



Final Audit Report

ReCept Pharmacy #31

NPI: 1063574952

OIG Report No. AUD-24-025

Report Date

August 15, 2024





Executive Summary

In coordination with the Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG), Myers and Stauffer LC (Myers and Stauffer) has completed the performance audit of ReCept Pharmacy #31 (Provider). The purpose of the performance audit was to determine whether managed care organization (MCO) encounter pharmacy claims billed and paid under the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies, and contractual requirements.

We conducted this audit in accordance with the performance audit provisions of Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to sufficiently obtain 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.

The purpose of this performance audit report is to clearly communicate the results of the audit to those charged with governance, Provider management, and the appropriate oversight officials.

The audit focused on certain MCO encounter pharmacy claims with dates of service during September 1, 2020, through August 31, 2022. The audit identified that 44 of the 96 reviewed MCO encounter pharmacy claims included in the audit did not comply with relevant policies. This includes claims having prescription labels that did not contain the prescriber's exact directions and the pharmacy dispensing less than the quantity prescribed.



Background and Criteria

HHSC-OIG contracted Myers and Stauffer to conduct audits of Medicaid claims billed by providers and paid by the state Medicaid program. Myers and Stauffer was engaged to perform a claims audit of ReCept Pharmacy #31 (Provider). The audit focused on MCO encounter pharmacy claims having dates of service during the period September 1, 2020, through August 31, 2022.

The Provider is a chain pharmacy located at 4703 Richmond Avenue, Suite E, Houston, TX 77027 and is currently known as Encore Pharmacy #31. The Provider employs clinical staff to manage patients with complex chronic conditions such as hepatitis, human immunodeficiency virus, and multiple sclerosis, while also assisting with neurology, oncology, pain management, transplant and all other ancillary medications.

Pharmacies receive, process, and dispense prescription drug or medication orders. Texas pharmacies must enroll with the HHSC Vendor Drug Program (VDP) prior to dispensing outpatient prescriptions to Medicaid managed care enrollees. HHSC contracts with MCOs licensed by the Texas Department of Insurance and pays them a monthly amount to coordinate health services for Medicaid clients enrolled in their health plan. The health plans contract directly with doctors and other health care providers to create provider networks their members can use. The health plans are required to provide all covered, medically-necessary services to their members.

Claims for MCO pharmacies enrolled in the HHSC VDP should comply with the Texas Administrative Code (TAC); United States Code, including the False Claims Act and Controlled Substances Act (CSA); Texas Controlled Substances Act; Uniform Managed Care Manual, Texas State Board of Pharmacy (TSBP) rules, and MCO rules, if applicable.

Audit Objective

The objective of the claims audit is to determine whether pharmacy claims billed to, and paid under, the state Medicaid program were in accordance with applicable state and federal Medicaid laws, regulations, rules, policies and contractual requirements. The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements tested were agreed to by HHSC-OIG in the approved audit test plan.

Sampling Overview

For the period January 1, 2018, through December 31, 2021, HHSC-OIG developed algorithms to identify risk areas for Texas Medicaid providers. The algorithms identified \$13,396,770 at risk of \$14,160,757 total pharmacy payments to the Provider. HHSC-OIG provided all at risk fee-for-service and MCO encounter claims within the total payment population to Myers and Stauffer for review. HHSC-OIG subsequently provided MCO encounter data to Myers and Stauffer for audit purposes covering the period September 1, 2020, through August 31, 2022, totaling \$8,296,103 in provider reimbursement.



The claims data was further analyzed and the audit universe was established to only include certain medications for the following MCOs (pharmacy benefit managers [PBMs] during the period of review are also noted):

- Amerigroup (PBM: IngenioRx/Caremark).
- UnitedHealthcare (PBM: OptumRx).

The following medications were included in the claims universe:

- Eplclusa 400-100 mg Tablet.
- Mavyret 100-400 mg Tablet.
- Ribavirin 200 mg Tablet.
- Vosevi 400-100-100 mg Tablet.

The final claims universe consisted of 3,564 claims for 203 unique recipients (some members are included in more than one MCO health plan) for which the Provider was reimbursed \$6,761,077. The sample included 96 claims for 95 unique recipients for which the Provider was reimbursed \$1,841,195. A summary of the claims universe and sample broken out by MCO is as follows:

- **Amerigroup:** Universe included 2,103 claims for 75 unique recipients for which the Provider was reimbursed \$2,398,244. The sample included 29 claims for 29 unique recipients for which the Provider was reimbursed \$564,472.
- **UnitedHealthcare:** Universe included 1,461 claims for 132 unique recipients for which the Provider was reimbursed \$4,362,833. The sample included 67 claims for 66 unique recipients for which the Provider was reimbursed \$1,276,723.

