TEXAS HEALTH AND HUMAN SERVICES COMMISSION

OFFICE OF INSPECTOR GENERAL

AUDIT OF AVITA DRUGS

A Texas Vendor Drug Program Provider

November 30, 2018
OIG Report No. AUD-19-008

HHSC OIG
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WHY THE OIG CONDUCTED THIS AUDIT

The Texas Vendor Drug Program (VDP) provides statewide access to covered outpatient drugs for individuals enrolled in Medicaid, the Children's Health Insurance Program, the Children with Special Health Care Needs Services program, the Healthy Texas Women program, and the Kidney Health Care program.

The objectives of this audit were to determine whether Avita Drugs (a) properly billed VDP for Medicaid claims submitted and (b) complied with selected contractual and Texas Administrative Code (TAC) requirements.

Avita Drugs, a community pharmacy, processed 2,408 Texas Medicaid claims for prescriptions through VDP during the audit period of September 1, 2012, through August 31, 2015. These claims resulted in the pharmacy receiving reimbursements of nearly $1 million from Texas Medicaid.

WHAT THE OIG RECOMMENDS

Avita Drugs should ensure (a) prescription documents are tamper resistant, (b) claims contain the correct NDC, (c) all records related to prescription services are maintained, (d) quantity changes are authorized by the prescriber, and (e) refills are authorized by the prescriber.

Based on issues identified in this audit, Avita Drugs owes the State of Texas $14,561.00.

For more information, contact:
OIG.AuditDivision@hhsc.state.tx.us

WHAT THE OIG FOUND

Avita Drugs did not bill VDP properly, or comply with other selected contractual or TAC requirements, for 16 of 187 claims tested.

The OIG Audit Division tested Avita Drugs' compliance with selected contractual and TAC requirements in seven areas: (a) claims validity, represented by claims documentation maintained by the provider, (b) National Drug Code (NDC) usage, (c) quantity, (d) refills, (e) controlled substances, (f) warehouse billing, and (g) acquisition cost. This report details results, issues, and recommendations in those areas, when applicable, and the results of limited testing of information technology (IT) general controls.

Given the number of claims submitted by Avita Drugs, the OIG Audit Division determined it would be administratively infeasible to review every claim in the population, and therefore selected two separate samples for testing: a sample of 94 original fill claims and a sample of 93 refill claims.

Audit results indicated there were no exceptions related to controlled substances, warehouse billing, or acquisition cost, and IT general controls were sufficiently reliable for the purposes of the audit. There were exceptions related to claims validity, NDC usage, quantity, and refills.

Auditors identified 17 exceptions related to 16 claims in which Avita Drugs:

- Dispensed medication for a prescription that was not written on tamper-resistant paper
- Billed for a different NDC than dispensed
- Did not produce invoices to verify NDCs billed to VDP
- Dispensed medication in quantities other than prescribed
- Dispensed an unauthorized refill

The dollar value of the prescription exceptions totaled $3,078.96. After summarizing the audit exceptions and extrapolating, OIG determined the exceptions represented an overpayment of $14,561.00.

The OIG Audit Division presented the audit results, issues, and recommendations to Avita Drugs in a draft report dated August 2, 2018. Avita Drugs' management responses are included in the report following the recommendations. The action plans provided in the Avita Drugs management responses were implemented after the end of our audit scope period. We did not review the controls Avita Drugs indicates have been improved because the controls were not relevant to claims audited.

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Office of Inspector General (OIG) Audit Division has completed an audit of 340B Partners Pharmacy - Dallas, LLC, doing business as Avita Drugs, a Texas Vendor Drug Program (VDP) provider, vendor number 146526.

Objectives and Scope

The objectives of this audit were to determine whether Avita Drugs (a) properly billed VDP for Medicaid claims submitted and (b) complied with contractual and Texas Administrative Code (TAC) requirements.

The audit scope included both initial fill claims and refill claims for the period from September 1, 2012, through August 31, 2015, as well as review of relevant activities, internal controls, and information technology (IT) general controls through the end of fieldwork in January 2018.

