



# **Office of Inspector General**

**Texas Health and Human Services Commission**

**Stuart W. Bowen, Jr., Inspector General**

## **Performance Audit Report**

**CVS Pharmacy #08963**

**October 19, 2015**

**IG Report No. 14-35-466623-VD-01**

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## EXECUTIVE SUMMARY

The Health and Human Services Commission (HHSC), Office of Inspector General, Audit Section (OIG), has completed its performance audit of CVC Pharmacy #08963 (Vendor), contract number 466623, as specified in the Texas Administrative Code (TAC), Title 1, Part 15, Chapter 354, Subchapter F, Division 5, Section 354.1891.

### Results (*Statement of Findings*)

To estimate the potential dollar value of billing errors, IG tested 305 claims, 15 of which constituted exceptions. To achieve statistically valid sampling results, the population was separated into low, medium, and high dollar claims. Of the 305 claims, 153 low dollar and 145 medium dollar claims were selected for testing based on statistically valid random sampling. There were 7 claims in the high dollar population, all were tested. Of the 15 exceptions, 9 were from the low dollar claims and 6 were from the medium dollar claims. There were no high dollar exceptions. The total recoupment amount for the low dollar sample was calculated to be \$24,388.00, and the medium dollar sample totaled \$15,764.00, for a total combined recoupment amount of \$40,152.00.

During the engagement, OIG identified the following instances of noncompliance for the claims:

Exception Type	Low Dollar Exceptions	Medium Dollar Exceptions	Total Exceptions
Invalid Claims			
Non Tamper-Resistant Prescriptions	1	1	2
Rubber Stamp Signature	0	1	1
Billing Errors			
Medications (NDCs) Not in Invoice Records	2	0	2
C-II Prescription Errors			
Not Signed by Pharmacist	0	3	3
Warehouse Billing Errors			
Missing Supporting Invoices	6	1	7
<b>Total</b>	<b>9</b>	<b>6</b>	<b>15</b>

See the Detailed Findings section of this report for details.

### Objectives (*Subject*)

The objectives of the audit were to determine if the Vendor accurately billed the Texas Medicaid Vendor Drug Program (VDP) and complied with contractual requirements and the TAC rules.

### Summary of Sample Methodology

IG used statistically valid random sampling to determine if the Vendor billed the VDP for Medicaid prescription claims correctly. IG conducted its sampling methodology in accordance with guidance from CMS Medicare Program Integrity Manual Chapter 8 - Administrative Actions and Statistical Sampling for Overpayment Estimates and guidance issued by the American Institute of Certified Public Accountants and Statements on Auditing Standards (SAS),

Number 39. The final exception and recoupment amount was determined on a dollar-for-dollar basis due to the low exception rate, and extrapolation was not used. The population paid amounts and exception amounts for the low, medium and high dollar claims can be found in tables A, B, and C respectively in Appendix B.

## **Background**

As part of the Texas Medical Assistance Program operated in accordance with the Title XIX of the Social Security Act, the VDP provides statewide outpatient pharmaceutical services to eligible recipients. Pharmaceutical services include the preparation, packaging, compounding, and labeling of covered legend and nonlegend drugs that appear in the latest revision of the Texas Drug Code Index. Contracted pharmacies and pharmacists provide the pharmaceutical services and submit claims for reimbursement to the Commission through an electronic adjudication system. Payments made to the Vendor during the audit period reviewed totaled \$8,087,803.89.

## **Summary of Scope and Methodology (*Summary of Activities Performed*)**

IG used statistically valid random sampling to determine the extent to which the Vendor correctly billed the VDP for Medicaid prescription claims. IG conducted its sampling methodology in accordance with guidance from CMS Medicare Program Integrity Manual Chapter 8 - Administrative Actions and Statistical Sampling for Overpayment Estimates and guidance issued by the American Institute of Certified Public Accountants and Statement on Auditing Standards (SAS), Number 39. To determine the final extrapolated recoupment amount owed by the Vendor, IG utilized RAT-STATs Stratified Variable Appraisal functionality to evaluate the results of the samples. In order to ensure proper evaluation of the entire population, IG broke the population into three groups, the first two being a population for low dollar transactions, and a population for medium dollar transactions. Each population was then split into 13 strata. Sample sizes were calculated for each stratum in each population group. In any stratum containing only a single sample item, extrapolation was excluded for that stratum and any errors were calculated on a dollar-for-dollar basis. The third group consisted of a small number of high dollar transactions. The third group was tested in its entirety on a dollar-for-dollar basis. The results for the low, medium, and high dollar populations can be found in tables A, B, and C respectively in Appendix B.

