

Audit Report

Managed Care Pharmacy Encounters Paid to Omnicare Pharmacy

A Managed Care Network Provider
Contracted Under Superior HealthPlan, Inc.,
UnitedHealthcare Community Plan of
Texas, L.L.C., and UnitedHealthcare
Insurance Company, Inc.



**Inspector
General**

Texas Health
and Human Services

August 28, 2024

OIG Report No. AUD-24-029



Managed Care Pharmacy Encounters Paid to Omnicare Pharmacy

A Managed Care Network Provider Contracted Under Superior HealthPlan, Inc., UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc.

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of Omnicare Pharmacy (Omnicare) for prescriptions dispensed to Superior HealthPlan, Inc. (Superior HealthPlan), UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc., (UnitedHealthcare) members. Pharmacy audits are conducted to verify that Texas Medicaid members have access to vital medications in accordance with contractual, state, and federal requirements.

During the period from March 1, 2020, through August 31, 2022, Omnicare was paid (a) \$1,195,255.02 for 22,864 Texas Medicaid managed care encounters for prescriptions dispensed to Superior HealthPlan members and (b) \$679,712.75 for 7,481 Texas Medicaid managed care encounters for prescriptions dispensed to UnitedHealthcare members.

Summary of Review

The audit objective was to determine whether Omnicare (a) properly dispensed prescriptions associated with selected encounters for Texas Medicaid members enrolled with Superior HealthPlan and UnitedHealthcare and (b) complied with applicable contractual, state, and federal requirements.

The audit scope covered the period from March 1, 2020, through August 31, 2022.

Conclusion

Omnicare Pharmacy (Omnicare) filled and dispensed prescriptions for Texas Medicaid members; however, Omnicare did not consistently comply with certain requirements for dispensing medication, confirming medication delivery, providing instructions for use, and accurately submitting claims. As a result, Omnicare was overpaid and should repay \$2,275.44 to the state of Texas.

Key Results

Omnicare correctly dispensed prescriptions for 274 of 319 pharmacy encounters tested. However, Omnicare did not consistently comply with certain requirements. Specifically, Omnicare submitted:

- One claim with a prescription order that was not signed by the prescriber, resulting in an overpayment totaling \$287.26.
- Three claims for medications it dispensed more than one year after the prescription issuance date, resulting in an overpayment totaling \$539.65.
- Three claims that were missing confirmation of medication delivery, resulting in an overpayment of \$1,448.53.
- One claim with a dispensing label with inaccurate instructions for use.
- Forty-one claims with incorrect prescription issuance dates.

Background

Omnicare is a community-based, closed-door pharmacy located in San Antonio, Texas, that provides pharmacy services for Superior HealthPlan and UnitedHealthcare, which are managed care organizations (MCOs). For pharmacy benefit manager (PBM) services to process outpatient pharmacy claims, Superior HealthPlan works with Envolve, Inc., and UnitedHealthcare works with OptumRx, Inc.

To participate in Texas Medicaid, pharmacy providers must enroll with the Texas Health and Human Services Commission (HHSC) before providing outpatient prescription services and participating in any managed care network. MCOs must allow any Medicaid-enrolled pharmacy provider willing to accept the terms and conditions of the MCO or PBM contract to enroll in the network.

Management Response

Omnicare agreed with the audit recommendations and indicated corrective actions would be implemented immediately.

Recommendations

Omnicare should:

- Improve its dispensing processes to verify each medication dispensed has (a) a signed, current prescription order and (b) documentation of medication delivery for submitted claims.
- Implement a process to verify dispensing labels contain the correct instructions for use.
- Update its claim submission process to verify it submits the correct prescription issuance date for each prescription.

Additionally, Omnicare was overpaid and should repay \$2,275.44 to the state of Texas.

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Audit Overview

Overall Conclusion

Omnicare Pharmacy (Omnicare) filled and dispensed prescriptions for Texas Medicaid members; however, Omnicare did not consistently comply with certain requirements for dispensing medication, confirming medication delivery, providing instructions for use, and accurately submitting claims.¹ As a result, Omnicare was overpaid and should repay \$2,275.44 to the state of Texas.