Audit Process

Scope

The scope of this audit included the review of Medicaid MCO encounter pharmacy claims with dates of service during the period September 1, 2020, through August 31, 2022.

Testing of the PBM's claims processing system is outside the scope of the audit. As such, if the claims adjudicated for payment through the PBM's claims processing system, it was assumed the drug prescribed/dispensed was included in the Texas Drug Code Index.

In gaining an understanding of internal controls, Myers and Stauffer limited the review to the Provider's overall internal control structure significant to the audit objectives. Myers and Stauffer determined significant internal controls to the audit objective include:

- **Control Environment:** The foundation for an internal control system. It provides the discipline and structure to help an entity achieve its objectives.



- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system, which includes the entity's information system.
- **Monitoring:** Activities management establishes and operates to assess the quality of performance over time and promptly resolve the findings of audits and other reviews.

Methodology

Myers and Stauffer conducted this performance audit in accordance with GAGAS and applicable TAC rules, including 1 TAC §371.1719 and 1 TAC §354.1891, as appropriate. Those standards require that the audit is planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. Audit testing was performed to verify compliance in the following areas:

- Verified pharmaceuticals were dispensed by a licensed pharmacist by obtaining and reviewing licensing documentation for all dispensing pharmacists during the period under review.
- Verified pharmaceuticals were prescribed by a practitioner licensed to prescribe legend drugs by obtaining and reviewing documentation of prescriber's licensing and original signed prescriptions.
- Verified claims included the prescriber's correct identification number by obtaining and reviewing the pharmacy claims data and original prescription.
- Verified original prescription met documentation requirements by obtaining and reviewing original signed prescriptions and documentation of telephone orders and faxed orders, if applicable.
 - Verified original prescription conformed to the TSBP rules concerning records to be maintained by a pharmacy.
 - Verified original prescription was signed.
 - Verified initials or identification code of the transcribing pharmacist was documented if the prescription order was communicated orally or telephonically.
 - Verified faxed prescriptions included a statement indicating the prescription had been faxed (e.g., "Faxed To:").
 - Verified prescriptions for covered pharmaceuticals submitted to a pharmacy in written form were executed on tamper-resistant prescription paper.
 - Verified original prescription included the following information:
 - Name and address of the recipient



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- Name of the prescriber and their work address.
 - Name and strength of the drug prescribed.
 - Quantity prescribed.
 - Directions for use.
 - Date of issuance.
 - Verified pharmacist documented the following on either the original hardcopy prescription or in the pharmacy's data processing system when the prescription is dispensed:
 - Unique identification number of the prescription drug order.
 - Initials or identification number of the dispensing pharmacist.
 - Quantity dispensed (if different from the quantity prescribed).
 - Date of dispensing (if different from the date of issuance).
 - National Drug Code of the drug actually dispensed.
 - Name of the drug actually dispensed (if different from the one prescribed).
 - Verified pharmacist dispensed and billed drugs safely and accurately, as prescribed, by obtaining and reviewing the original signed prescription and prescriber authorizations as needed.
 - Verified that only authorized drugs were dispensed and billed.
 - Verified substitutions were authorized by the prescribing physician and the substituted drug was dispensed accurately as prescribed.
 - Verified prescriptions were properly documented when a brand was necessary.
 - Verified the prescribed and dispensed drug was picked up by the recipient/recipient's guardian by reviewing signed prescription pick-up logs.
 - Verified quantity dispensed was the same as the quantity prescribed and billed, except as limited by HHSC's policies and procedures, by obtaining and reviewing the original signed prescription and pharmacy claims data.
 - Verified prescription label met documentation requirements by obtaining and reviewing the prescription back tag.

In addition, inquiries; observations; inspection of documents and records; review of other audit reports; and/or direct tests were performed to assess the design, implementation and/or operating effectiveness of controls determined significant to the audit objectives stated in the scope.



Audit Results

Myers and Stauffer believes the evidence obtained during the course of the claims audit provides a reasonable basis for the findings and conclusions based on the audit objective. The audit was not intended to discover all possible errors and any errors not identified within this report should not lead to a conclusion the practice is acceptable. Due to the limited nature of the review, no inferences should be drawn from this report with respect to the Provider’s overall level of performance.

