Office of Inspector General

Texas Health and Human Services Commission

Stuart W. Bowen, Jr., Inspector General

Performance Audit Report

CVS Pharmacy #7403

February 26, 2016

IG Report No. 14-45-465854-VD-01

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EXECUTIVE SUMMARY

The Health and Human Services Commission (HHSC), Inspector General (IG) Audit Division, has completed its performance audit of CVS Pharmacy #7403 (Vendor), contract number 465854, as specified in the Texas Administrative Code (TAC), Title 1, Part 15, Chapter 354, Subchapter F, Division 5, Section 354.1891.

Objectives

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

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 HHSC through an electronic adjudication system. Payments made to the Vendor during the audit period reviewed totaled $4,827,539.04.

Summary of Scope and Methodology (Summary of Activities Performed)

The engagement covered the period of September 1, 2009 through February 29, 2012 and included obtaining an understanding of internal controls limited to the objectives described above. Additionally, IG examined pharmacy prescriptions, daily logs, and other applicable accounting records that supported the claims submitted for reimbursement. For sampling methodology, see Appendix B.

IG conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that IG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. IG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

Conclusions

The Vendor materially billed the Texas Medicaid Vendor Drug Program (VDP) accurately and complied with contractual requirements and the TAC rules.

DETAILED FINDINGS

Invalid Claims: Incorrect Prescriber Identification Number for Fifty Claims

The Vendor submitted and billed 50 prescriptions with an incorrect prescriber identification number. The Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Division 2, Rule §354.1835 states, "Vendors must enter the identification number of the prescriber, as listed with the appropriate medical specialty board, on each claim." The Vendor did not ensure that the correct prescriber identification number was submitted for reimbursement.

Recommendation
The Vendor must ensure that the correct prescriber identification number is used in submitting claims to the Vendor Drug program.

Management's Response
CVS agrees with the findings for the fifty claims sited for this category.

Invalid Claims: Missing Prescription for Three Claims

The Vendor did not provide the prescription records to support three claims. TAC requires an original prescription record for each prescription. Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Division 4, Rule §354.1863(b) states, "The pharmacist must ensure that the original prescription conforms to the Texas State Board of Pharmacy rules concerning the records to be maintained by a pharmacy. A signed prescription must be maintained in the dispenser's file and available for audit at any reasonable time....". These three original signed prescriptions were missing from the Vendor's file and not available during the audit. In these instances, the Vendor was not in compliance with maintaining prescription records.

Recommendation
The Vendor must ensure that the original prescription records are maintained and available for audit at any reasonable time.

Management's Response
CVS would like to submit the following exhibit in response to the audit findings as the pharmacy staff was able to obtain supporting prescription related documentation post audit.

Client Number	Prescription Number	Fill Date	Auditor Comments	CVS Comments	Appendix
[redacted]	[redacted]	[redacted]	Missing Prescription	*See Below	C

**Appendix C- For prescription [redacted] CVS would like to submit the included Physician Statement containing the full information from script [redacted]. The statement is signed and dated from the Physician and includes the Physicians fax coversheet.*

CVS agrees with the findings for the other two claims sited for this category.

Auditor's Follow-Up Comments
The IG reviewed and accepted the information provided for prescription [redacted]. However, because the documentation provided was obtained from the physician after the fact, the finding was reduced to the dispensing fee for this prescription.

Invalid Claim: Non-Compliant Telephone Prescription for One Claim

The Vendor dispensed a prescription using a non-compliant telephone prescription. The dispensing Pharmacist's signature was not documented on the prescription. Consequently, the prescription did not conform to the rules set by TAC. Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Division 4, Rule 354.1863 states, "(b) The pharmacist must ensure that the original prescription conforms to the Texas State Board of Pharmacy rules concerning the records to be maintained by a pharmacy. A signed prescription must be maintained in the dispenser's file and available for audit at any reasonable time. Telephone orders, where legal, must be documented in writing. The name of the prescriber and the signature of the dispensing pharmacist must be documented. If a pharmacy maintains prescription records in a data processing system, a hard copy of the prescription must be retained on file unless the daily log includes all the information required in §351.1901 of this title (relating to Pharmacy Claims). The provider must conform to all regulations issued by the Drug Enforcement Administration and Texas State Board of Pharmacy concerning the recording of prescriptions in a data processing system." (Also see TAC, Title 22, Part 15, Subchapter B, Rule 291.34(6) (A – D).

