFS utilization.

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 38 days to pay the balance before interest accrues. The following chart illustrates the rebate process timeline:

Claims Paid	Invoices Sent	Payment Due
January – March	May 30	July 7
April – June	August 28	October 6
July – September	November 30	January 7
October – December	February 28	April 5

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 will include price adjustments and will differ from the invoiced amounts, which will appear as an under or overpayment in the rebate reporting system. For Medicaid rebates, the difference will remain in the system until the CMS receives the pricing changes from the manufacturer and transmits the changes to the state with their next quarterly update.

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 can 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.

In appendices 1 through 17, the principal outstanding (column K) represents the total receivables, which is the difference between the adjusted billed amount (column F) and cumulative rebates collected (column H), and is aged based on the calendar year.

HHSC Medicaid Programs – Drug Rebate Collections

The following rebate collection amounts are for calendar year 2007 through calendar year 2012. This timeframe is also reflected in the appendices.

Medicaid FFS – OBRA '90 Rebate 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 3, the collections totaled \$4,684,558,207 for the FFS OBRA '90 Medicaid rebate program, which is a 99.7 percent collection rate.

Medicaid FFS – 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, they run as a separate rebate 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 will only show rebate activity for 2011. MBIC rebates for subsequent years will be included in the Medicaid program.

As shown in Appendix 5, the collections totaled \$121,297 for the Medicaid MBIC rebate program in 2011.

Medicaid FFS – QA Rebate Program

The Medicaid waiver qualified aliens (QA) drug rebate program also began in 2011, and is covered under the existing CMS national rebate agreements. While it is a Medicaid waiver

program, it does qualify for the CMS-enhanced match rate and covers many of the consumers previously covered under the CHIP.

As shown in Appendix 6, the collections totaled \$3,132,290 for the Medicaid QA rebate program, which is a 94.83 percent collection rate.

Medicaid FFS – Supplemental Rebate Program

Manufacturers who offer a supplemental rebate to the Texas Medicaid program have their products considered for preferred status on the PDL. A supplemental rebate is cash or a Program Benefit Agreement (PBA), which is services provided in lieu of cash.

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 will cause manufacturers to reallocate their payments between the Medicaid OBRA '90 rebates and Medicaid supplemental rebates. The debits and credits will balance.

HHSC has collected \$634,433,929 in Medicaid supplemental rebates (see Appendix 8). Several manufacturers had not adjusted their payments (due to rate changes) between Medicaid OBRA '90 rebates and their Medicaid supplemental rebates, resulting in a portion of the outstanding balances. Additionally, some manufacturers have chosen to provide PBAs that run for a full year. Rebate balances are settled with the PBA benefits at the end of the agreement period. Until that time, the rebate system shows the balances as unpaid. 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 95.02 percent.

Medicaid FFS – Physician-Administered Drug Rebate Program

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 National Drug Code (NDC). However, Texas' acute care claims administrator vendor pays for drugs administered in an outpatient medical setting. Physician-administered drugs are identified by Healthcare Common Procedure Coding System (HCPCS) codes that generally start with the letter "J" and are commonly referred to as "J-codes".

Beginning January 1, 2008, as part of the Deficit Reduction Act of 2005 (DRA), physicians' offices, hospitals, and clinics were required to submit the NDC of the specific drug administered, in addition to the HCPCS code.

Medicaid rebate billing is based on NDCs, not on HCPCS codes. A drug product identified by a single HCPCS code may refer to one or many NDCs. HCPCS codes for single-source drugs (e.g. brand) may refer to one NDC from one manufacturer, while multi-source drugs (e.g. generic) may refer to multiple NDCs from several manufacturers.

HHSC has collected \$183,542,945 in rebates for physician-administered drugs (see Appendix 7), and the collection rate is 97.66 percent.

HHSC MCO Programs – Drug Rebate Collections

ACA allows states to collect drug rebates for claims paid by Medicaid MCOs, and S.B. 7 (82nd Legislature, First Called Session, 2011) that carved pharmacy services into Medicaid managed care, resulted in the creation of several new drug rebate programs – MCO OBRA '90, MCO Physician-Administered Drugs, MCO Supplemental, MCO Qualified Aliens, MCO Qualified Aliens Physician-Administered Drugs and MCO Qualified Aliens Supplemental.