Findings

Myers and Stauffer identified findings on 44 of 96 pharmacy claims. The findings for the claims universe are listed in detail in Appendix A. The summary of findings and supporting policies follows in the table below:

List of Findings and Supporting Policies				
Finding No.	Finding Type	Finding Definition	Number of Claims with Finding	Supporting Policy
1	Incorrect Directions For Use	The directions for use printed on the prescription label do not match the directions for use written on the original prescription order by the prescriber.	29	22 TAC §291.31(1) 22 TAC §291.32(c)(1)(F) 22 TAC §291.34(b)(1)(A) 22 TAC §291.34(l)
2	Quantity Dispensed Less Than Prescribed	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.	24	22 TAC §291.31(1) 22 TAC §291.32(c)(1)(F) 22 TAC §291.34(b)(1)(A) 22 TAC §291.34(l) 1 TAC §354.1901(b) OptumRx Pharmacy Provider Manual 2020 and 2022

A lack of internal controls has been identified as a contributing cause of all findings included in the table above. The Provider has not placed enough emphasis on designing, implementing, and effectively operating internal controls, to include ensuring the prescriber’s complete and accurate directions for use are included on the prescription label and quantities prescribed were dispensed in accordance with PBM guidelines. It does not appear that the Provider had controls in place to adequately review and document that the billed services were provided in accordance with required regulations. A lack of policies and/or oversight of established policies creates an environment in which management or personnel are unable to achieve the applicable control objectives and address related risks.



Management's Response

A draft copy of this report was sent to the Provider on July 29, 2024. An exit conference was held on August 2, 2024, to discuss the preliminary findings. During the exit conference, and in their subsequent response to the Draft Audit Report submitted on August 12, 2024, the Provider stated the following in connection with the individual findings:

- **Finding No. 1 - Incorrect Directions for Use:** The Provider stated the labeling was correct and appropriate and provided two examples. In the first example, the prescriber's directions indicated to take "3 tablets by mouth daily"; however the prescription label stated "3 tablets taken at the same time once daily with food" which is Food and Drug Administration (FDA) approved labeling for Mavyret 100-400 mg tablets. In the second example, the prescriber's directions indicated, "take 3 tablets by mouth daily for 28 days"; however, the prescription label stated "3 tablets by mouth every day". The Provider stated that although the directions specify for the patient to take the medication for only 28 days, the prescription has one refill and the FDA recommended treatment duration is eight weeks. If the pharmacist had labeled the initial fill bottle with "for 28 days", the patient could have erroneously stopped therapy early.
- **Finding No. 2 - Quantity Dispensed Less Than Prescribed:** The Provider stated that prescriptions are routinely dispensed for less than prescribed by all Medicaid contracted pharmacies for various reasons including plan limitations, stock on hand, patient request and costs. In addition, they have only ever billed the quantities dispensed and do not believe the changes to a quantity less than prescribed constitutes a finding of a lack of internal controls. The Provider stated there is no requirement to obtain physician approval when the quantity deviates from the prescribed quantity.
- **Finding No. 3 - Refill Not Accurately Reflected on the Label:** The Provider stated that when reprinting the labels for the audit request from their pharmacy software system, the number of refills indicated represented the number of refills remaining at the time of the printing, not at the time of the fill.

In their response, the Provider objected to all questioned claims and submitted additional documentation for all 95 claims with findings identified in the Draft Audit Report.

Revised Findings Based on Management's Response

After reviewing the Provider's response and the additional documentation submitted, the findings were revised resulting in the number of questioned pharmacy encounter claims decreasing from the 95 identified in the Draft Audit Report to 44 claims. Findings were revised as follows:

- After reviewing the Provider's response for the finding of incorrect directions for use, one finding was rescinded from the Draft Audit Report. The remaining findings were not revised from the Draft Audit Report. These findings were upheld due to the Provider failing to support consultation with the prescriber prior to changing the directions to be indicated on the



prescription label. If the pharmacist questions the accuracy of the prescription drug order based on their professional judgement, the pharmacist should consult with the practitioner to verify the order and document the consultation. However, no documentation was provided to indicate the pharmacist consulted with the practitioner prior to deviating from the instructions on the original prescription.

- After reviewing the Provider's response for the finding of quantity dispensed less than prescribed, the findings were not revised from the Draft Audit Report. The findings were upheld due to HHSC-OIG confirming that the PBM had no dispensing limitations during the period of review. In addition, no documentation was provided to support why the quantity prescribed was not dispensed or that the pharmacist consulted with the prescriber prior to dispensing an amount that deviated from the original prescription per PBM guidelines.
- After review of the Provider's response and documentation submitted for the finding of refills not accurately reflected on the label, all findings were rescinded as the documentation supported that refills were accurately reflected on the claims in question.