Recommendation
The Vendor should ensure all telephone prescriptions are complete and comply with the rules.

Management's Response

CVS agrees with the finding for the one claim sited for this category.

Invalid Claim: Missing Prescriber Signature for One Claim

The Vendor dispensed medication for one prescription that did not have the prescriber's signature. The Vendor did not verify that the prescription was signed. As a result, the vendor was paid for a prescription that was not in compliance with TAC. TAC requires this information be provided on each prescription. The Texas Administrative Code, Title 22, Part 15, Chapter 291, Subchapter B, Rule §291.34 (b) states, "(2) Written prescription drug orders. (A) Practitioner's signature. (i) Except as noted in clause (ii) of this paragraph, written prescription drug orders shall be: (I) manually signed by the practitioner."

Recommendation
The Vendor must ensure that the prescription order conforms to the Texas State Board of Pharmacy rules concerning the format of a prescription.

Management's Response
CVS agrees with the finding for the one claim sited for this category.

Invalid Claims: Non-Compliant Transfer Prescription for Two Claims

The Vendor dispensed medication for two prescriptions that did not conform to prescription requirements as outlined in TAC. Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter F, Division 3, Rule 354.1863 which states, "(b) The pharmacist must ensure that the original prescription conforms to the Texas State Board of Pharmacy rules concerning the records to be maintained by a pharmacy. A signed prescription must be maintained in the dispenser's file and available for audit at any reasonable time. Telephone orders, where legal, must be documented in writing. The name of the prescriber and the signature of the dispensing pharmacist must be documented. If a pharmacy maintains prescription records in a data processing system, a hard copy of the prescription must be retained on file unless the daily log includes all the information required in §351.1901 of this title (relating to Pharmacy Claims). The provider must conform to all regulations issued by the Drug Enforcement Administration and Texas State Board of Pharmacy concerning the recording of prescriptions in a data processing system." Also see TAC, Title 22, Part 15, Subchapter B, Rule 291.34(6) (A – D). These two transferred prescriptions do not have the initials of the transferring and receiving pharmacist as required by the law.

Recommendation
The Vendor must ensure that all prescriptions conform to the requirements of a prescription as outlined by the law.

Management's Response
CVS agrees with the findings for the two claims sited for this category.

Invalid Claims: Non-Compliant Electronic Prescriptions for Five Claims

The Vendor dispensed medication for five electronic prescriptions that did not conform to prescription requirements as outlined in TAC, Title 22, Part 15, Chapter 291, Subchapter B, Rule §291.34. Effective December 1, 2009 the rule states, "All original electronic prescription drug orders shall bear: (ix) a statement which indicates that the prescription has been electronically transmitted." These five prescriptions were missing the e-transmission number, SPI#, and e-signature number of the prescriber. The Vendor is not compliant with the rules of electronic prescription drug orders.

Recommendation
The Vendor must ensure that all prescriptions conform to the requirements of an electronic prescription as required by the law.

Management's Response
CVS agrees with the findings for the five claims sited for this category.

Invalid Claims: Non Tamper-Resistant Prescriptions for Seven Claims

The Vendor dispensed medication for seven prescriptions written on non tamper-resistant prescription paper. The Vendor did not verify that the prescription was tamper resistant. As a result, the Vendor was paid for prescriptions that were not in compliance with TAC. 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))." The paper used for these seven prescriptions did not contain any security features.

Recommendation
The Vendor should ensure that all prescriptions that are written, on or after April 1, 2008, are on the required tamper-resistant paper with appropriate safety features.