On March 1, 2012, pharmacy services were included into the array of services provided by Medicaid MCOs. The rebate system was able to invoice for encounter rebates paid by MCOs through the MCO OBRA '90, MCO Supplemental, MCO Qualified Aliens and MCO Qualified Aliens Supplemental rebate programs beginning in August 2012. Between August 2012 and December 2012, HHSC collected \$844,523,284 in rebates for all MCO pharmacy services, excluding physician-administered drugs (see Appendices 4, 7, 9 and 10).

Medicaid – MCO Physician-Administered Drug Rebate Program

ACA requires drug manufacturers to pay rebates for drugs dispensed to Medicaid beneficiaries who receive care from a Medicaid MCO. Therefore, HHSC sent rebate invoices to manufacturers for MCO-related physician-administered claim encounters dating back to the start of the quarter after the March 23, 2010 effective date of ACA.

MCO physician-administered drug rebates face the same challenges as the FFS rebates due to the differences between NDCs and HCPCS. HHSC is working with the MCOs to increase these rebate collections.

MCO physician-administered and MCO qualified alien physician-administered drug rebates resulted in collections of \$8,358,819 (see Appendices 12 and 13).

HHSC CHIP Programs – Drug Rebate Collections

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 – most of whom moved into the Medicaid Qualified Aliens (QA) Waiver in 2011.

Children's Health Insurance Program (CHIP) – Federal-State Funded (FSF)

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 CHIP-FSF program, HHSC has collected \$118,894,806 in rebates (see Appendix 14), and the collection rate is 99.91 percent.

Children's Health Insurance Program (CHIP) – State Funded (SF)

The CHIP-SF rebate program covers prescriptions for legal immigrants, most of who were moved into the Medicaid QA waiver in 2011. Therefore, this rebate program is ending. This program is funded entirely from general revenue. Total collections for this rebate program are \$794,735 (see Appendix 15). Because of the fact that some manufacturers are delinquent in providing the contracted unit rebate information, the collection rate is 63.8 percent.

DSHS Programs – Drug Rebate Collections

Kidney Health Care (KHC) Program

The KHC rebate program is a voluntary DSHS program that is administered by HHSC's VDP. Because KHC qualifies as a State Pharmaceutical Assistance Program (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 \$39,134,361 in KHC drug rebates (see Appendix 16). Collections have averaged 91.29 percent of the amount invoiced.

Children with Special Health Care Needs (CSHCN) Services Program

Like KHC, CSHCN began collecting voluntary rebates in 1997 and HHSC's VDP administers the program. However, the CSHCN program does not qualify as a 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 (principal and interest) for the CSHCN rebate program were \$4,013,985 (see Appendix 17). Collections have averaged 94.96 percent of the amount invoiced.

Conclusion

Summary of Rebate Collections

From calendar year 2007 through calendar year 2012, HHSC collected a total of \$6,521,508,657 in rebates and \$386,746 in interest. Appendix 1 contains the summary breakdown by year. Appendix 2 contains the summary breakdown by program. The average collection rate calculated for all programs in this time period is 98.86 percent.

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 table 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.

Table 1
Rebate Collections by Calendar Year for All Programs (All Funds)
As of December 31, 2012

Year	Current Value of Invoices	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
2007	\$687,809,968	\$682,396,800	\$5,413,168	\$114,040	99.21%
2008	820,889,038	807,798,688	13,090,350	51,508	98.41%
2009	953,613,945	953,072,096	541,849	19,182	99.94%
2010	1,198,653,750	1,183,327,986	15,325,764	144,596	98.72%
2011	1,355,088,962	1,364,820,585	(9,731,623)	35,080	100.72%
2012	1,556,807,313	1,528,843,717	27,995,731	36,453	98.20%
TOTAL	\$6,596,995,536	\$6,521,895,404	\$75,486,878	\$533,152	98.86%

