MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

To the Texas Health and Human Services Commission Office of the Inspector General
Austin, Texas

Myers and Stauffer LC (Myers and Stauffer) has completed the performance audit of Metrocare Pharmacy to determine whether 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. The specific state and federal Medicaid laws, regulations, rules, policies, and contractual requirements to be tested were agreed to by Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) in the approved audit test plan.

Our audit was performed under Myers and Stauffer's Master Contract #529-17-0117-00004, Work Order Contract #HHS000721400016, Purchase Order #HHSTX-3-0000306334 with HHSC. Our audit covered the period of March 1, 2018 through February 28, 2022.

We conducted this audit in accordance with the performance audit provisions of 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 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.

Management responses from Metrocare Pharmacy are included in this report.

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

If we can be of any assistance to you or if you have any questions concerning this report, please contact us.

Sincerely,

Myers and Stauffer LC
July 31, 2023

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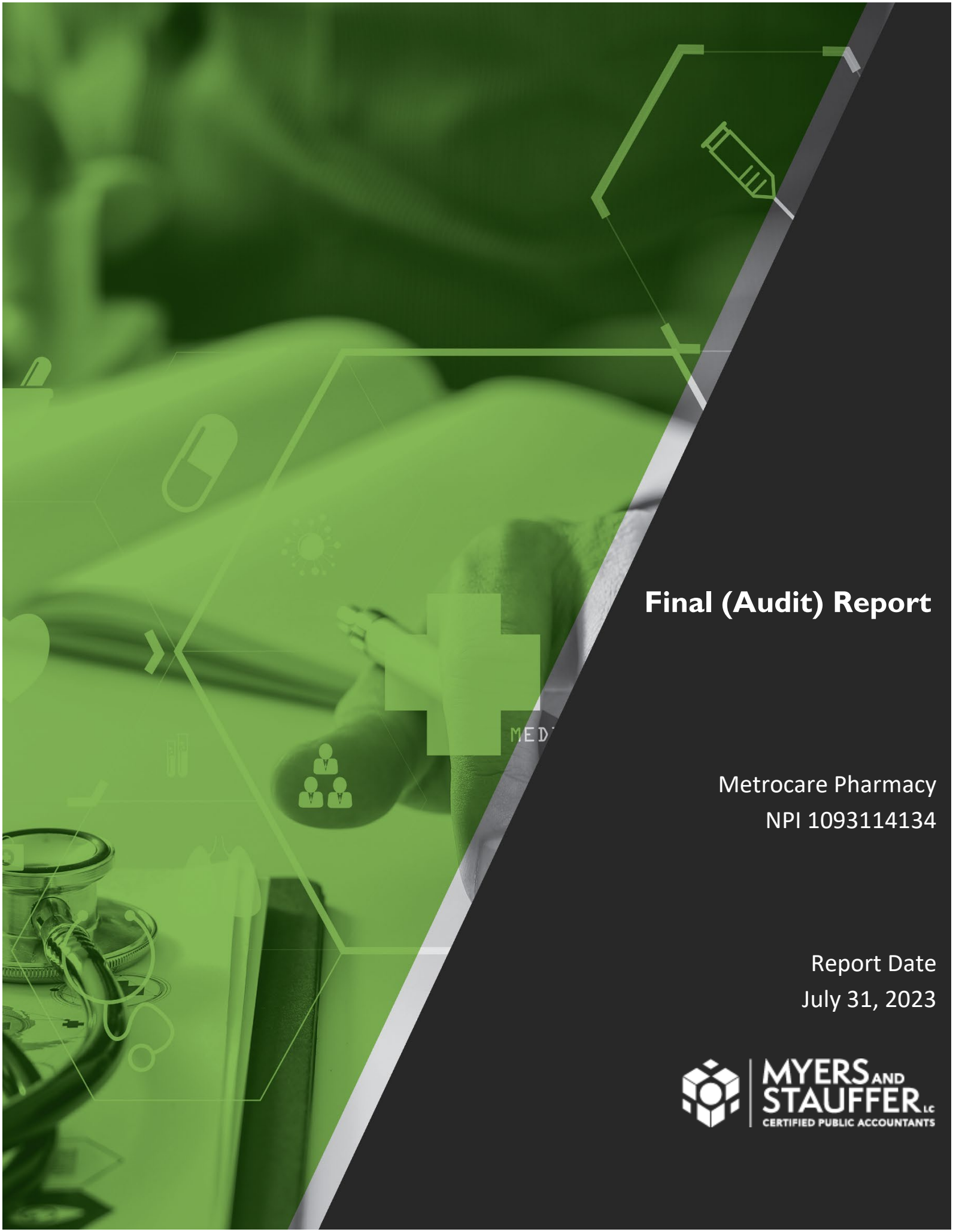