## **Conclusions (*Results*)**

The audit evidence provides the basis for our findings and conclusions. Therefore, except for the findings noted in this report, the Vendor accurately billed the Texas Medicaid Vendor Drug Program (VDP) and complied with contractual requirements and the TAC rules.

## DETAILED FINDINGS

### **Invalid Claims: Non Tamper-Resistant Prescriptions for Two Claims**

The Vendor dispensed medication for two claims that were not written on tamper-resistant paper. The TAC rule requires that effective April 1, 2008, tamper-resistant prescription paper should be used when prescribing any medication for Medicaid recipients. Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Division 4, Rule 354.1863 (c) states, "Effective April 1, 2008, prescriptions for covered pharmaceuticals submitted to a pharmacy in written form will be eligible for payment only if the prescription is executed on tamper-resistant prescription paper, as required by §1903(i)(23) of the Social Security Act (42 U.S.C. §1936b(i)(23))." Also, the Texas Medicare Provider Notice provided by Vendor Drug Program states, "In order for a written prescription to be considered tamper-resistant by CMS, the prescription paper must meet the following three characteristics:

- Prevent unauthorized copying of completed or blank prescription forms.
- Prevent erasure or modification of information written on the prescription form.
- Prevent the use of counterfeit prescription forms."

### **Recommendation**

The Vendor should comply with the TAC requirement when submitting eligible claims for payment. Prescriptions in written form must be executed on tamper-resistant prescription paper to be eligible for payment.

### **Management's Response**

CVS Caremark agrees with the audit findings for the following prescriptions. The CVS Caremark audit team will be in direct communication with the store management's staff regarding the Tamper Resistant Prescription Requirements.

Client Number	Prescription Number	Fill Date	Auditor Comments
████████	██████	██████	Non-Tamper Resistant Prescription
████████	██████	██████	Non-Tamper Resistant Prescription

### **Invalid Claim: Rubber Stamp Signature for One Claim**

The Vendor submitted one claim for a prescription with an unacceptable physician's rubber stamp signature. According to Texas Administrative Code, Title 22, Part 15, Chapter 291, Subchapter B, Rule §291.34(b)(2) "Written prescription drug orders (A) Practitioner's signature. (iii) (II) Rubber stamp or otherwise reproduced signatures may not be used except as authorized in clause (i) of this subparagraph."

**Recommendation**

The Vendor should comply with the TAC requirement in submitting eligible claims for payment to include an original signature by the prescribing physician.

**Management's Response**

CVS Caremark would like to submit the following exhibit in response to the audit findings.

Client Number	Prescription Number	Fill Date	Auditor Comments	CVS Comment	Exhibit
██████████	██████████	██████████	Rubber Stamp Signature	*See Below	B

\*Exhibit B - The audit report for prescription 265415 states that the physician's signature on the hardcopy is "rubber stamped". After reviewing the hardcopy, there is a rubber stamp signature but we also verified that the physician's physical signature is also on the hardcopy. Included in the exhibit is the actual prescription image and label along with the details contained within our dispensing system.

**Auditor's Follow-up Comments**

The Vendor submitted the same prescription that was noted as having a rubber stamped physician's signature during field audit. The exception will remain.

**Billing Errors: Medications – National Drug Codes (NDCs) Not in Invoice Records for Two Claims**

The Vendor submitted two claims for NDCs that could not be traced to invoice records and that were different from the NDCs dispensed. The Vendor did not make the proper adjustments in the VDP claims system within the time allowed by TAC Rule. TAC, Title 1, Part 15, Chapter 354, Subchapter F, Division 6, Section 354.1901(a) states in part, "(a) To receive payment from the Commission, the provider must submit a pharmacy claim through the electronic adjudication system. A separate entry is submitted for each prescription or refill. For the original dispensing and each subsequent refill, the provider indicates on the prescription the price and reimbursement method (wholesale estimated acquisition cost, direct estimated acquisition cost, or maximum allowable cost) and National Drug Code number (NDC), which is submitted to the Commission on the corresponding pharmacy claim." Also, TAC Title 1, Part 15, Chapter 354, Subchapter F, Division 6, Section 354.1905 states "The pharmacy provider must completely reverse the original submission and resubmit the claims to receive an adjustment for an overpayment or underpayment of a pharmacy claim. The Commission must receive an adjustment within 90 days of the date of adjudication."