Background

VDP provides statewide access to covered outpatient drugs for individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP), the Children with Special Health Care Needs Services program, the Healthy Texas Women program, and the Kidney Health Care program.

Avita Drugs, a community pharmacy in Dallas, Texas, operates under license number 27717 from the Texas State Board of Pharmacy (Pharmacy Board). Avita Drugs processed 2,408 Medicaid claims for prescriptions through VDP during the audit period, for which it received reimbursements of nearly one million dollars.

The OIG Audit Division conducted the audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Unless otherwise described, any year that is referenced is the state fiscal year, which covers the period from September 1 through August 31.

The OIG Audit Division presented the audit results, issues, and recommendations to Avita Drugs in a draft report dated August 2, 2018. Avita Drugs' management responses are included in the report following the recommendations. The action plans provided in the Avita Drugs management responses were implemented after the end of our audit scope period. We did not review the controls Avita Drugs indicates have been improved because the controls were not relevant to claims audited.

AUDIT RESULTS

VDP pharmacy providers must follow TAC and contract provisions when filling, dispensing, and billing for prescriptions. Pharmacy Board and VDP rules require prescriptions to include specific elements to be valid. The OIG Audit Division tested Avita Drugs' compliance in seven areas: (a) claims validity, represented by claims documentation maintained by the provider, (b) National Drug Code (NDC) usage, (c) quantity, (d) refills, (e) controlled substances, (f) warehouse billing, and (g) acquisition cost. This report details results, issues, and recommendations in those areas, when applicable, and the results of limited testing of IT general controls, performed to determine whether data used to form audit conclusions was reliable.

The OIG Audit Division obtained claims data for testing from the Xerox Pharmacy Claims Data Warehouse using the Texas VDP PBM Universe table, which contains all pharmacy claims information. The data request was for Medicaid fee-for-service only paid claims for the audit period. Given the total number of claims submitted by Avita Drugs, the OIG Audit Division determined it would be administratively infeasible to review every claim in the population, and therefore selected two separate samples for testing: a sample of 94 original fill claims and a sample of 93 refill claims. The OIG Audit Division visited the pharmacy to review the records in January 2018.

The testing resulted in no findings related to controlled substances, warehouse billing, or acquisition cost, and there were no findings related to IT general controls. There were exceptions related to claims validity, NDC usage, quantity, and refills. Details of these exceptions are included in the sections that follow. One claim may have more than one exception and be included in more than one finding in this report. When calculating the error rate and the extrapolation value, each claim is only counted as an error once.

CLAIMS VALIDITY

VDP participating pharmacies are contractually required to maintain documents to support Medicaid claims.[1] Claims validity is demonstrated by documentation maintained by the pharmacy. In consideration for payment under the VDP contract, participating pharmacies must comply with all applicable laws, rules, and regulations, including Pharmacy Board rules and regulations in effect at the time the prescription is serviced.[2] According to Pharmacy Board rules, a prescription or a physician order must contain several elements in order to be valid, including

[1] Vendor Drug Program Pharmacy Provider Contract 529-12-0051-00138 Part 2 § H.1 (Feb. 21, 2012).

[2] Texas State Board of Pharmacy rules are published in 22 Tex. Admin. Code, Part 15.

(a) name of the patient, (b) address of the patient, (c) name, address, and telephone number of the practitioner at the practitioner's usual place of business, (d) name and strength of the drug prescribed, (e) quantity prescribed, (f) intended use for the drug unless the practitioner determines the furnishing of this information is not in the best interest of the patient, and (g) date of issuance.[3] In addition, a prescription must be received by the pharmacy either (a) on tamper-resistant paper[4] or (b) by telephone, fax, or electronically.

If the pharmacy does not maintain or cannot produce documents to support the dispensing of the medication, if any of the required elements are not documented on the face of the prescription or physician order, on tamper-resistant paper unless the prescription is received by telephone, fax, or electronically, then the related claim is invalid and not eligible for reimbursement by VDP.