Key Audit Results

Omnicare correctly dispensed prescriptions for 274 of 319 pharmacy encounters² tested. However, Omnicare did not consistently comply with certain requirements. Specifically, Omnicare submitted:

- One claim with a prescription order that was not signed by the prescriber, resulting in an overpayment totaling \$287.26.
- Three claims for medications it dispensed more than one year after the prescription issuance date, resulting in an overpayment totaling \$539.65.
- Three claims that were missing confirmation of medication delivery, resulting in an overpayment of \$1,448.53.
- One claim with a dispensing label with inaccurate instructions for use.
- Forty-one claims with incorrect prescription issuance dates.

Objective

The audit objective was to determine whether Omnicare (a) properly dispensed prescriptions associated with selected encounters for Texas Medicaid members enrolled with Superior HealthPlan, Inc., UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc., and (b) complied with applicable contractual, state, and federal requirements.

Scope

The audit scope covered the period from March 1, 2020, through August 31, 2022.

¹ In the context of this report, Omnicare submits claims, which are the basis of encounters submitted to the Texas Health and Human Services Commission (HHSC) by Superior HealthPlan, Inc., UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc., all of which are managed care organizations (MCOs).

² Pharmacy encounters are detailed records about individual services delivered by a pharmacy for any capitated services provided to an eligible member. The data is submitted to HHSC by the MCO.

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) offered recommendations to Omnicare, which, if implemented, will improve dispensing accuracy and compliance with contractual, Texas Administrative Code, and federal requirements.

The "Detailed Audit Results" section of this report presents additional information about the audit results and is considered written education in accordance with Texas Administrative Code.³ In addition, other audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,⁴ including administrative penalties.⁵

OIG Audit communicated other, less significant issues to Omnicare in a separate written communication.

OIG Audit presented preliminary audit results, issues, and recommendations to Omnicare in a draft report dated August 9, 2024. Omnicare agreed with the audit recommendations and indicated corrective actions would be implemented immediately. Omnicare's management responses are included in the report following each recommendation.

OIG Audit recognizes the unique challenges that Omnicare faced as a result of the COVID-19 public health emergency, which occurred during the audit scope period. OIG Audit thanks management and staff at Omnicare for their cooperation and assistance during this audit.

Key Program Data

Omnicare is a community-based, closed-door pharmacy⁶ located in San Antonio, Texas, that provides pharmacy services for Superior HealthPlan, Inc. (Superior

What Prompted This Audit

Pharmacy audits are conducted to verify that Texas Medicaid members have access to vital medications in accordance with contractual, state, and federal requirements.

³ 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

⁴ 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

⁵ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

⁶ A closed-door pharmacy does not serve the public and fills medication orders for long-term care facilities.

HealthPlan), UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc. (UnitedHealthcare),⁷ all of which are managed care organizations (MCOs).⁸ For pharmacy benefit manager (PBM) services to process outpatient pharmacy claims, Superior HealthPlan works with Envolve, Inc. (Envolve), and UnitedHealthcare works with OptumRx, Inc. (OptumRx).⁹

To participate in Texas Medicaid, pharmacy providers must enroll with the Texas Health and Human Services Commission (HHSC) before providing outpatient prescription services and participating in any managed care network. MCOs must allow any Medicaid-enrolled pharmacy provider willing to accept the terms and conditions of the MCO or PBM contract to enroll in the network.^{10,11}

During the audit scope, which covered the period from March 1, 2020, through August 31, 2022, Omnicare was paid (a) \$1,195,255.02 for 22,864 Texas Medicaid managed care encounters for prescriptions dispensed to Superior HealthPlan members and (b) \$679,712.75 for 7,481 Texas Medicaid managed care encounters for prescriptions dispensed to UnitedHealthcare members.