Management's Response
CVS agrees with the findings for the seven claims sited for this category

Refill Error: Unauthorized Refill for One Claim

The Vendor dispensed one prescription of a refill with the name and approval of the prescriber or designated agent missing from the faxed request for refill authorization form. Texas Administrative Code, Title 22, Part 15, Chapter 291, Subchapter B, Rule §291.34 (b) states, "(2) Written prescription drug orders. (A) Practitioner's signature. (i) Except as noted in clause (ii) of this paragraph, written prescription drug orders shall be: (I) manually signed by the practitioner." The prescriber did not complete the refill section of the authorization form.

Recommendation
The Vendor must ensure that refills are approved by the physician or designated agent. Additionally, Vendor must ensure that these approvals are well documented.

Management's Response
CVS agrees with the finding for the one claim sited for this category.

C-II Prescription Error: Non-Compliant C-II Prescription For One Claim

The Vendor submitted a claim for one C-II prescription that was not signed or dated by the dispensing pharmacist. This C-II prescription was not compliant with the TAC rules. The TAC requires this information for all written C-II prescriptions. Texas Administrative Code, Title 37, Part 1, Chapter 13, Subchapter D, Rule 13.75 states, "(a) Upon receipt of a properly completed official prescription form, a dispensing pharmacist must: ... (3) sign the prescription; (4) enter the date filled and the pharmacy prescription number..."

Recommendation

The Vendor must ensure that all required information is documented when dispensing medication for a C-II prescription.

Management's Response

CVS agrees with the finding for the one claim sited for this category.

APPENDICES

APPENDIX A

OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

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

Scope

The engagement covered the period of September 1, 2009 through February 29, 2012. During the engagement, IG did not review all internal controls. 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 pharmacy 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 Used to Determine Compliance with Contractual Requirements and the TAC

- 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
- 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

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APPENDIX B

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 the 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. 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 divided the population into two groups, 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 results for the low and medium dollar populations can be found in Tables A and B respectively.

Sampling Frame

The sampling frame (population) was the Vendor's claims paid by the HHSC that had a "Date of Service" in the audit period of September 1, 2009 through February 29, 2012. The low dollar sample frame consisted of all paid claims less than or equal to $663.42. The medium dollar sample frame consisted of all paid claims greater than or equal to $664.45.

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 HHSC paid the Vendor, and the "Date of Service" was in the audit period of September 1, 2009 through February 29, 2012.

Results

To achieve valid sampling results, the population was separated into low and medium dollar claims. To estimate the potential dollar value of billing errors, IG tested 277 claims, of which 71 constituted exceptions. Of the 277 claims randomly tested, 153 were in the low dollar population, and 124 claims were in the medium dollar population. Of the 71 exceptions, 40 were from the low dollar claims, and 31 were from the medium dollar claims. The exceptions for low dollar claims and medium dollar claims were categorized in two parts, a dollar-for-dollar population and an extrapolated population. The low dollar tested claims consisted of five dollar-for-dollar tested claims from the dollar-for-dollar population, and 148 randomly sampled claims from the extrapolated population. The medium dollar tested claims consisted of one dollar-for-

dollar tested claim from the dollar-for-dollar population, and 123 randomly sampled claims from the extrapolated population. The total recoupment amounts for low dollar claims and medium dollar claims were calculated to be $122,986.18 and $21,260.00 respectively. This resulted in a total combined recoupment amount of $144,246.18. See Table A and Table B.

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

Exception Type	Low Dollar Exceptions	Medium Dollar Exceptions	Total Exceptions
Invalid Claims:			
Incorrect Prescriber ID	27	23	50
Prescription Not Signed	1	0	1
Missing Prescriptions	3	0	3
Non-Compliant Transfer Prescription	0	2	2
Non-Compliant E-Prescription	5	0	5
Not Tamper Resistant	3	4	7
Non-Compliant Telephone Prescription	1	0	1
Refill Error			
Unauthorized Refill	0	1	1
C-II Error			
Non-Compliant C-II	0	1	1
Total	40	31	71

See the Detailed Findings section of this report for details.