Table 2
Total Rebate Collections by Program (All Funds)
Calendar Years 2007-2012

Program	Current Value of Invoices	Total Collections	Outstanding Principal	Outstanding Interest	Collection Rate
Medicaid FFS					
OBRA '90	\$4,698,796,626	\$4,684,824,639	\$14,238,419	\$112,527	99.70%
Buy In for Children	135,138	121,299	13,841	64	100.43%
Qualified Alien	3,302,915	3,132,311	170,625	1,848	94.83%
Supplemental	667,652,474	634,457,231	33,218,545	5,556	95.02%
Physician-Administered Drugs	187,940,166	183,587,847	4,397,221	267,332	97.66%
Medicaid MCO					
OBRA '90	753,520,158	756,763,319	-3,224,813	354	100.43%
Qualified Alien	864,231	820,241	44,032	10	94.91%
Supplemental	101,429,311	86,866,711	14,563,596	1,379	85.64%
Qualified Alien Supplemental	98,009	92,404	5,611	0	94.28%
Physician-Administered Drugs	15,908,822	8,356,276	7,553,231	617	52.52%
Qualified Alien Physician-Administered Drugs	7,370	3,227	4,142	0	43.79%
CHIP					
Federal State Funded	119,001,635	118,921,933	106,830	109,178	99.91%
State Funded	1,245,755	794,901	451,021	1,257	63.80%
DSHS					
Kidney Health Care Program	42,866,044	39,136,095	3,731,683	16,733	91.29%
Children w/ Special Health Care Needs	4,226,881	4,016,970	212,896	16,294	94.96%
TOTAL	\$6,596,995,536	\$6,521,895,404	\$75,486,878	\$533,152	98.86%

**Appendix 1
Summary by Calendar Year, 2007-2012**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$678,178,864	\$20,145,845	(\$10,514,746)	\$5	\$687,809,968	\$682,933,771	\$682,396,800	\$203,036	\$682,599,836	\$5,413,168	\$114,040	99.21%
2008	872,764,205	(420,680,565)	367,367,390	1,438,008	820,889,038	811,434,716	807,798,688	65,144	807,863,832	13,090,350	51,508	98.41%
2009	1,064,101,286	8,885,111	(113,213,330)	50,000	959,823,067	951,576,175	954,377,683	25,861	954,403,545	5,445,384	18,959	99.43%
2010	677,927,944	606,468,941	(88,214,730)	(19,483)	1,196,162,672	1,181,967,262	1,186,184,545	26,100	1,186,210,646	9,978,127	210,484	99.17%
2011	1,205,542,150	22,260,160	155,371,223	(7,670,055)	1,375,503,477	1,364,841,071	1,361,939,358	34,471	1,361,973,829	13,564,119	101,708	99.01%
2012	1,584,831,130	5,360,637	(33,384,494)	41	1,556,807,313	328,719,088	1,528,811,582	32,135	1,528,843,717	27,995,731	36,453	98.20%
TOTAL	\$6,083,345,578	\$242,440,129	\$277,411,314	(\$6,201,485)	\$6,596,995,536	\$5,321,472,083	\$6,521,508,657	\$386,746	\$6,521,895,404	\$75,486,878	\$533,152	98.86%