⁷ UnitedHealthcare Community Plan of Texas, L.L.C. is the UnitedHealthcare affiliate MCO responsible for compliance with the Uniform Managed Care Contract and responsible for the Texas Medicaid STAR and STAR+PLUS programs. UnitedHealthcare Insurance Company, Inc. is the UnitedHealthcare affiliate MCO responsible for compliance with the STAR Kids Managed Care Contract. For the purposes of this report, UnitedHealthcare Community Plan of Texas, L.L.C., and UnitedHealthcare Insurance Company, Inc., are referenced together with the combined abbreviation "UnitedHealthcare."

⁸ An MCO is an organization that delivers and manages health care services under a risk-based arrangement. The MCO receives a monthly premium or capitation payment for each managed care member enrolled, based on a projection of what health care for the typical individual would cost.

⁹ Appendix C provides additional details about the business relationships involved in delivering managed care pharmacy benefits to Texas Medicaid members whose prescriptions were dispensed by Omnicare.

¹⁰ 1 Tex. Admin. Code §§ 353.905(d) (Sept. 1, 2013) and 353.909(a) (Sept. 1, 2014).

¹¹ Texas Vendor Drug Program Pharmacy Provider Procedure Manual, § P-3, <https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-3-enrollment> (accessed July 13, 2023).

Auditing Standards

Generally Accepted Government Auditing Standards

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.

Detailed Audit Results

OIG Audit reviewed a total of 319 pharmacy encounters, which consisted of 120 opioid encounters and 199 non-opioid encounters. OIG Audit (a) compared the prescriber's original prescriptions with the medication dispensing labels to determine whether Omnicare submitted accurate pharmacy claim data and (b) compared the medication dispensing label to the encounter data to determine whether billing was accurate.

Overall, Omnicare dispensed and billed 274 of the 319 pharmacy encounters tested accurately and complied with requirements for providing the correct dispense as written (DAW) code,¹² fill date, and medication strength on the claims data and dispensing labels.

Additionally, for all 149 pharmacy encounters tested for controlled substances, Omnicare met (a) timing requirements for filling the associated prescriptions and (b) the specific requirements for filling Schedule II medications. For all compounded encounters tested, Omnicare maintained compounding logs with all required information and demonstrated that all pharmacists and technicians who participated in compounding had completed compounding training.

However, Omnicare did not consistently comply with certain requirements for dispensing medication, providing instructions for use, and accurately submitting claims.

Table 1 on the following page summarizes the number of errors identified and the associated recovery amounts by finding type. The recovery claims column includes the number of claims in exception for each issue, and a claim may be included more than once.

¹² DAW codes are numerical values from 0 to 9 that are submitted with each pharmacy encounter to indicate whether the prescriber required a brand name drug or a generic drug. If a pharmacist dispenses a prescription differently than prescribed, the DAW code indicates the reason.

Table 1: Summary of Errors and Recoveries by Finding Type

Finding Type	Recovery Claims	Recovery Amount ¹³
Authorization errors	4	\$ 826.91
Dispensing errors	3	1,448.53
Labeling error	1	—
Data submission errors	41	—
Total	49	\$2,275.44

Source: OIG Audit

The following sections of this report provide additional detail about the findings of noncompliance identified by OIG Audit.

¹³ Each claim and associated claim amount is counted and included for recoupment only once. While some claims appeared in multiple issues, none of the claims appeared in more than one claim for recovery.

Chapter 1: Omnicare Met Dispensing Requirements with Seven Exceptions

Omnicare consistently dispensed prescriptions as required; however, Omnicare submitted (a) four unauthorized claims and (b) three claims with dispensing errors related to medication delivery confirmation. As a result, Omnicare received overpayments totaling \$2,275.44.

Authorization

For four claims, Omnicare dispensed medication without a signed, current prescription order. Omnicare does not retain current prescription orders for all of the medications it fills because it relies on the long-term care facilities it serves to maintain this documentation. Additionally, Omnicare continues regular medication refills unless the facility prescriber sends a notice to discontinue the medication.

Prescriber Signature

Omnicare submitted one non-opioid claim with a prescription order that was not signed by the prescriber. As a result of this error, Omnicare received an overpayment totaling \$287.26.

While prescriptions require fewer elements when licensed long-term care facilities administer medication, prescription orders must be signed by the prescriber.^{14,15} When a pharmacy submits a claim without a signed prescription order, the pharmacy cannot demonstrate it dispensed the medication as prescribed for a member that required the medication.