Finding 1: Prescription Not Written on Tamper-Resistant Paper

Avita Drugs dispensed and billed VDP for one prescription for which there was no evidence the prescription was received by fax, and which was not written on tamper-resistant paper. VDP paid $51.06 for this claim.

Avita Drugs stated that the prescription was received by fax, but there was no statement on the document indicating it had been faxed. TAC requires faxed prescriptions to contain a statement indicating it was faxed.[5] The pharmacy was unable to provide any additional evidence that the prescription was received by fax, and the paper the prescription was written on was not tamper resistant. Claim details related to this finding are listed in Appendix C.

Recommendation 1

Avita Drugs should ensure that a prescription billed to VDP contains evidence that the prescription was written on tamper-resistant paper or received by telephone, fax, or electronically.

Since Avita Drugs failed to provide evidence that this prescription was received by fax, and the prescription was not written on tamper-resistant paper, the $51.06 VDP paid for this claim should be refunded to the State of Texas.

[3] 22 Tex. Admin. Code § 291.34(b)(6)(A) (June 7, 2012) and 22 Tex. Admin. Code § 291.34(b)(7)(A) (Sept. 8, 2013, through Dec. 7, 2014).

[4] 1 Tex. Admin. Code §354.1863(c) (Sept. 23, 2008).

[5] 22 Tex. Admin. Code §291.34(b)(6)(B)(ix) (June 7, 2012) and (b)(7)(A)(ix)(I) (Sept. 8, 2013, through Dec. 7, 2014).

Management Response

Action Plan

All staff members involved in the data entry phase of our workflow must follow a 10 point Quality Check system designed to help alleviate prescriptive errors as well as verify the validity of new prescriptions. Included within this process is a step in which components of a hardcopy or facsimile prescription are verified in accordance with federal and state regulations.

Responsible Manager

Royce Norris, Pharmacist-in-Charge

Implementation Date

Originally implemented and placed into practice October 26, 2017

NATIONAL DRUG CODE USAGE

The NDC for the medication dispensed by a pharmacy must match the NDC for the medication billed to VDP. Only medications listed on the VDP formulary are eligible for reimbursement.

Finding 2: Incorrect NDC Was Billed

Avita Drugs dispensed and billed VDP for one prescription in which the NDC dispensed differed from the one billed. VDP paid $20.65 for this claim. Avita Drugs billed an NDC that was available in its computer system rather than the NDC actually dispensed. TAC requires the pharmacy to bill the NDC that corresponds with the medication dispensed.[6] Claim details related to this finding are listed in Appendix C.

Recommendation 2

Avita Drugs should ensure that all claims submitted for reimbursement by VDP contain the correct NDC.

Since Avita Drugs failed to submit claims data containing accurate information, the $20.65 VDP paid for the claim should be refunded to the State of Texas.

[6] 1 Tex. Admin. Code § 354.1901(a) (June 19, 2003, and Jan. 14, 2013).

Management Response

Action Plan

Label & Dispensing is a workflow customization feature available within Avita's processing system, QS/1. This feature ensures that the NDC originally entered and subsequently billed to insurance coincides directly with the NDC being used to fill the prescription. Utilizing bar code technology, filling technicians must accurately match the NDC depicted on the prescription label bar code with that of the stock bottle bar code. Should there be any discrepancy between the two numbers, a hard stop within QS/1 is implemented and an error message flags the technician that the wrong medication is being dispensed. Identical NDC numbers must be scanned in order for the technician to continue the filling process.

Pharmacists also provide a secondary means of verifying accuracy through their Quality Assurance check. In this phase of workflow, the pharmacist will verify the prescription image, pill image, NDC verification, and other components of data entry to ensure proper insurance billing and medication dispensing to our patients.

Responsible Manager

Royce Norris, Pharmacist-in-Charge

Implementation Date

Originally implemented in November 2016

Finding 3: Medication Invoices Were Missing

Avita Drugs dispensed and billed VDP for 11 prescriptions for which the auditors could not verify the NDC of the medication dispensed because invoices were either not provided for review or were incorrect for the requested claim. VDP paid $1,656.39 for these claims. One of these claims, for which VDP paid $20.65, was already identified for refund in Finding 2. Avita Drugs did not maintain all of the records necessary to demonstrate that it had purchased the medications it dispensed. The VDP pharmacy provider contract specifically requires providers to maintain all medication invoices.[7] The missing invoices prevented verification that the dispensed NDCs were available at the pharmacy for distribution. Claim details related to this finding are listed in Appendix C.