Appendix 2
Summary by Program, Calendar Years 2007-2012

A	B	C	D	E	F	G	H	I	J	K	L	M
Calendar Year	Amounts Billed					Collections				Outstanding Balances		Collection Rates
	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
Medicaid FFS												
OBRA '90	\$3,573,090,872	\$585,498,805	\$545,237,601	\$-5,030,652	\$4,698,796,626	\$4,429,759,337	\$4,684,558,207	\$266,432	\$4,684,824,639	\$14,238,419	\$112,527	99.70%
Buy In for Children	112,554	-811	23,395	0	135,138	120,517	121,297	2	121,299	13,841	64	89.76%
Supplemental	1,086,432,318	-413,429,797	-4,506,349	-843,699	667,652,474	588,431,139	634,433,929	23,302	634,457,231	33,218,545	5,556	95.02%
Qualified Alien	2,681,716	-122,756	744,101	-147	3,302,915	3,189,192	3,132,290	21	3,132,311	170,625	1,848	94.83%
Physician Administered	343,296,068	37,267,292	-192,623,185	-9	187,940,166	164,442,453	183,542,945	44,902	183,587,847	4,397,221	267,332	97.66%
Medicaid MCO												
OBRA '90	761,046,389	(1,251,700)	(6,274,779)	245	753,520,158	0	756,744,972	18,347	756,763,319	(3,224,813)	354	100.43%
Qualified Alien	890,036	2,558	-28,364	0	864,231	0	820,199	42	820,241	44,032	10	94.91%
Supplemental	101,267,167	0	162,144	0	101,429,311	0	86,865,715	996	86,866,711	14,563,596	1,379	85.64%
Qualified Alien Supplemental	98,463	0	-454	0	98,009	0	92,398	6	92,404	5,611	0	94.28%
Physician Administered	867,414	0	(381,802)	0	485,612	0	71,366	3	71,370	414,246	232	14.70%
Qualified Alien Physician Administered	6,404	-1	967	0	7,370	0	3,227	0	3,227	4,142	0	43.79%

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
CHIP												
Federal State Funded	136,094,406	24,599,310	(70,751,018)	(7,765)	89,934,933	95,741,624	95,778,806	23,315	95,802,122	(5,843,874)	82,559	106.50%
State Funded	800,482	436,591	147,659	(15,327)	1,369,405	1,660,805	1,660,805	133	1,660,937	(291,400)	767	121.28%
DSHS												
Kidney Health Care Program	29,105,028	6,411,964	(1,193,050)	(4)	34,323,939	34,860,926	34,863,576	1,139	34,864,715	(539,638)	10,813	101.57%
Children w/ Special Health Care Needs	3,020,201	83,106	54,018	13,438	3,170,764	3,189,313	3,191,433	2,866	3,194,299	(20,669)	16,241	100.65%
TOTAL	\$4,797,747,108	\$229,832,555	\$330,673,938	(\$3,599,868)	\$5,354,653,733	\$5,216,522,756	\$5,332,253,281	\$338,045	\$5,332,591,326	\$22,400,452	\$364,405	99.58%

**Appendix 3
Medicaid FFS
OBRA '90 Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$542,460,661	\$20,485,209	\$-7,644,935	\$12	\$555,300,947	\$552,354,478	\$552,772,891	\$143,201	\$552,916,092	\$2,528,056	\$32,732	99.54%
2008	645,119,177	-404,457,435	407,906,131	0	648,567,873	646,003,935	646,182,232	46,962	646,229,194	2,385,641	24,136	99.63%
2009	772,626,335	7,019,923	-7,775,593	0	771,870,665	765,769,498	770,844,248	19,133	770,863,381	1,026,417	3,317	99.87%
2010	0	979,522,322	11,717,072	-32,835	991,206,559	981,952,770	987,329,997	19,083	987,349,080	3,876,563	10,137	99.61%
2011	1,027,286,314	-16,555,636	162,012,636	-4,997,620	1,167,745,694	1,167,329,422	1,159,995,308	28,775	1,160,024,083	7,750,386	17,500	99.34%
2012	585,598,385	-515,579	-20,977,710	-208	564,104,888	316,349,234	567,433,531	9,277	567,442,808	-3,328,643	24,706	100.59%
TOTAL	3,573,090,872	585,498,805	545,237,601	-5,030,652	4,698,796,626	4,429,759,337	4,684,558,207	266,432	4,684,824,639	14,238,419	112,527	99.70%

**Appendix 4
Medicaid FFS
Buy-In for Children Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2008	0	0	0	0	0	0	0	0	0	0	0	
2009	0	0	0	0	0	0	0	0	0	0	0	
2010	0	0	0	0	0	0	0	0	0	0	0	
2011	112,554	-811	23,395	0	135,138	120,517	121,297	2	121,299	13,841	64	89.76%
2012	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	112,554	-811	23,395	0	135,138	120,517	121,297	2	121,299	13,841	64	89.76%