Prescription Issuance Date

Omnicare submitted three non-opioid claims for medication it dispensed more than one year after the prescription issuance date without an authorization from the prescriber. The prescription orders for these three claims were transferred to Omnicare, and Omnicare created a new prescription number and prescription

¹⁴ 22 Tex. Admin. Code § 291.34(b)(7)(C) (June 20, 2019, as amended).

¹⁵ 40 Tex. Admin. Code § 19.1506(a) (May 1, 1995, through Jan. 14, 2021) and 26 Tex. Admin. Code § 554.1506(a) (Jan. 15, 2021).

issuance date from the existing prescription. As a result of these errors, Omnicare received an overpayment totaling \$539.65.

Unless authorized by the prescriber, pharmacies may not dispense refills of prescription orders for dangerous drugs¹⁶ if more than one year has elapsed since the prescription issuance date.¹⁷ When a pharmacy refills a dangerous drug more than one year after the prescription issuance date, the member may receive unneeded medication because the prescription remained valid for a longer period than the prescriber intended.

Medication Delivery Confirmation

Omnicare submitted three claims—one opioid claim and two non-opioid claims—that were missing confirmation of medication delivery. When a pharmacy submits a claim without retaining all necessary documentation to support the claim, the pharmacy cannot demonstrate the member received the medication. As a result of these errors, Omnicare received an overpayment of \$1,448.53.

For the two non-opioid claims, Omnicare’s delivery documentation indicated that no signature was available and classified the delivery as “in transit.” For the remaining opioid claim, Omnicare’s delivery documentation indicated the recipient did not answer the door for the attempted delivery. Omnicare asserted it destroyed the medication associated with the opioid claim.

Pharmacies dispensing prescriptions to Texas Medicaid members must maintain all necessary supporting documentation, including confirmation of medication delivery.¹⁸

¹⁶ Dangerous drugs (a) are non-controlled substances or (b) must include warning language that prohibits dispensing without a prescription.

¹⁷ 22 Tex. Admin. Code § 291.34(b)(8)(B) (June 20, 2019, as amended).

¹⁸ Texas Medicaid Provider Procedures Manual, Vol. 1, § 1.7.3 (Mar. 2020, as amended).

Recommendation 1

Omnicare should improve its dispensing processes to verify each medication dispensed has (a) a signed, current prescription order and (b) documentation of medication delivery for submitted claims.

Management Response

Action Plan

Omnicare will ensure medications are dispensed and distributed in a method consistent with professional standards of pharmacy practice and applicable law and regulation.

Responsible Manager

San Antonio Pharmacist in Charge

Target Implementation Date

Immediately

Chapter 2: Omnicare Complied with Labeling Requirements with One Exception

Omicare consistently complied with labeling requirements; however, for one non-opioid claim, Omnicare printed a dispensing label with inaccurate instructions for use.

Pharmacies issuing prescriptions in the state of Texas must ensure each medication is dispensed and delivered safely and accurately as prescribed, including verifying the accuracy of the dispensing label.¹⁹ At the time of medication delivery, each dispensing container must have a label with instructions for use stated in plain language and printed in an easily readable font size.²⁰

Omicare asserted it printed an incorrect sliding scale on the dispensing label due to the complicated nature of sliding scales for the medication type. When a prescription is dispensed to a member with inaccurate instructions for use, the member may experience adverse health effects.

Recommendation 2

Omicare should implement a process to verify dispensing labels contain the correct instructions for use.

Management Response

Action Plan

An Omnicare pharmacist shall review, check, and verify all order information entered in the dispensing system against the written, electronic, or faxed original order/prescription to determine orders/prescriptions are accurate and clinically appropriate prior to dispensing.

Responsible Manager

San Antonio Pharmacist in Charge

Target Implementation Date

Immediately

¹⁹ 22 Tex. Admin. Code § 291.32(c)(1)(F) (June 20, 2019, as amended).

²⁰ 22 Tex. Admin. Code § 291.33(c)(7)(A)(viii) (Mar. 12, 2019, as amended).