**Recommendation**

The Vendor should comply with the TAC requirement to accurately dispense and bill for only NDCs that are in its inventory. In the event of an error in dispensing or billing, the Vendor should completely reverse the incorrect claim submission within 90 days of the date of original adjudication.

**Management's Response**

CVS Caremark would like to submit the following exhibits in response to the audit findings.

Client Number	Prescription Number	Fill Date	Auditor Comments	CVS Comment	Exhibit
██████████	██████████	██████████	Medication (NDC) Not in Invoice Records	*See Below	C
██████████	██████████	██████████	Medication (NDC) Not in Invoice Records	*See Below	K

\*Exhibit C - CVS Caremark was able to locate the invoice records for Prescription ██████████. Attached you will find the Outside Vendor Invoice for NDC - ██████████. The invoice number that coincides with Prescription ██████████ is Invoice ██████████ with Invoice Date of ██████████. Included in the exhibit are the following items:

1. The prescription image contained with our dispensing system. (Exhibit C-1)
2. The prescription label contained within our dispensing system. (Exhibit C-2)
3. Invoice reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit C-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit C-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit C-5)

\*Exhibit K - CVS Caremark was able to locate the invoice records for Prescription ██████████. Attached you will find the Outside Vendor Invoice for NDC - ██████████. The invoice number that coincides with Prescription ██████████ is Invoice ██████████ with Invoice Date of ██████████. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit K-1)
2. The Prescription label contained within our dispensing system. (Exhibit K-2)
3. Invoice reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit K-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit K-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit K-5)

**Auditor's Follow-up Comments**

After IG's review of the invoice documentation for prescription number ██████████ we determined that the Vendor did not have enough inventory on hand to bill for the NDCs (drug) for the ██████████ claim. The Provider purchased 32 bottles on October 28, 2011, but billed 135 bottles to Medicaid between October 28, 2011 and December 20, 2011. The exception remains.

After IG's review of the invoice documentation for prescription number ██████████ we determined that the Vendor did not have enough inventory on hand to bill Medicaid for the drug. The invoice provided, dated June 17, 2009, was for a quantity of 60. The Medicaid claim fill date was ██████████, 30 months after the invoice date. Our review of the dispensing records for this drug showed that the quantity billed was 760 between the invoice date and fill date. The exception remains.

**C-II Error: Prescription Not Signed by the Pharmacist for Three Claims**

The pharmacist did not sign three C-II prescriptions. Health and Safety Code, Title 6, Subtitle C, Chapter 481, Subchapter A, Section 481.075 Official Prescription Program...(e) Each official prescription form or electronic prescription used to prescribe a Schedule II controlled substance

must contain:....(3) for a written prescription, the signatures of the prescribing practitioner and the dispensing pharmacist or for an electronic prescription, the prescribing practitioner's electronic signature or other secure method of validation authorized by federal law.”

**Recommendation**

The Vendor should only dispense C-II prescriptions that meet official prescription requirements as stated in the Texas State Board of Pharmacy and Texas Department of Public Safety rules to include the pharmacist’s signature.

**Management’s Response**

CVS Caremark agrees with the audit findings for the following prescriptions. The CVS Caremark audit team will be in direct communication with the store management's staff regarding the C-II Prescriptions Not Being Signed by Pharmacist.

Client Number	Prescription Number	Fill Date	Auditor Comments
[REDACTED]	[REDACTED]	[REDACTED]	C-II Not Signed by Pharmacist
[REDACTED]	[REDACTED]	[REDACTED]	C-II Not Signed by Pharmacist
[REDACTED]	[REDACTED]	[REDACTED]	C-II Not Signed by Pharmacist

**Warehouse Billing Errors: Invoices Not Available for Seven Claims**

The Vendor did not provide invoices for seven claims that were billed at other than warehouse pricing. Texas Administrative Code, Title 1, Part 15, Chapter 355, Subchapter J, Division 28, Rule 355.8541(b)(3) states, "All drug purchases through a central purchasing agreement or from a central purchasing entity must be billed to HHSC as DPCP." (*DPCP - Direct Price to Chain Pharmacy*)”.