Table A

Total Population Paid and Recoupment Statistics (Low Dollar)

Total Paid Dollar Amount in Extrapolation Population	$3,328,409.74
Total Paid Dollar Amount in Dollar-For-Dollar Population	$963,093.02
Total Population Paid Dollar Amount	**$4,291,502.76**
Total Recoupment Amount from Extrapolation Population Using RAT-STATs 2007 Stratified Variable Appraisal (Calculated at lower limit of 90% confidence interval)	$122,590.00
Total Recoupment Amount from Dollar-For-Dollar Population	$396.18
Total Population Recoupment Amount	**$122,986.18**

Table B

Total Population Paid and Recoupment Statistics (Medium Dollar)

Total Paid Dollar Amount in Extrapolation Population	$522,281.83
Total Paid Dollar Amount in Dollar-For-Dollar Population	$13,754.45
Total Population Paid Dollar Amount	**$536,036.28**
Total Recoupment Amount from Extrapolation Population Using RAT-STATs 2007 Stratified Variable Appraisal (Calculated at lower limit of 90% confidence interval)	$21,260.00
Total Recoupment Amount from Dollar-For-Dollar Population	$0.00
Total Population Recoupment Amount	**$21,260.00**

Please note: Additional details regarding the samples and extrapolations will be provided upon request.

APPENDIX C

Schedule of Exceptions
CVS Pharmacy #07403
Vendor Number: 465854
Over/Under Payments for Low Dollar Claims

Client Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
[redacted]	[redacted]	[redacted]	$20.73	$12.83	$7.90	Incorrect Prescriber ID*
			10.27	2.65	7.62	Incorrect Prescriber ID*
			3.81	2.54	1.27	Incorrect Prescriber ID*
			3.90	2.60	1.30	Incorrect Prescriber ID*
			8.88	1.28	7.60	Incorrect Prescriber ID*
			76.99	68.04	8.95	Incorrect Prescriber ID*
			120.51	111.66	8.85	Incorrect Prescriber ID*
			105.42	96.87	8.55	Incorrect Prescriber ID*
			43.25	35.91	7.34	Incorrect Prescriber ID*
			9.24	1.71	7.53	Incorrect Prescriber ID*
			9.67	1.98	7.69	Incorrect Prescriber ID*
			17.64	9.79	7.85	Incorrect Prescriber ID*
			13.12	6.37	6.75	Incorrect Prescriber ID*
			10.68	3.14	7.54	Incorrect Prescriber ID*
			8.78	1.11	7.67	Incorrect Prescriber ID*
			5.55	3.70	1.85	Incorrect Prescriber ID*
			16.69	9.02	7.67	Incorrect Prescriber ID*
			23.72	16.76	6.96	Incorrect Prescriber ID*
			10.26	2.71	7.55	Incorrect Prescriber ID*
			26.92	19.05	7.87	Incorrect Prescriber ID*
			50.59	42.26	8.33	Incorrect Prescriber ID*
			11.96	4.39	7.57	Incorrect Prescriber ID*
			8.77	1.11	7.66	Incorrect Prescriber ID*
			126.52	116.59	9.93	Incorrect Prescriber ID*
			135.14	126.00	9.14	Incorrect Prescriber ID*
			131.50	121.59	9.91	Incorrect Prescriber ID*
			155.95	145.42	10.53	Incorrect Prescriber ID*
		Sub Total	$1,166.46	$967.08	$199.38	

APPENDIX C (cont.)

Schedule of Exceptions
CVS Pharmacy #07403
Vendor Number: 465854
Over/Under Payments for Low Dollar Claims