Final (Audit) Report

Metrocare Pharmacy
NPI 1093114134

Report Date
July 31, 2023

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Background and Criteria

The Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) contracted Myers and Stauffer LC (Myers and Stauffer) to conduct audits of Medicaid claims billed by providers and paid by the state Medicaid program. In coordination with the Texas HHSC-OIG, Myers and Stauffer was engaged to perform a claims audit on Metrocare Pharmacy (Provider). The audit focused on managed care organization (MCO) encounter pharmacy claims having dates of service during the period of March 1, 2018, through February 28, 2022.

According to their website, the Metrocare organization is the largest provider of mental health services in North Texas, serving over 55,000 adults and children annually. The Provider, which is the focus of this audit, operates inside of Metrocare's mental health care clinic at 1020 S. Carrier Pkwy, Grand Prairie, Texas 75051. The clinic offers diagnostic evaluation, medications management, counseling, case management, and pharmacy services.

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. The 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; Texas State Board of Pharmacy (TSBP), Uniform Managed Care Manual, 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 to be tested were agreed to by the HHSC-OIG in the approved audit test plan.

Sampling Overview

For the period of January 1, 2018, through December 31, 2021, the HHSC-OIG identified $3,867,751 at risk of $3,990,725 total pharmacy reimbursements for the Provider. The HHSC-OIG subsequently provided encounter data for the period of September 1, 2019, through February 28, 2022, to Myers and Stauffer for review. The claims data was further analyzed and, due to claims volume and contracting guidelines, the HHSC-OIG excluded all Fee-For-Service and certain MCO health plan claims from the final

set of claims data provided for audit covering the period of March 1, 2018, through February 28, 2022. This process resulted in the following claims universes being created:

- Amerigroup.
- Molina Healthcare.

Statistically valid random samples were selected from the MCO claims universes provided by the HHSC-OIG. Additional information for the respective claim universes is as follows:

- Amerigroup: Universe consists of 15,029 claims for 987 unique recipients for which the Provider was reimbursed $1,428,281. The sample includes 90 claims for 73 unique recipients for which the Provider was reimbursed $46,122.
- Molina Healthcare: Universe consists of 7,513 claims for 264 unique recipients for which the Provider was reimbursed $1,123,104. The sample includes 94 claims for 40 unique recipients for which the Provider was reimbursed $106,544.

Audit Process

Scope

The scope of this audit includes the review of Medicaid MCO encounter pharmacy claims only, due to contracting guidelines, with dates of service during the period of March 1, 2018, through February 28, 2022.

Testing of the HHSC VDP claims processing system is outside the scope of the audit. As such, pursuant to guidance from the HHSC-OIG, if the claims adjudicated for payment through the HHSC VDP claims processing system, the following assumptions were made:

- Drug prescribed/dispensed was included in the Texas Drug Code Index.
- Prescribing practitioner was enrolled with the VDP.

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 Generally Accepted Government Auditing Standards (GAGAS) and applicable TAC rules, including 1 TAC §371.1719 and §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:

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

- Date of issuance.

- Verify pharmacist documented the following on either the original hardcopy prescription or in the pharmacy's data processing system when the prescription was 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).