[7] Title XIX Vendor Drug Program Pharmacy Provider Contract #529-12-0051-00138, Part 2 § H.1(a) (Feb. 21, 2012).

Recommendation 3

Avita Drugs should maintain all records related to prescription services, including medication invoices.

Since Avita Drugs failed to maintain supporting documentation for medication invoices, the $1,635.74 ($1,656.39 − $20.65) VDP paid for the claims should be returned to the State of Texas.

Management Response

Action Plan

Please refer to the following submitted documents for review

- *TX Audit 340B Primer*
- *Prism Purchases for TX OAG*
- *OAG Audit – missing date verification*

Responsible Manager

Royce Norris, Pharmacist-in-Charge

Target Implementation Date

TBD

Auditor Comment

Avita Drugs did provide the documents as indicated in its management response. Review of the documentation did not clear the exceptions. Avita Drugs is aware the issue was not resolved and did not provide any additional response.

QUANTITY

Pharmacists may dispense a different quantity of medication than ordered by the prescribing physician as long as the prescribing physician is contacted and authorizes the change, which must be documented by the pharmacy. Quantity changes made to comply with Medicaid limitations for reimbursement purposes do not override the pharmacist's obligation to obtain the prescriber's authorization for quantity changes.

Finding 4: Medication Was Dispensed in Quantities Other Than Prescribed

For three prescriptions, Avita Drugs dispensed and billed VDP for a different quantity of medication than was ordered by the prescribing physician. VDP paid $1,320.29 for these claims. TAC states that providers must dispense the quantity prescribed.[8] TAC also establishes how changes in quantity of medication dispensed must be authorized.[9] Claim details related to this finding are listed in Appendix C.

Recommendation 4

Avita Drugs should ensure that any changes in the quantity dispensed from the quantity prescribed are authorized by the prescribing physician and documented prior to dispensing.

Since Avita Drugs did not obtain authorization for quantity changes, the $1,320.29 VDP paid for the claims should be returned to the State of Texas.

Management Response

Action Plan

The 10 point Quality Check system work standard mentioned earlier also addresses this concern. In addition our staff has been trained to understand the proper documentation necessary to record any alterations made to an original prescription order.

Responsible Manager

Royce Norris, Pharmacist-in-Charge

Implementation Date

Original implementation on October 26, 2017

[8] 1 Tex. Admin. Code § 354.1901(b) (June 19, 2003, and Jan. 14, 2013).

[9] 22 Tex. Admin. Code § 291.34(b)(5)(A) (June 7, 2012) and 22 Tex. Admin. Code § 291.34(b)(6)(A) (Sept. 8, 2013, through Dec. 7, 2014).

REFILLS

TAC requires explicit authorization from the prescribing physician for medication refills.[10] On the original prescription the physician may authorize no refills or designate the number of refills allowed. Dispensing a refill without authorization or without maintaining documentation is a refill error and not eligible for reimbursement. Prescription refills must be properly authorized to prevent overmedication of patients and waste, fraud, or abuse.

Finding 5: Prescription Refill Not Authorized

Avita Drugs dispensed and billed VDP for one prescription refill that did not have authorized refills. VDP paid $51.22 for this claim. The pharmacist entered refills into Avita Drugs' data system for a prescription with no authorized refills. TAC states, "In the absence of specific refill instructions, the prescription must be interpreted as not refillable."[11]

Recommendation 5

Avita Drugs should ensure refills are authorized on a prescription or obtain authorization from the prescribing physician prior to dispensing a refill.

Since Avita Drugs dispensed an unauthorized refill, the $51.22 VDP paid for this claim should be returned to the State of Texas.

Management Response

Action Plan

The 10 point Quality Check system work standard mentioned earlier also addresses this concern.