**Recommendation**

The Vendor should ensure that all non-warehouse purchases billed to HHSC for drugs are supported by proper invoice documentation.

**Management’s Response**

CVS Caremark would like to submit the following exhibits in response to the audit findings.

Client Number	Prescription Number	Fill Date	Auditor Comments	CVS Comments	Exhibit
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	D
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	E
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	F
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	G
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	H
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	I
[REDACTED]	[REDACTED]	[REDACTED]	Missing Supporting Invoice	*See Below	J

\*Exhibit D - After reviewing the Distribution Center Invoices previously sent in for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with

Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit D-1)
2. The prescription label contained within our dispensing system. (Exhibit D-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit D-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit D-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit D-5)

\*Exhibit E - After reviewing the Distribution Center Invoices previously sent in for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit E-1)
2. The prescription label contained within our dispensing system. (Exhibit E-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit E-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit E-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit E-5)

\*Exhibit F - After reviewing the Distribution Center Invoices previously sent for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit F-1)
2. The prescription label contained within our dispensing system. (Exhibit F-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit F-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit F-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit F-5)

\*Exhibit G - After reviewing the Distribution Center Invoices previously sent for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit G-1)
2. The prescription label contained within our dispensing system. (Exhibit G-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit G-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit G-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit G-5)

\*Exhibit H - After reviewing the Distribution Center Invoices previously sent for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the

Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit H-1)
2. The prescription label contained within our dispensing system. (Exhibit H-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit H-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit H-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit H-5)

\*Exhibit I - After reviewing the Distribution Center Invoices previously sent for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit I-1)
2. The prescription label contained within our dispensing system. (Exhibit I-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit I-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit I-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit I-5)

\*Exhibit J - After reviewing the Distribution Center Invoices previously sent for review, we were able to find the appropriate invoice for Prescription [REDACTED]. Attached you will find the Distribution Center Invoice for NDC - [REDACTED]. The invoice number that coincides with Prescription [REDACTED] is Invoice [REDACTED] with Invoice Date of [REDACTED]. Included in the exhibit are the following items:

1. The prescription image contained within our dispensing system. (Exhibit J-1)
2. The prescription label contained within our dispensing system. (Exhibit J-2)
3. Invoice Reporting reflecting the NDC adjudicated at the time of dispensing. (Exhibit J-3)
4. NCPDP transaction data reflecting the NDC billed. (Exhibit J-4)
5. Daily Logs showing that the correct NDC was billed. (Exhibit J-5)

#### **Auditor's Follow-up Comments**

IG's review of Provider's documentation confirms the exceptions noted during the on-site audit. These drugs were purchased through a distribution center (warehouse) but billed to Medicaid at a non-warehouse price with no supporting invoices from the outside vendor (OV). Therefore, exceptions remain for the difference in warehouse and non-warehouse price.

## **APPENDICES**

### OBJECTIVES, SCOPE, AND METHODOLOGY

#### Objectives

The objectives of the audit were to determine if the Vendor accurately billed the Texas Medicaid Vendor Drug Program and complied with contractual requirements and the TAC rules.

#### Scope

The engagement covered the period of September 1, 2009 through February 29, 2012. IG limited the internal control review to the objectives described above.

#### Methodology

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

An engagement letter was issued to the Vendor outlining the understanding of the IG with respect to the audit of paid claims submitted by the Vendor for reimbursement. To obtain an understanding of the Vendor's internal controls, an internal control questionnaire was completed and observations were made throughout the audit. Additionally, IG examined prescriptions, daily logs, and other applicable accounting records that supported the claims submitted for reimbursement. Professional judgment was exercised in planning, executing, and reporting the results of our audit.