Final Determination of Overpayment

The Medicaid-paid claims with an identified finding are listed in detail in Appendix A of this report. The corresponding overpayment amount in Appendix A is only applicable to the sampled claims Myers and Stauffer reviewed during the audit. The overpayment calculated from our sample is \$31.45. The sample was not confirmed to be representative of the universe; therefore, it would not be appropriate to project the test results to the universe.

The total amount due to HHSC-OIG is \$31.45 for the claims included in this audit. Based on the findings cited in this Final Audit Report, the Provider is directed to:

- Remit the overpayment in the amount of \$31.45 pursuant to 1 TAC §371.1719, Recoupment of Overpayments Identified by Audit, 1 TAC §354.1891, Vendor Drug Providers Subject to Audit, and §354.1892, Exception Notification. Payment is to be made to HHSC-OIG.
- Comply with all state and federal Medicaid laws, regulations, rules, policies and contractual requirements.



Appendix A - Detailed Findings

Recept Pharmacy #31
Project Number 028
NPI 1063574952

Original Claims Information														Audit Determination					
Sample Line Number	Claims Universe	State Issued Medicaid ID	Member Full Name	Claim Number	Prescription Number	Prescribing Provider NPI	Prescribing Provider Name	Drug Name	National Drug Code	Date of Service	Date Prescribed	Quantity Dispensed	Dispensing Fee	Total Reimbursed Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Corrected Claim Payment	Overpayment Amount
4	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85
5	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
6	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$23,625.01	INCORRECT DIRECTIONS FOR USE QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$23,624.16	\$0.85
7	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,670.80	\$0.85
11	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$13,068.00	\$0.85
12	Amerigroup							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.15	\$12,672.15	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$12,672.00	\$0.15
13	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$12,514.45	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$12,513.60	\$0.85
14	Amerigroup							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.15	\$12,672.15	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$12,672.00	\$0.15
15	Amerigroup							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.15	\$23,923.35	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$23,923.20	\$0.15
16	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$12,514.45	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$12,513.60	\$0.85
20	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
22	Amerigroup							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.15	\$23,923.35	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$23,923.20	\$0.15
24	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$13,068.00	\$0.85
25	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$23,625.01	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$23,624.16	\$0.85
27	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$13,068.00	\$0.85
28	Amerigroup							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.15	\$12,672.15	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$12,672.00	\$0.15
31	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$23,625.01	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$23,624.16	\$0.85
32	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$13,068.00	\$0.85
33	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
34	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
38	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$12,514.45	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$12,513.60	\$0.85
39	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
40	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
44	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85
45	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85
49	UnitedHealthcare							MAVYRET 100-40 MG TABLE	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85
50	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,670.80	\$0.85
55	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85
57	Amerigroup							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.15	\$23,923.35	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$23,923.20	\$0.15
59	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,670.80	\$0.85
60	Amerigroup							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.15	\$23,923.35	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$23,923.20	\$0.15
67	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,670.80	\$0.85
71	UnitedHealthcare							EPCLUSA 400 MG-100 MG TABLE	61958220101			28	\$0.85	\$24,671.65	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,670.80	\$0.85



Appendix A - Detailed Findings

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Project Number 028
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Sample Line Number	Claims Universe	State Issued	Prescription	Prescribing	Prescribing Provider	Drug Name	National Drug Code	Date of Service	Date Prescribed	Quantity Dispensed	Dispensing Fee	Total Reimbursed Amount	Finding Type	Supporting Policy Reference	Recoupment Type	Corrected Claim Payment	Overpayment Amount	
72	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85	
73	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$12,514.45	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$12,513.60	\$0.85	
74	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$13,068.85	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$13,068.00	\$0.85	
75	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85	
76	UnitedHealthcare					EPCLUSA 400 MG-100 MG TABLET	61958220101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85	
77	UnitedHealthcare					VOSEVI 400-100-100 MG TABLET	61958240101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85	
79	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$13,068.85	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$13,068.00	\$0.85	
83	UnitedHealthcare					MAVYRET 100-40 MG TABLET	00074262528			84	\$0.85	\$12,514.45	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$12,513.60	\$0.85	
86	Amerigroup					EPCLUSA 400 MG-100 MG TABLET	61958220101			28	\$0.15	\$23,923.35	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$23,923.20	\$0.15	
88	Amerigroup					EPCLUSA 400 MG-100 MG TABLET	61958220101			28	\$0.50	\$24,626.44	INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	\$24,625.94	\$0.50	
90	UnitedHealthcare					VOSEVI 400-100-100 MG TABLET	61958240101			28	\$0.85	\$24,671.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	\$24,670.80	\$0.85	
													INCORRECT DIRECTIONS FOR USE					
Amerigroup											\$1.70	\$182,259.64				\$182,257.94	\$1.70	
UnitedHealthcare											\$29.75	\$625,539.83				\$625,510.08	\$29.75	
Totals											\$31.45	\$807,799.47				\$807,768.02	\$31.45	