Our Pharmacists also verify this information during their Quality Assurance verification. As they are reviewing the entered data against the original prescription, pharmacists will use a PD3QR sequence to ensure all entries are correct according to the physician's orders. The sequence has the pharmacist look specifically at the following data points: 1) Patient name, 2) Drug, 3) Directions, 4) Doctor, 5) Quantity, and 6) Refills.

[10] 1 Tex. Admin. Code § 354.1867 (June 9, 2010).

[11] 1 Tex. Admin. Code § 354.1867 (June 9, 2010).

Responsible Manager

Royce Norris, Pharmacist-in-Charge

Implementation Date

Original implementation on October 26, 2017

EXTRAPOLATION

The populations included in this audit consist of one for initial fill claims and one for refill claims, with dispensing dates between September 1, 2012, and August 31, 2015. The calculated, extrapolated overpayment amount is $14,561.00. The overpayment was calculated using the lower limit of a two-sided 80 percent confidence interval.

Finding 6: Overpayments to Avita Drugs

Audit results indicated Avita Drugs was paid $3,078.96 for claims containing an error. After summarizing the audit exceptions for findings one through five, and extrapolating the results to the two original populations of claims within the scope of the audit, the OIG determined that the exceptions represented an overpayment of $14,561.00. The sampling and extrapolation methodology are listed in Appendix B.

Recommendation 6

Avita Drugs should return the overpayment amount of $14,561.00 to the State of Texas.

CONCLUSION

The OIG Audit Division completed an audit of Avita Drugs. The audit evaluated Avita Drugs to determine whether it properly billed VDP and complied with contractual and TAC requirements. The OIG Audit Division evaluated IT general controls to determine whether data used for audit testing was reliable. The OIG Audit Division conducted site visits in October 2017 and January 2018.

Avita Drugs did not bill VDP properly, or comply with other contractual or TAC requirements, for 16 of 187 claims. The 16 claims resulted in $3,078.96 reimbursed in error, which extrapolates to $14,561.00. Based on the results of the IT general controls testing, the data was sufficiently reliable for the purposes of the audit.

There were exceptions in which Avita Drugs:

- Dispensed medication for a prescription that was not written on tamper-resistant paper
- Billed for a different NDC than dispensed
- Did not produce invoices to verify NDCs billed to VDP
- Dispensed medication in quantities other than prescribed
- Dispensed an unauthorized refill

The OIG Audit Division offered recommendations to Avita Drugs which, if implemented, will correct deficiencies in compliance with contractual and TAC requirements.

The OIG Audit Division thanks management and staff at Avita Drugs, including its corporate management team, for their cooperation and assistance during this audit.

Appendix A: Objective, Scope, Methodology, Criteria, and Auditing Standards

Objective

The objectives of this audit were to determine whether Avita Drugs (a) properly billed VDP for Medicaid claims submitted and (b) complied with contractual and TAC requirements.

Scope

The audit scope included initial fill and refill claims for the period from September 1, 2012, to August 31, 2015, and a review of relevant activities, internal controls, and IT general controls through the end of fieldwork in January 2018.

Methodology

To accomplish its objectives, the OIG Audit Division collected information for this audit through discussions and interviews with Avita Drugs management and staff and by reviewing:

- Supporting documentation for a sample of initial fill Medicaid claims and a sample of refill Medicaid claims billed to VDP during the audit scope.
- Policies and procedures of Avita Drugs.
- IT general controls involving the QS1 information system used by Avita Drugs during the audit period.

The OIG Audit Division issued an engagement letter on January 24, 2018, to Avita Drugs providing information about the upcoming audit, and conducted fieldwork at the Dallas, Texas, facility the week of January 29, 2018. While on site, the OIG Audit Division interviewed responsible personnel, evaluated internal controls and the facility, and reviewed relevant documents related to sampled claims billed to VDP.

Auditors did not remove original records from the Avita Drugs premises. During fieldwork, auditors requested additional documents, which Avita Drugs provided.