Client Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
[redacted]	[redacted]	[redacted]	$8.59	$0.00	$8.59	Prescription Not Signed
		Sub Total	$8.59	$0.00	$8.59	
[redacted]	[redacted]	[redacted]	$35.26	$0.00	$35.26	Missing Prescription
			201.92	0.00	201.92	Missing Prescription
			9.89	2.20	7.69	Missing Prescription*
		Sub Total	$247.07	$2.20	$244.87	
[redacted]	[redacted]	[redacted]	$291.29	$0.00	$291.29	Non-Compliant Telephone Prescription
		Sub Total	$291.29	$0.00	$291.29	
[redacted]	[redacted]	[redacted]	$6.18	$0.00	$6.18	Non-Compliant E-Prescription
			396.18	0.00	396.18	Non-Compliant E-Prescription
			17.63	0.00	17.63	Non-Compliant E-Prescription
			8.47	0.00	8.47	Non-Compliant E-Prescription
			87.99	0.00	87.99	Non-Compliant E-Prescription
		Sub Total	$516.45	$0.00	$516.46	
[redacted]	[redacted]	[redacted]	$11.00	$0.00	$11.00	Not Tamper Resistant
			9.33	0.00	9.33	Not Tamper Resistant
			8.64	0.00	8.64	Not Tamper Resistant
		Sub Total	$28.97	$0.00	$28.97	
			$2,258.83	$969.28	$1,289.55	

*Ajusted dispensing fee and administrative fee from amount paid

APPENDIX C (cont.)

Schedule of Exceptions
CVS Pharmacy #07403
Vendor Number: 465854
Over/Under Payments for Medium Dollar Claims

Client Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
			$752.37	$730.29	$22.08	Incorrect Prescriber ID*
			933.75	908.11	25.64	Incorrect Prescriber ID*
			910.67	886.34	24.33	Incorrect Prescriber ID*
			986.16	959.50	26.66	Incorrect Prescriber ID*
			1,470.45	1,433.54	36.91	Incorrect Prescriber ID*
			676.58	655.97	20.61	Incorrect Prescriber ID*
			1,348.02	1,313.91	34.11	Incorrect Prescriber ID*
			848.20	823.74	24.46	Incorrect Prescriber ID*
			989.70	884.39	105.31	Incorrect Prescriber ID*
			1,063.22	1,034.46	28.76	Incorrect Prescriber ID*
			1,972.86	1,926.39	46.47	Incorrect Prescriber ID*
			676.58	655.97	20.61	Incorrect Prescriber ID*
			739.05	718.07	20.98	Incorrect Prescriber ID*
			832.57	808.91	23.66	Incorrect Prescriber ID*
			934.06	908.14	25.92	Incorrect Prescriber ID*
			934.02	908.11	25.91	Incorrect Prescriber ID*
			958.05	931.67	26.38	Incorrect Prescriber ID*
			718.52	697.10	21.42	Incorrect Prescriber ID*
			672.78	652.26	20.52	Incorrect Prescriber ID*
			684.09	663.12	20.97	Incorrect Prescriber ID*
			985.30	959.50	25.80	Incorrect Prescriber ID*
			985.30	959.50	25.80	Incorrect Prescriber ID*
			958.05	931.67	26.38	Incorrect Prescriber ID*
		Sub Total	$22,030.35	$21,350.66	$679.69	

APPENDIX C (cont.)

Schedule of Exceptions
CVS Pharmacy #07403
Vendor Number: 465854
Over/Under Payments for Medium Dollar Claims

Client Number	Prescription Number	Fill Date	Amount Paid	Audited Cost	Over/(Under) Payments	Comments
			$682.36	$661.43	$20.93	Non-Compliant Transfer Prescription*
			682.58	661.43	21.15	Non-Compliant Transfer Prescription*
		Sub Total	$1,364.94	1,322.86	$42.08	
			$1,694.97	$0.00	$1,694.97	Not Tamper Resistant
			2,097.38	0.00	2,097.38	Not Tamper Resistant
			1,694.97	0.00	1,694.97	Not Tamper Resistant
			1,499.83	0.00	1,499.83	Not Tamper Resistant
		Sub Total	$6,987.15	$0.00	$6,987.15	
			$1,896.99	$0.00	$1,896.99	Unauthorized Refill
		Sub Total	$1,896.99	$0.00	$1,896.99	
			$879.12	$0.00	$879.12	Non-Compliant C-II Prescription
		Sub Total	$879.12	$0.00	$879.12	
			$33,158.55	$22,673.52	$10,485.03	

*Ajusted dispensing fee and administrative fee from amount paid

APPENDIX D

REPORT DISTRIBUTION

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