Chapter 3: Omnicare Did Not Consistently Follow Pharmacy Claims Submission Requirements

Omnicare consistently submitted pharmacy claims that followed submission requirements; however, Omnicare incorrectly submitted 41 of 319 (12.9 percent) claims tested—all of which were non-opioid medications—with incorrect prescription issuance dates. Omnicare stated it listed another date related to the prescription as the claimed prescription date instead of the prescription issuance date as required. For example, Omnicare sometimes listed the date (a) the MCO requested it fill the prescription with a brand name medication instead of generic, (b) it received the prescription, or (c) of the original prescription for rollover medications.²¹

Pharmacies are subject to administrative actions or sanctions if they submit a claim for payment for an item for which they knew or should have known the claim was false;²² otherwise, members may receive unneeded medication because the prescription could be valid for a longer period than the prescriber intended.

Recommendation 3

Omnicare should update its claim submission process to verify it submits the correct prescription issuance date for each prescription.

Management Response

Action Plan

Omnicare Verification Pharmacists shall compare the information entered into the dispensing system for a new order by an order entry technician or clinician to the faxed, electronic, or written orders/prescriptions verifying the information.

Responsible Manager

San Antonio Pharmacist in Charge

Target Implementation Date

Immediately

²¹ Rollover medications are associated with electronic orders submitted for previously issued prescriptions.

²² 1 Tex. Admin. Code § 371.1653(1) (May 1, 2016).

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether Omnicare (a) properly dispensed prescriptions associated with selected encounters for Texas Medicaid members enrolled with Superior HealthPlan and UnitedHealthcare and (b) complied with applicable contractual, state, and federal requirements.

The audit scope covered the period from March 1, 2020, through August 31, 2022.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- 1 Tex. Admin. Code § 371.1653 (2016)
- 22 Tex. Admin. Code §§ 291.32 (2019, as amended), 291.33 (2019, as amended), 291.34 (2019, as amended), 291.131 (2018, as amended), 291.133 (2018), 309.3 (2015, as amended), 315.3 (2019, as amended), and 315.5 (2016, as amended)
- 26 Tex. Admin. Code § 554.1506 (2021)
- 40 Tex. Admin. Code § 19.1506 (1995 through 2021)
- Tex. Health & Safety Code §§ 481.074, 481.075, and 481.0755 (2019)
- Texas Medicaid Provider Procedures Manual, Vol. 1 (2020, as amended)

Appendix B: Detailed Methodology

OIG Audit issued an engagement letter to Omnicare on March 6, 2024, providing information about the upcoming audit, and conducted fieldwork from March 7, 2024, through July 9, 2024.

OIG Audit reviewed Omnicare's system of internal controls, including components of internal control,²³ within the context of the audit objectives by:

- Interviewing Omnicare management and staff with oversight responsibilities for the paid claims for Texas Medicaid members.
- Performing selected tests of the relevant documentation, including original prescriptions, dispensing labels, compounding logs, compounding training, and medication delivery confirmations.

Data Reliability

OIG Audit assessed the reliability of encounter data provided by the OIG Fraud Analytics and Data Operations division (FADO) and confirmed reliability during fieldwork using information from prescriptions and dispensing labels provided by Omnicare. OIG Audit determined that the data was sufficiently reliable for the purpose of this audit.

Testing Methodology

OIG Audit collected information for this audit through interviews and electronic communications with Omnicare management and staff. OIG Audit reviewed supporting documentation for the samples of 319 pharmacy encounters—which included 120 opioid encounters and 199 non-opioid encounters—reported by MCOs from claims submitted to UnitedHealthcare and Superior HealthPlan during the audit scope period.

²³ For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

For this audit, OIG Audit used a population of paid pharmacy encounters with service dates ranging from March 1, 2020, through August 31, 2022.

Sampling Methodology

OIG Audit tested 319 pharmacy encounters for Omnicare. Specifically, OIG Audit tested four statistically valid random samples that were selected using RAT-STATs software from the encounter population for Omnicare. OIG statisticians selected these statistically valid random samples of Omnicare encounters to test for completeness and accuracy. These were made up of separate samples for each of the MCOs. OIG Audit selected this sample design to ensure the samples included both (a) opioids and (b) non-opioids.