Criteria

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

- 1 Tex. Admin. Code § 354 (2003 through 2013)
- 22 Tex. Admin. Code § 291 (2012 through 2014)
- Vendor Drug Program Pharmacy Provider Contract #529-12-0051-00138 (2012)

Auditing Standards

Generally Accepted Government Auditing Standards

The OIG Audit Division conducted this audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the issues and conclusions based on our audit objectives. The OIG Audit Division believes the evidence obtained provides a reasonable basis for our issues and conclusions based on our audit objectives.

ISACA

The OIG Audit Division performs work in accordance with the IT Standards, Guidelines, and Tools and Techniques for Audit and Assurance and Control Professionals published by ISACA.

Appendix B: Sampling and Extrapolation Methodology

The OIG Data and Technology Division provided data for testing. It was administratively infeasible to review every claim in the population; therefore, the OIG Audit Division selected a sample of 94 original fill claims and a sample of 93 refill claims to test. The following query parameters are provided for replication purposes.

Two item detailed queries were run in the Xerox Pharmacy Claims Data Warehouse using the Texas VDP PBM Universe table. The data sets included only fee-for-service paid claims for the audit scope. One data set included only initial fill paid claims and the second data set included only refill paid claims.

Query Result Objects field names included:

Prescription Number	Last Name (client)
First Name (client)	Participant ID
Drug Name	Drug Strength
Quantity	Days Supply
Nbr of Refills Authorized	Refill Number
Date of Service	Date Prescribed
Date Paid	Total Reimbursed Amount
DAW Code	NDC
Drug Class Code	Client Mailing Address Line 1
Birth Date (client)	Compound Code
DEA Code	Basis of Cost Determination
Basis of Reimbursement	Basis of Reimbursement Descr.
Prescriber ID	NPI (prescriber)
Prescriber Name	Batch Doc. Type Code
Group ID (client)	Tx Status Code
TPL Amt	Pharmacy ID
TCN	Pharmacy Name
Claim Line Number	Unlimited Drug Indicator
Allowed Ingredient Amount	Dispensing Fee Amount

Query Filters Included:

- Date of Service (between 09/01/2012 and 08/31/2015)
- TX Status Code (equal to PD)
- Batch Doc. Type Code (equal to A;C)
- Group ID (equal to V)
- Pharmacy ID (equal to 1962784900)
- TPL Amt Less than or Equal to (0)

The OIG provided Avita Drugs with extrapolation detail files at the same time as the draft audit report. The extrapolation detail files contain information about the data and methods used to determine the overpayment in sufficient detail so the extrapolation results may be demonstrated to be statistically valid and are fully reproducible.

The extrapolation detail file contains the (a) two populations of claims, (b) sample frames, including sample size determinations, (c) seed value for random number generations, (d) extrapolation validation for two populations, and (e) results printouts from the RAT – STATS software. The populations included in this audit consist of one for initial fill claims and one for refill claims with dispensing dates between September 1, 2012, and August 31, 2015. The estimated overpayment amount of $14,561.00 was calculated by extrapolating the dollar value of the errors as identified in Appendix C across the appropriate population for initial fill or refill at the time of the draft report. The overpayment was calculated using the lower limit of a two-sided 80 percent confidence interval. The results of the two calculations were combined, resulting in a total overpayment amount.

Avita Drugs has been kept apprised of all aspects of the audit process, and has been provided multiple opportunities to provide relevant documentation and information in order to ensure audit findings are accurate.

Opportunities to provide relevant documentation extended to the draft audit report stage. Avita Drugs did provide additional relevant documentation, including sufficient evidence that would support the removal of some identified errors on which the overpayment in the draft report was based. Errors were removed based on sufficient additional evidence being provided at the draft audit stage, the overpayment amount was recalculated and a new extrapolation amount is provided with the final report.

The Texas Legislature has recognized HHSC OIG's authority to utilize a peer reviewed sampling and extrapolation process. HHSC OIG has formally adopted RAT – STATS software as the statistical software to be utilized for the extrapolation process, and is consistent with the Office of Inspector General for the United States Department of Health and Human Services. The Association of Inspectors General concluded a peer review of this process on January 7, 2016, and opined that OIG met all relevant policies, procedures, and AIG standards for the period under review.