**Appendix 5
Medicaid FFS
Supplemental Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$114,437,630	\$-7,264,775	\$-1,187,173	\$0	\$105,985,683	\$104,404,646	\$103,449,291	\$17,465	\$103,466,756	\$2,536,392	\$0	97.61%
2008	154,112,397	-19,276,635	-6,558,834	1,424,569	129,701,498	122,820,875	119,006,551	4,026	119,010,577	10,694,947	0	91.75%
2009	125,262,382	-885,895	-956,025	50,000	123,470,462	123,103,054	120,723,584	53	120,723,637	2,746,878	0	97.78%
2010	549,273,020	-420,161,587	-2,315,197	338,824	127,135,061	117,169,669	116,793,284	1,039	116,794,324	10,341,776	0	91.87%
2011	88,306,039	34,159,094	8,134,377	-2,657,092	127,942,419	120,775,699	123,477,816	586	123,478,401	4,464,603	164	96.51%
2012	55,040,849	0	-1,623,497	0	53,417,351	157,197	50,983,403	132	50,983,535	2,433,948	5,392	95.44%
TOTAL	\$1,086,432,318	\$-413,429,797	\$-4,506,349	\$-843,699	\$667,652,474	\$588,431,139	\$634,433,929	\$23,302	\$634,457,231	\$33,218,545	\$5,556	95.02%

**Appendix 6
Medicaid FFS
Qualified Alien Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2008	0	0	0	0	0	0	0	0	0	0	0	
2009	0	0	0	0	0	0	0	0	0	0	0	
2010	0	0	0	0	0	0	0	0	0	0	0	
2011	2,680,342	-122,756	744,101	-147	3,301,541	3,187,817	3,130,915	21	3,130,936	170,625	1,848	94.83%
2012	1,375	0	0	0	1,375	1,374	1,375	0	1,375	0	0	100.03%
TOTAL	2,681,716	-122,756	744,101	-147	3,302,915	3,189,192	3,132,290	21	3,132,311	170,625	1,848	94.83%

**Appendix 7
Medicaid FFS
Physician Administered Drug Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$6,965,571	\$3,084,101	\$138,523	\$0	\$10,188,195	\$11,219,433	\$11,219,433	\$30,024	\$11,249,457	\$-1,031,238	\$20,832	110.12%
2008	50,846,302	1,040,245	-31,410,306	0	20,476,242	20,409,669	20,409,669	5,459	20,415,128	66,573	7,804	99.67%
2009	136,818,147	169,145	-103,692,219	0	33,295,074	33,205,108	33,302,672	2,125	33,304,798	-7,599	3,904	100.02%
2010	43,775,649	34,346,348	-30,877,077	40	47,244,960	49,912,403	49,766,691	3,845	49,770,536	-2,521,730	174,712	105.34%
2011	63,547,994	-1,396,687	-19,047,397	-49	43,103,861	43,941,824	42,984,592	2,673	42,987,265	119,269	57,344	99.72%
2012	41,342,405	24,140	-7,734,710	0	33,631,835	5,754,017	25,859,888	776	25,860,664	7,771,947	2,736	76.89%
TOTAL	\$343,296,068	\$37,267,292	\$-192,623,185	\$-9	\$187,940,166	\$164,442,453	\$183,542,945	\$44,902	\$183,587,847	\$4,397,221	\$267,332	97.66%

**Appendix 8
Medicaid MCO
OBRA '90 Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007					0.00				0.00	0.00		
2008					0.00				0.00	0.00		
2009					0.00				0.00	0.00		
2010					0.00				0.00	0.00		
2011					0.00				0.00	0.00		
2012	761,046,389	(1,251,700)	(6,274,779)	249	753,520,158	0	756,744,972	18,347.24	756,763,319	(3,224,813)	354	100.43%
TOTAL	761,046,389	(1,251,700)	(6,274,779)	249	753,520,158	0	756,744,972	18,347.24	756,763,319	(3,224,813)	354	100.43%