The statistically valid random samples were designed to be representative of the population, and therefore, it is appropriate to project the results of these samples to the populations; however, OIG Audit did not extrapolate to the population.

Table B.1 provides details about the opioid and non-opioid pharmacy encounters OIG Audit reviewed for each MCO.

Table B.1: Encounters Reviewed by OIG Audit

MCO	Opioid Encounters	Non-Opioid Encounters	Total Encounters Reviewed
Superior HealthPlan	60	90	150
UnitedHealthcare	60	109	169
Total	120	199	319

Source: OIG Audit

Superior HealthPlan Opioid

From the population of Superior HealthPlan opioid drug prescriptions submitted by Omnicare during the audit scope, OIG statisticians selected a statistically valid random sample of 60 pharmacy encounters.

Superior HealthPlan Non-Opioid

From the population of Superior HealthPlan non-opioid drug prescriptions submitted by Omnicare during the audit scope, OIG statisticians selected a statistically valid random sample of 90 pharmacy encounters.

UnitedHealthcare Opioid

From the population of UnitedHealthcare opioid drug prescriptions submitted by Omnicare during the audit scope, OIG statisticians selected a statistically valid random sample of 60 pharmacy encounters.

UnitedHealthcare Non-Opioid

From the population of UnitedHealthcare non-opioid drug prescriptions submitted by Omnicare during the audit scope, OIG statisticians selected a statistically valid random sample of 109 pharmacy encounters.

Sample Testing

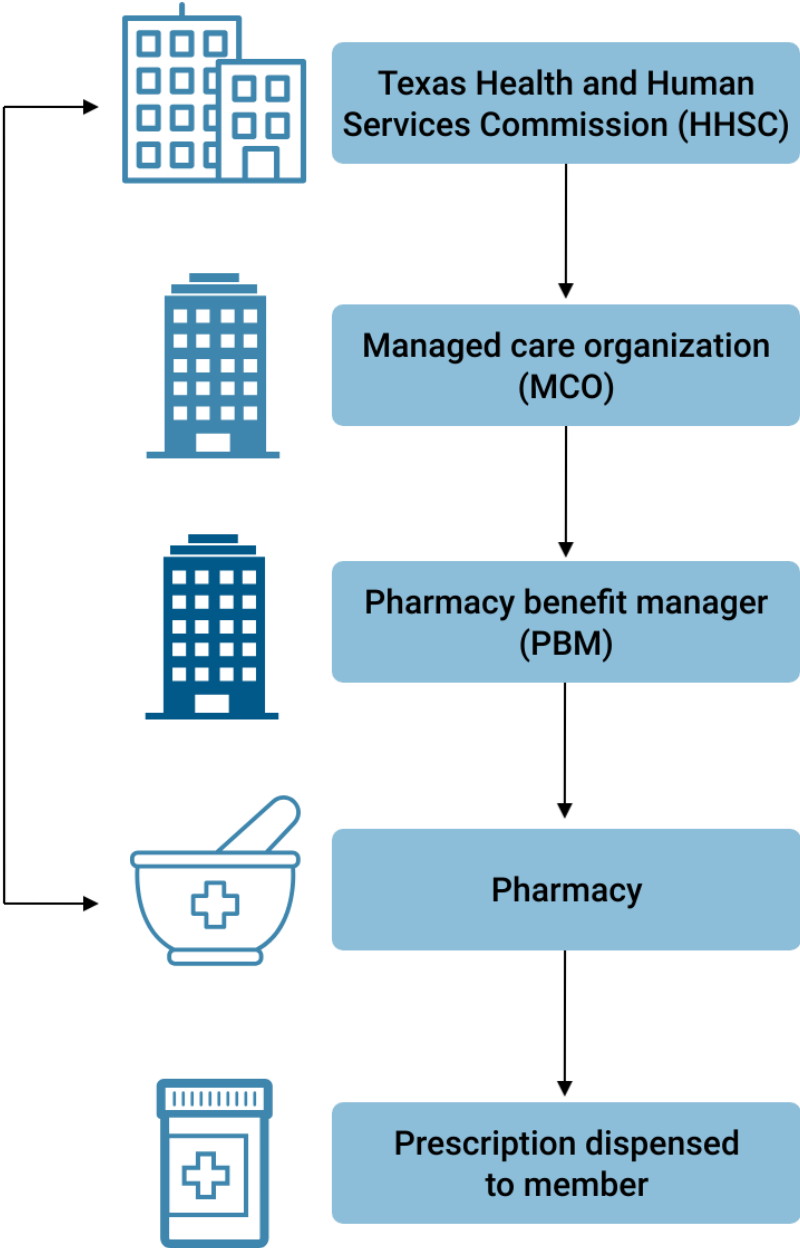
OIG Audit verified supporting documentation provided by Omnicare and compared it with paid pharmacy encounter data provided by FADO. Data tested included verification of:

- Existence of the prescription.
- Required information included on the prescription. Specifically, medication name, strength, quantity, instructions for use, and issuance date.
- Medication dispensed as prescribed.
- Prescription filled date.
- U. S. Drug Enforcement Administration (DEA) numbers for the controlled-substance prescriptions filled.
- Recipient signature confirming delivery.
- Accuracy of paid pharmacy encounters.
- Evidence of pharmacist review.
- Compounding log supporting documentation.
- Training records for staff involved in preparing sterile compounds.

Appendix C: Pharmacy Benefit Delivery Process

Figure C.1 illustrates the business relationships involved in delivering managed care pharmacy benefits to Texas Medicaid members.

Figure C.1: Pharmacy Benefit Delivery Process



Source: OIG Audit

Appendix D: Audit Issues Index

Tables D.1 through D.4 provide details about the submitted claims and overpayment amounts discussed in the report.

Table D.1: Overpaid Opioid Encounters Omnicare Submitted for Superior HealthPlan Members

Sample Number	Prescription Number	Fill Date	Chapter Number(s)	Overpayment Amount
53	██████	██████/2021	1	\$ 13.88
Total				\$13.88

Source: OIG Audit

Table D.2: Overpaid Non-Opioid Encounters Omnicare Submitted for Superior HealthPlan Members

Sample Number	Prescription Number	Fill Date	Chapter Number(s)	Overpayment Amount
75	██████	██████/2020	3	—
82	██████	██████/2020	3	—
86	██████	██████/2020	1	\$ 176.63
99	██████	██████/2021	1, 3	12.59
100	██████	██████/2021	3	—
106	██████	██████/2021	3	—
112	██████	██████/2021	3	—
119	██████	██████/2021	3	—
120	██████	██████/2021	3	—
122	██████	██████/2021	3	—
125	██████	██████/2021	3	—
128	██████	██████/2021	3	—
138	██████	██████/2022	3	—
143	██████	██████/2022	3	—
144	██████	██████/2022	1, 3	491.16
146	██████	██████/2022	3	—

Sample Number	Prescription Number	Fill Date	Chapter Number(s)	Overpayment Amount
147	[REDACTED]	[REDACTED]/2022	3	—
150	[REDACTED]	[REDACTED]/2022	3	—
Total				\$680.38

Source: OIG Audit

Table D.3: Overpaid Non-Opioid Encounters Omnicare Submitted for UnitedHealthcare Members