Appendix C: Prescriptions Paid in Error

The table below provides details about the claims filed and paid in error for the following findings discussed in the report.

Finding 1. Prescription Not Written on Tamper-Resistant Paper
Finding 2. Incorrect NDC Was Billed
Finding 3. Medication Invoices Were Missing
Finding 4. Medication Was Dispensed in Quantities Other Than Prescribed
Finding 5. Prescription Refill Not Authorized

Prescription Number	Fill Date	Finding Number	Claim Amount
[redacted]	5/16/2013	1	$ 51.06
	5/2/2013	4	1,133.91
	12/16/2013	4	93.19
	1/27/2014	4	93.19
	10/4/2013	3, 2	20.65
	5/16/2013	5	51.22
	10/11/2012	3	114.56
	12/7/2012	3	627.74
	1/24/2013	3	40.70
	2/26/2014	3	303.16
	4/9/2014	3	11.74
	8/19/2014	3	440.93
	3/6/2013	3	33.42
	7/8/2013	3	27.22
	1/15/2014	3	10.09
	7/16/2014	3	26.18
Total			$ 3,078.96

Source: OIG Audit Division

Appendix D: Report Team and Distribution

Report Team

The OIG staff members who contributed to this audit report include:

- Kacy J. VerColen, CPA, Audit Director
- Kanette Blomberg, CPA, CIGA, Audit Manager
- Jerry Ethridge, CIA, CGAP, CRMA, Audit Project Manager
- Melissa Stice Larson, CIA, CISA, CFE, HCISPP, IT Audit Manager
- Carol Barnes, CIGA, Staff Auditor
- Ben Ringer, Staff Auditor
- Mo Brantley, Senior Audit Operations Analyst

OIG Support

- Rolando Delgado, Data Intelligence Analyst
- Katie Reyes, Data Intelligence Analyst

Report Distribution

Health and Human Services

- Dr. Courtney N. Phillips, Executive Commissioner
- Cecile Erwin Young, Chief Deputy Executive Commissioner
- Victoria Ford, Chief Policy Officer
- Karen Ray, Chief Counsel
- Karin Hill, Director of Internal Audit
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- Stephanie Muth, State Medicaid Director, Medicaid and CHIP Services
- Katherine Scheib, Deputy Associate Commissioner, Medicaid and CHIP Services

- Gina Marie Muniz, Director, Vendor Drug Program, Medicaid and CHIP Services
- Priscilla Parrilla, Director, Pharmacy Operations, Vendor Drug Program, Medicaid and CHIP Services
- Robin Agnew, Director, Cross Coordination and Pharmacy Benefit Oversight, Vendor Drug Program, Medicaid and CHIP Services
- Kimberly Royal, Manager, Contract Compliance and Performance Management, Medicaid and CHIP Services

Avita Drugs

- Royce Norris, Pharmacist-in-Charge
- Christi Epps, Chief Executive Officer
- Jerry Purcell, Executive Vice President
- Thomas Koontz, Director of Pharmacy Operations
- Keith Fox, Senior Vice President of Financial Operations

Appendix E: OIG Mission and Contact Information

The mission of the 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:

- Sylvia Hernandez Kauffman, Inspector General
- Anita D'Souza, Chief of Staff and Chief Counsel
- Olga Rodriguez, Chief Strategy Officer
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Brian Klozik, Deputy IG for Medicaid Program Integrity
- Lizet Hinojosa, Deputy IG for Benefits Program Integrity
- David Griffith, Deputy IG for Audit
- Quinton Arnold, Deputy IG for Inspections and Investigations
- Alan Scantlen, Deputy IG for Data and Technology
- Judy Hoffman-Knobloch, Assistant Deputy IG for Medical Services

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- Phone: 1-800-436-6184

To Contact the OIG

- Email: OIGCommunications@hhsc.state.tx.us
- Mail: Texas Health and Human Services Commission
  Office of Inspector General
  P.O. Box 85200
  Austin, Texas 78708-5200
- Phone: 512-491-2000