Legends

Finding Type	Policy Reference	Recoupment Type	Definition
INCORRECT DIRECTIONS FOR USE	A, B, E, F	1	The directions for use printed on the prescription label do not match the directions for use written on the original prescription order by the prescriber.
QUANTITY DISPENSED LESS THAN PRESCRIBED	A, B, C, D, E, F	1	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.

Recoupment Type	Recoupment Type
1	Partial Recoupment (Dispensing Fee Only)

Reference	Supporting Policy	Policy
A	22 TAC §291.31(1)	(1) Accurately as prescribed--Dispensing, delivering, and/or distributing a prescription drug order: (A) to the correct patient (or agent of the patient)for whom the drug or device was prescribed; (B) with the correct drug in the correct strength, quantity, and dosage form ordered by the practitioner; and (C) with correct labeling (including directions for use) as ordered by the practitioner. Provided, however, that nothing herein shall prohibit pharmacist substitution if substitution is conducted in strict accordance with applicable laws and rules, including Chapter562 of the Texas Pharmacy Act.
B	22 TAC §291.32(c)(1)(F)	(F) A dispensing pharmacist shall be responsible for and ensure that the drug is dispensed and delivered safely and accurately as prescribed, unless the pharmacy's data processing system can record the identity of each pharmacist involved in a specific portion of the dispensing processing. If the system can track the identity of each pharmacist involved in the dispensing process, each pharmacist involved in the dispensing process shall be responsible for and ensure that the portion of the process the pharmacist is performing results in the safe and accurate dispensing and delivery of the drug as prescribed. The dispensing process shall include, but not be limited to, drug regimen review and verification of accurate prescription data entry, including prescriptions placed on hold, packaging, preparation, compounding, transferring, labeling, and performance of the final check of the dispensed prescription. An intern has the same responsibilities described in this subparagraph as a pharmacist but must perform his or her duties under the supervision of a pharmacist.
C	1 TAC §354.1901(b)	(b) Providers must dispense the quantity prescribed or ordered by the prescriber except as limited by the policies and procedures described in the Commission's pharmacy provider procedure manual, or as allowed by §354.1868 of this subchapter (relating to Exceptions in Disasters). Where the actual quantity dispensed deviates from the prescribed quantity, the provider must bill for the amount actually dispensed. The quantity of drugs must be entered in the metric decimal quantity field. The quantity shown as the metric decimal quantity unit must be calculated after referencing the pricing unit shown in the Texas Drug Code Index.
D	OptumRx Pharmacy Provider Manual 2020 and 2022	Network Pharmacy Provider may only submit Claims to Administrator for Drug Products properly labeled and dispensed in accordance with the Prescription order for the Drug Product. Network Pharmacy Providers must enter a quantity dispensed that is consistent with the prescribed directions for use and billed days' supply. The quantity dispensed must reflect the exact metric decimal quantity, without rounding. If the quantity to be dispensed is uncertain, Network Pharmacy Provider must contact the Prescriber to determine the appropriate amount to dispense and document said amount on the original, hard-copy Prescription.
E	22 TAC §291.34(b)(1)(A)	(A) Pharmacists shall exercise sound professional judgment with respect to the accuracy and authenticity of any prescription drug order they dispense. If the pharmacist questions the accuracy or authenticity of a prescription drug order, he/she shall verify the order with the practitioner prior to dispensing.
F	22 TAC §291.34(l)	(l) Documentation of consultation. When a pharmacist, pharmacist-intern, or pharmacy technician consults a prescriber as described in this section, the individual shall document such occurrences on the hard copy or in the pharmacy's data processing system associated with the prescription and shall include the following information: (1) date the prescriber was consulted; (2) name of the person communicating the prescriber's instructions; (3) any applicable information pertaining to the consultation; and (4) initials or identification code of the pharmacist, pharmacist-intern, or pharmacy technician performing the consultation clearly recorded for the purpose of identifying the individual who performed the consultation if the information is recorded on the hard copy prescription.