#### Criteria

- Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Divisions 1 through 7, Sections 354.1801 through 354.1928; Chapter 355, Subchapter J, Division 28
- CVS Pharmacy #08963 - Texas Vendor Drug Contract
- Vendor Drug Program Pharmacy Provider Handbook, March 1, 2006
- Texas Drug Code Index
- Texas State Board of Pharmacy rules and regulations
- Health and Safety Code, Title 6, Subtitle C, Chapter 481, Subchapter A
- Revisions and updates to the aforementioned materials and information
- Notices or bulletins issued by the VDP concerning Medicaid pharmaceutical drug benefits

#### Team Members

Lisa Kanette Blomberg, CPA, CIGA, Manager, Contract Audit  
Bobby Lane, CFE, CIGA, CICA, Contract Audit  
Rifat Ameen, Lead Auditor  
Celia Gaona, Auditor  
Jesus Vega, Auditor

**SAMPLING METHODOLOGY****Summary of Sample Methodology**

IG used statistically valid random sampling to determine the extent to which the Vendor correctly billed the VDP for Medicaid prescription claims. IG conducted its sampling methodology in accordance with guidance from CMS Medicare Program Integrity Manual Chapter 8 - Administrative Actions and Statistical Sampling for Overpayment Estimates and guidance issued by the American Institute of Certified Public Accountants and Statement on Auditing Standards (SAS), Number 39. To determine the final extrapolated recoupment amount owed by the Vendor, IG utilized RAT-STATs Stratified Variable Appraisal functionality to evaluate the results of the samples. In order to ensure proper evaluation of the entire population, IG broke the population into 3 groups, the first 2 being a population for low dollar transactions, and a population for medium dollar transactions. Each population was then split into 13 strata. Sample sizes were calculated for each stratum in each population group. In any stratum containing only a single sample item, extrapolation was excluded for that stratum and any errors were calculated on a dollar-for-dollar basis. The third group consisted of a small number of high dollar transactions. The third group was tested in its entirety on a dollar-for-dollar basis. The results for the low, medium, and high dollar populations can be found in tables A, B, and C respectively.

**Sample Results**

To determine the dollar value of billing errors, IG tested 305 claims, of which 15 constituted exceptions. To achieve valid sampling results, the population was separated into low, medium, and high dollar claims. Of the 305 claims randomly selected for testing, 153 claims were in the low dollar population and 145 claims were in the medium dollar population. Seven high dollar claims were randomly selected for testing, all of which were tested with no exceptions noted, bringing the total of tested claims overall to 305 claims. Of the 15 exceptions, nine were from the low dollar claims and six were from the medium dollar claims. The exceptions for low dollar and high dollar claims were categorized in two parts, a dollar-for-dollar population and an extrapolated population. The low dollar claims tested consisted of 6 dollar-for-dollar claims from the dollar-for-dollar population, and 147 randomly sampled claims from the extrapolated population. The medium dollar claims tested consisted of 3 dollar-for-dollar tested claims from the dollar-for-dollar population, and 142 randomly sampled claims from the extrapolated population. The 7 high dollar claims were tested and found to have been billed correctly. The total recoupment amount for the low dollar sample was calculated to be \$24,388.00, and the medium dollar sample totaled \$15,764.00, for a total combined recoupment amount of \$40,152.00.

**Sampling Frame**

The sampling frame (population) was the Vendor's claims paid by HHSC that had a date of service of September 1, 2009 through February 29, 2012. The low dollar sample frame consisted of all paid claims less than or equal to \$528.29. The medium dollar sample frame consisted of all paid claims greater than \$528.29 and less than or equal to \$4,975.71. The high dollar sample frame consisted of all paid claims greater in amount than \$4,975.71.

**Sample Unit**

The sample unit was a paid claim. A paid claim is a prescription dispensed to a Medicaid recipient by a contracted Vendor or Pharmacist for which the Vendor Drug Program paid the Vendor and the date of service was in the audit period of September 1, 2009 through February 29, 2012.