**Appendix 9
Medicaid MCO
Qualified Alien Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007					0.00				0.00	0.00		
2008					0.00				0.00	0.00		
2009					0.00				0.00	0.00		
2010					0.00				0.00	0.00		
2011					0.00				0.00	0.00		
2012	890,036	2,558	(28,364)	0	864,231	0	820,199	42	820,241	44,032	10	94.91%
TOTAL	\$890,036	\$2,558	\$(28,364)	\$0	\$864,231	\$0	\$820,199	\$42	\$820,241	\$44,032	\$10	94.91%

**Appendix 10
Medicaid MCO
Supplemental Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
Amounts Billed						Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007					0.00				0.00	0.00		
2008					0.00				0.00	0.00		
2009					0.00				0.00	0.00		
2010					0.00				0.00	0.00		
2011					0.00				0.00	0.00		
2012	101,267,167	0	162,144	0	101,429,311	0	86,865,715	996	86,866,711	14,563,596	1,379	85.64%
TOTAL	\$101,267,167	\$0	\$162,144	\$0	\$101,429,311	\$0	\$86,865,715	\$996	\$86,866,711	\$14,563,596	\$1,379	85.64%

**Appendix 11
Medicaid MCO
Qualified Alien
Supplemental Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
Calendar Year	Amounts Billed					Collections				Outstanding Balances		Collection Rates
	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007					0.00				0.00	0.00		
2008					0.00				0.00	0.00		
2009					0.00				0.00	0.00		
2010					0.00				0.00	0.00		
2011					0.00				0.00	0.00		
2012	98,463	0	(454)	0	98,009	0	92,398	6	92,404	5,611	0	94.28%
TOTAL	\$98,463	\$0	\$(454)	\$0	\$98,009	\$0	\$92,398	\$6	\$92,404	\$5,611	\$0	94.28%

**Appendix 12
Medicaid MCO
Physician Administered Drug Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2008	0	0	0	0	0	0	0	0	0	0	0	
2009	0	0	0	0	0	0	0	0	0	0	0	
2010	867,414	803	-588,682	0	279,535	71,366	71,976	4	71,980	207,559	232	25.75%
2011	2,052,439	342	-1,105,958	0	946,823	0	915,461	124	915,585	31,362	385	96.69%
2012	11,128,174	21,188	3,533,102	0	14,682,464	0	7,368,155	556	7,368,710	7,314,310	0	50.18%
TOTAL	\$14,048,027	\$22,333	\$1,838,463	\$0	\$15,908,822	\$71,366	\$8,355,592	\$684	\$8,356,276	\$7,553,231	\$617	52.52%

**Appendix 13
Medicaid MCO
Qualified Alien
Physician Administered Drug Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007					0.00				0.00	0.00		
2008					0.00				0.00	0.00		
2009					0.00				0.00	0.00		
2010					0.00				0.00	0.00		
2011					0.00				0.00	0.00		
2012	6,404	(1)	967	0	7,370	0	3,227	0	3,227	4,142	0	43.79%
TOTAL	\$6,404	(\$1)	\$967	\$0	\$7,370	\$0	\$3,227	\$0	\$3,227	\$4,142	\$0	43.79%

**Appendix 14
CHIP
Federal and State Funded Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$9,767,166	\$3,559,767	\$-275,649	\$-2	\$13,051,282	\$11,722,970	\$11,722,940	\$10,755	\$11,733,695	\$1,328,342	\$45,812	89.82%
2008	14,899,206	1,953,119	-595,923	0	16,256,402	16,394,022	16,394,022	7,044	16,401,066	-137,620	15,255	100.85%
2009	18,514,436	2,343,020	-273,847	0	20,583,609	19,398,661	19,388,160	4,007	19,392,167	1,195,449	8,320	94.19%
2010	82,776,932	3,990,516	-67,320,923	-4	19,446,522	22,970,242	22,778,781	1,815	22,780,596	-3,332,260	19,352	117.14%
2011	15,020,331	5,358,234	2,091,499	-7,763	22,462,301	21,532,446	23,274,037	1,905	23,275,943	-811,736	19,157	103.61%
2012	20,555,839	6,771,445	-125,764	0	27,201,520	4,630,368	25,336,865	1,601	25,338,466	1,864,655	1,283	93.15%
TOTAL	\$161,533,910	\$23,976,102	\$-66,500,608	\$-7,769	\$119,001,635	\$96,648,708	\$118,894,806	\$27,127	\$118,921,933	\$106,830	\$109,178	99.91%