- Verify refill prescriptions met all requirements by obtaining and reviewing the original prescriptions as well as pharmacy records of refills.
  - Verify pharmacist dated the prescription and initialed the refills.
  - Verify total amount of prescriptions authorized (up to 11 refills) were dispensed within one year of the original prescription by obtaining and reviewing records of refills dispensed and their corresponding original signed prescription.
  - Verify refills were dispensed as authorized by the prescriber by obtaining and reviewing the original signed prescription, record of refill, and other pharmacy records as needed.
- Verify pharmacist dispensed and billed drugs safely and accurately, as prescribed, by obtaining and reviewing the original signed prescription and prescriber authorizations as needed.
  - Verify that only authorized drugs were dispensed and billed.
    - Verify substitutions were authorized by the prescribing physician and the substituted drug was dispensed accurately as prescribed.
    - Verify prescriptions were properly documented when a brand was necessary.
  - Verify the prescribed and dispensed drug was picked up by the recipient/recipient's guardian by reviewing signed prescription pickup logs.
- Verify quantity dispensed was the same as the quantity prescribed and billed, except as limited by the HHSC's policies and procedures, by obtaining and reviewing the original signed prescription and pharmacy claims data.
- Verify prescription label met documentation requirements by obtaining and reviewing the prescription back tag.

Inquiries, observations, inspection of documents and records, review of other audit reports, and/or direct tests were performed to assess the design, implementation, and 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 23 of 184 pharmacy claims. The table below provides a summary of the findings that have been identified in the audit for all combined claims universes. The findings for each individual claims universe are listed in detail in Appendix A. The list 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 Prescriber	The prescriber identified on the prescription record does not match the prescriber identified on the claim despite the prescriber on the prescription record holding a valid license and active National Provider Identification (NPI) number.	16	1 TAC §354.1835
2	Original Prescription Missing Prescriber Phone Number	The original prescription did not meet all record requirements. All original prescriptions shall bear the telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped.	3	22 TAC §291.34(b)(7)

List of Findings and Supporting Policies				
Finding No.	**Finding Type**	**Finding Definition**	**Number of Claims with Finding**	**Supporting Policy**
3	Quantity Dispensed Less Than Quantity Prescribed	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.	1	22 TAC §291.31(1) 22 TAC §291.32(c)(1)(F) 1 TAC §354.1901(b) 22 TAC §291.34(b)(1)(A) 22 TAC §291.34(l)
4	Not Tamper-Resistant Paper	The written prescription is not written on tamper-resistant paper.	5	1 TAC §354.1863(b), (c), & (d) 1 TAC §371.1667(1)(A)

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/or effectively operating internal controls, to adequately review, document, and retain records to support 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.

Recommendations

The testing of original prescriptions for controlled substances during this audit did not result in findings with corresponding overpayment determinations. However, testing did identify that original prescriptions did not indicate the intended use of the medication or diagnosis code of the recipient. Although these items did not result in findings with corresponding overpayment determinations, Myers and Stauffer recommends the Provider update internal processes to better document the rationale for not including this information in accordance with Texas Health and Safety Code Sec. 481.075(e)(1) and 22 TAC §291.34(l).

Management's Response

A draft copy of this report was sent to the Provider on June 20, 2023. An exit conference was held on June 29, 2023 to discuss the preliminary findings. During the exit conference and in their subsequent response to the Draft Audit Report, the Provider stated the following in connection with the individual findings:

- **Finding No. 1 Incorrect Prescriber:** The Provider explained that they were not aware that the claims in question were being submitted to the pharmacy benefit manager (PBM) with the supervising prescriber ID as the prescriber on the claim, rather than the mid-level practitioner, until they were informed during the course of this audit. In response, the Provider contacted their claims processing vendor to obtain clarification on the matter. The vendor explained that

the system setup configurations were dictated by claim payors and that the payor had instructed the vendor to submit the supervising prescriber ID for claim processing. The Provider stated that the Provider did not have authority to alter this instruction; however, the vendor did state that changes could be made if the payor provided valid rationale for adjustments.