**Table A**

**Total Population Paid and Recoupment Statistics (Low Dollar)**

Total Paid Dollar Amount in Extrapolation Population	\$4,333,892.08
Total Paid Dollar Amount in Dollar-For-Dollar Population	<u>\$1,475,723.05</u>
<b>Total Population Paid Dollar Amount</b>	<b><u>\$5,809,615.13</u></b>
Total Recoupment Amount from Extrapolation Population Using RAT-STATs 2007 Stratified Variable Appraisal (Calculated at lower limit of 90% confidence interval)	\$24,388
Total Recoupment Amount from Dollar-For-Dollar Population	<u>\$0</u>
<b>Total Population Recoupment Amount</b>	<b><u>\$24,388</u></b>

**Table B**

**Total Population Paid and Recoupment Statistics (Medium Dollar)**

Total Paid Dollar Amount in Extrapolation Population	\$2,047,276.83
Total Paid Dollar Amount in Dollar-For-Dollar Population	<u>\$173,259.70</u>
<b>Total Population Paid Dollar Amount</b>	<b><u>\$2,220,536.53</u></b>
Total Recoupment Amount from Extrapolation Population Using RAT-STATs 2007 Stratified Variable Appraisal (Calculated at lower limit of 90% confidence interval)	\$15,764
Total Recoupment Amount from Dollar-For-Dollar Population	<u>\$0</u>
<b>Total Population Recoupment Amount</b>	<b><u>\$15,764</u></b>

**Table C**

**Total Population Paid and Recoupment Statistics (High Dollar)**

Total Paid Dollar Amount in Extrapolation Population	\$0
Total Paid Dollar Amount in Dollar-For-Dollar Population	\$57,652.23
<b>Total Population Paid Dollar Amount</b>	<b><u>\$57,652.23</u></b>
Total Recoupment Amount from Extrapolation Population Using RAT-STATs 2007 Stratified Variable Appraisal (Calculated at lower limit of 90% confidence interval)	\$0
Total Recoupment Amount from Dollar-For-Dollar Population	\$0
<b>Total Population Recoupment Amount</b>	<b><u>\$0</u></b>

**APPENDIX C**

**CVS Pharmacy #08963  
Vendor Number 466623  
Over/(Under) Payments For Low Dollar Claims**

Client Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
			\$24.18	\$0.00	\$24.18	Non-Tamper Resistant Prescription
		Sub Total	\$24.18	\$0.00	\$24.18	
			\$6.94	\$0.00	\$6.94	Medication (NDC) Not In Invoice Records
			14.89	0.00	14.89	Medication (NDC) Not In Invoice Records
		Sub Total	\$21.83	\$0.00	\$21.83	
			\$25.10	\$14.47	\$10.63	Missing Supporting Invoice
			119.11	62.23	56.88	Missing Supporting Invoice
			9.67	8.04	1.63	Missing Supporting Invoice
			11.84	8.68	3.16	Missing Supporting Invoice
			42.52	18.59	23.93	Missing Supporting Invoice
			10.44	8.62	1.82	Missing Supporting Invoice
		Sub Total	\$218.68	\$120.63	\$98.05	
		Total	\$264.69	\$120.63	\$144.06	

**APPENDIX C (cont.)**

**CVS Pharmacy #08963  
Vendor Number 466623  
Over/(Under) Payments For Medium Dollar Claims**

Claim Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
██████	██████	██████	\$626.20	\$0.00	\$626.20	Rubber Stamp Signature
		Sub Total	<u>\$626.20</u>	<u>\$0.00</u>	<u>\$626.20</u>	
██████	██████	██████	\$703.15	0.00	\$703.15	Non-Tamper Resistant Prescription
		Sub Total	<u>\$703.15</u>	<u>\$0.00</u>	<u>\$703.15</u>	
██████	██████	██████	\$774.84	\$0.00	\$774.84	C-II Not Signed by Pharmacist
██████	██████	██████	2,106.17	0.00	2,106.17	C-II Not Signed by Pharmacist
██████	██████	██████	1,011.29	0.00	1,011.29	C-II Not Signed by Pharmacist
		Sub Total	<u>\$3,892.30</u>	<u>\$0.00</u>	<u>\$3,892.30</u>	
██████	██████	██████	\$1,285.58	\$1,186.25	\$99.33	Missing Supporting Invoice
		Sub Total	<u>\$1,285.58</u>	<u>\$1,186.25</u>	<u>\$99.33</u>	
		Total	<u>\$6,507.23</u>	<u>\$1,186.25</u>	<u>\$5,320.98</u>	

**REPORT DISTRIBUTION**

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