**Appendix 15
CHIP
State Funded Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$103,308	\$30,687	\$-1,073	\$-1	\$132,921	\$121,972	\$121,972	\$65	\$122,037	\$10,949	\$515	91.76%
2008	76,916	15,941	-504	0	92,353	92,579	92,579	37	92,615	-226	106	100.24%
2009	66,684	4,722	-571	0	70,835	68,666	68,745	8	68,753	2,090	14	97.05%
2010	239,373	116,255	7,839	-325,508	37,959	90,551	90,551	20	90,571	-52,593	217	238.55%
2011	538,102	248,459	132,090	-7,384	911,268	384,787	420,545	36	420,581	490,722	405	46.15%
2012	341	79	0	0	420	237	342	0	342	78	0	81.51%
TOTAL	\$1,024,724	\$416,142	\$137,782	\$-332,893	\$1,245,755	\$758,792	\$794,735	\$166	\$794,901	\$451,021	\$1,257	63.80%

**Appendix 16
DSHS
Kidney Health Care Rebates**

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$4,124,463	\$115,488	\$-1,531,175	\$-4	\$2,708,772	\$2,663,245	\$2,663,245	\$274	\$2,663,518	\$45,527	\$4,561	98.32%
2008	7,225,406	5,657	-1,936,747	0	5,294,316	5,204,743	5,204,743	85	5,204,828	89,574	1,804	98.31%
2009	10,259,655	164,850	-482,343	0	9,942,163	9,453,553	9,446,290	513	9,446,803	495,873	1,941	95.01%
2010	468	8,654,284	1,198,337	0	9,853,088	8,999,427	8,382,507	245	8,382,751	1,470,582	3,174	85.07%
2011	5,480,240	11,478	2,570,141	0	8,061,859	6,901,970	6,909,043	275	6,909,317	1,152,816	4,714	85.70%
2012	7,236,768	-9,922	-221,001	0	7,005,845	1,637,988	6,528,534	343	6,528,877	477,311	539	93.19%
TOTAL	\$34,327,000	\$8,941,836	\$-402,789	\$-4	\$42,866,044	\$34,860,926	\$39,134,361	\$1,734	\$39,136,095	\$3,731,683	\$16,733	91.29%

Appendix 17
DSHS
Children with Special Health Care Needs Services Rebates

A	B	C	D	E	F	G	H	I	J	K	L	M
	Amounts Billed					Collections				Outstanding Balances		Collection Rates
Calendar Year	Original	Dollar Value of Pricing Adjustments since billing	Dollar Value of Utilization Adjustments since billing	Other Adjustments	Current Value of Invoices =B+C+D+E	Collections Prior to Current SFY	Total Principal Collected =G+CY	Total Interest Collected	Total Collections =H+I	Outstanding Principal	Outstanding Interest	Collection Rates for Principal =H/F
2007	\$320,064	\$135,368	\$-13,264	\$-1	\$442,168	\$447,029	\$447,028	\$1,252	\$448,280	\$-4,861	\$9,589	101.10%
2008	484,800	38,542	-36,427	13,439	500,354	508,893	508,892	1,531	510,423	-8,538	2,402	101.71%
2009	553,646	69,345	-32,732	0	590,259	577,634	603,984	21	604,005	-13,725	1,463	102.33%
2010	995,087	0	-36,099	0	958,988	800,834	970,759	49	970,807	-11,770	2,660	101.23%
2011	517,794	558,443	-183,662	0	892,575	666,589	710,344	74	710,418	182,231	127	79.58%
2012	618,537	318,428	-94,428	0	842,537	188,673	772,978	58	773,036	69,559	53	91.74%
TOTAL	\$3,489,929	\$1,120,126	\$-396,612	\$13,438	\$4,226,881	\$3,189,652	\$4,013,985	\$2,985	\$4,016,970	\$212,896	\$16,294	94.96%