Sample Number	Prescription Number	Fill Date	Chapter Number(s)	Overpayment Amount
211	[REDACTED]	[REDACTED]/2020	1, 3	\$1,258.02
213	[REDACTED]	[REDACTED]/2020	3	—
219	[REDACTED]	[REDACTED]/2020	3	—
220	[REDACTED]	[REDACTED]/2020	3	—
224	[REDACTED]	[REDACTED]/2020	3	—
228	[REDACTED]	[REDACTED]/2020	3	—
232	[REDACTED]	[REDACTED]/2020	3	—
235	[REDACTED]	[REDACTED]/2020	3	—
236	[REDACTED]	[REDACTED]/2020	3	—
237	[REDACTED]	[REDACTED]/2020	3	—
241	[REDACTED]	[REDACTED]/2021	3	—
246	[REDACTED]	[REDACTED]/2021	3	—
247	[REDACTED]	[REDACTED]/2021	1, 3	35.90
255	[REDACTED]	[REDACTED]/2021	3	—
269	[REDACTED]	[REDACTED]/2021	3	—
279	[REDACTED]	[REDACTED]/2021	3	—
281	[REDACTED]	[REDACTED]/2021	1	287.26
282	[REDACTED]	[REDACTED]/2021	2	—
287	[REDACTED]	[REDACTED]/2021	3	—
297	[REDACTED]	[REDACTED]/2022	3	—
298	[REDACTED]	[REDACTED]/2022	3	—
301	[REDACTED]	[REDACTED]/2022	3	—

Sample Number	Prescription Number	Fill Date	Chapter Number(s)	Overpayment Amount
303	[REDACTED]	[REDACTED]/2022	3	—
304	[REDACTED]	[REDACTED]/2022	3	—
307	[REDACTED]	[REDACTED]/2022	3	—
309	[REDACTED]	[REDACTED]/2022	3	—
Total				\$1,581.18

Source: OIG Audit

Appendix E: Summary of Recommendations

Table E.1: Summary of Recommendations to Omnicare

No.	Recommendation
1	Omnicare should improve its dispensing processes to verify each medication dispensed has (a) a signed, current prescription order and (b) documentation of medication delivery for submitted claims.
2	Omnicare should implement a process to verify dispensing labels contain the correct instructions for use.
3	Omnicare should update its claim submission process to verify it submits the correct issuance date for each prescription

Source: OIG Audit

Appendix F: Related Reports

- Managed Care Pharmacy Encounters Paid to Meadowbrook Pharmacy: A Managed Care Network Provider Contracted Under Cook Children’s Health Plan, Wellpoint Texas, Inc., and Wellpoint Insurance Company, AUD-24-027, August 23, 2024
- Managed Care Pharmacy Encounters Paid to Bemaj Pharmacy, Inc.: A Managed Care Network Provider Contracted Under Amerigroup Texas, Inc., Amerigroup Insurance Company, and Superior HealthPlan, Inc., [AUD-24-001](#), September 1, 2023
- Managed Care Pharmacy Encounters Paid to Texas Children’s Hospital–Specialty Pharmacy, [AUD-23-020](#), August 8, 2023
- Managed Care Pharmacy Claims Paid to ReCept Pharmacy #1, [AUD-22-023](#), August 22, 2022
- Managed Care Pharmacy Claims Paid to Rx Plus Pharmacy of Live Oak, [AUD-21-021](#), August 13, 2021

Appendix G: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

For more information on the Texas HHS Vendor Drug Program:

"Vendor Drug Program," Texas HHS, <https://www.txvendordrug.com/> (accessed February 23, 2024)

For more information on Omnicare Pharmacy:

Homepage, Omnicare, <https://www.omnicare.com/> (accessed July 23, 2024)

For more information on UnitedHealthcare:

Medicaid, UnitedHealthcare Texas, <https://www.uhc.com/communityplan/texas> (accessed July 23, 2024)

For more information on Superior HealthPlan:

Homepage, Superior HealthPlan, <https://www.superiorhealthplan.com> (accessed July 23, 2024)

Appendix H: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Anton Dutchover, CPA, Deputy Inspector General of Audit and Inspections
- Patrick Smith, CIA, Audit Director
- Sarah Cason, MBA, CIA, CISA, Senior Managing Auditor
- Marcus Horton, CFE, CIA, CRMA, CCSA, Audit Project Manager
- Brad Etnyre, CIA, CGAP, CIGA, Audit Project Manager
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Appendix I: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Raymond Charles Winter, Inspector General
- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- Matt Chaplin, Chief of Operations
- Steve Johnson, Chief of Investigations and Utilization Reviews

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- OIG website: ReportTexasFraud.com

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

To Contact OIG

- Email: oig.generalinquiries@hhs.texas.gov
- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000