- **Finding No. 2 Original Prescription Missing Prescriber Phone Number:** The Provider stated that in regards to six of the claims with this finding, they engaged in a conversation with the TSBP seeking clarification on compliance requirements for prescriber phone number. The Provider stated that according to the guidance provided by the TSBP, as long as the prescriber's primary location is identified, the method used to indicate the primary phone number is discretionary and does not affect compliance.
- **Finding No. 3 Quantity Dispensed Less Than Prescribed:** The Provider stated that they believe their actions were appropriate and compliant with the prescriber's instructions and the plan's coverage limitations. They explained the prescription in question was written for a 30-day supply with specific instructions to take half a tablet for the first three days and one tablet thereafter. The Provider also noted that if they were to dispense the full 30 tablets as originally written, it would exceed the plan's coverage limitation of no more than a 30-day supply. By providing 29 tablets for the 30-day period, rather than dispensing 30 tablets resulting in a 31.5 day supply, which would not be covered by the plan, the Provider adhered to the coverage limitations outlined by the plan.
- **Finding No. 4 Not Tamper-Resistant Paper:** The Provider stated that four of the claims with this finding were all written on the same pre-printed prescription by the same office and they had provided direct images of the original prescriptions under review in compliance with 22 TAC §291.34(b)(6)(F). However, it was important to note that the watermark on the tamper-resistant paper was only visible when the hard copy was photocopied and in accordance with the TSBP policy, physical hard copies for these claims had not been retained past two years. To demonstrate the authenticity and compliance with tamper-resistant paper requirements, the Provider submitted a photocopy of sample number 18 to serve as evidence that the prescriptions were accurately written on tamper-resistant paper and kindly requested that HHSC-OIG accept the example as representative of the entire group of four claims and adherence to the tamper-resistant paper requirement.

In addition, in response to the recommendation of updating internal processes to better document the rationale for not including the intended use of the medication or diagnosis code of the recipient on the original prescriptions for controlled substances, the Provider stated that their processes had been updated to address this item going forward.

In their response, the Provider objected to certain questioned claim lines and submitted additional documentation and/or feedback for 22 of 25 claims with findings identified in the Draft Audit Report (claims with findings excludes no recoupment findings [e.g., recommendations]).

Revised Findings Based on Evaluation of Management's Response

After further discussions with the applicable MCOs, the TSBP, and the HHSC-OIG, the findings were revised resulting in the number of questioned pharmacy claims decreasing from the 25 identified in the Draft Audit Report to 23 questioned pharmacy claims. Findings were revised as follows:

- After confirming the TSBP's stance on original prescriptions including the prescriber phone number, the finding of original prescription missing prescriber phone number was rescinded on six claims where the prescriber's phone number was indicated somewhere on the original prescription.
- After reviewing the Provider's response and documentation submitted for the finding of incorrect prescriber, the findings identified were not revised from the Draft Audit Report. These findings were upheld as although the vendor may set up the claims processing system, it is the Provider's responsibility to ensure that the system is processing claims in accordance with state regulations. In addition, although the submitted documentation indicated the system was set up to indicate the supervising prescriber ID, it did not document that this was at the direction of a payor.
- After reviewing the Provider's response and documentation submitted for the finding of quantity dispensed less than prescribed, the finding identified was not revised from the Draft Audit Report. The finding was upheld due to the Provider failing to support consultation with the prescriber to clarify the prescriber's intentions for the prescribed drug as the quantity prescribed and the instructions provided were in contradiction. In addition, the HHSC-OIG confirmed with the MCO that the plan coverage limitation for the drug in question was a 34-day supply, meaning it would have been acceptable to dispense the quantity prescribed based solely on the prescriber's instruction.
- After reviewing the Provider's response and documentation submitted for the finding of not tamper-resistant paper, the findings identified were not revised from the Draft Audit Report. Although the Provider indicated that an example of the tamper-resistant prescription had been submitted, it is the Provider's responsibility to ensure adequate documentation is maintained, retained, and can be produced to support adherence to state regulations for every service provided for a minimum of five years or until all audit questions, administrative hearings, investigations, court cases, or appeals have been resolved.

Final Determination of Overpayment

The Medicaid paid claims with identified findings 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 $9,862.15. The samples were not confirmed to be representative of their universes; therefore, it would not be appropriate to project the test results to the universes.

The total amount due to the HHSC-OIG is $9,862.15 for the claims reviewed. Based on the findings cited in this Final Audit Report, the Provider is directed to:

- Remit the overpayment in the amount of $9,862.15, 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 the Texas HHSC-OIG.
- Comply with all state and federal Medicaid laws, regulations, rules, policies and contractual requirements.

Appendix A – Detailed Findings

Metrocare Pharmacy

Project Number 018

NPI 1093114134

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(s)	Recoupment Type	Quantity Prescribed (if applicable)	Prescribing Provider Name (if applicable)	Corrected Claim Payment	Overpayment Amount
19	Amerigroup	[redacted]						INVEGA SUSTENNA 156 MG/ML S	50458056301	[redacted]		1	$0.50	$1,848.71	INCORRECT PRESCRIBER	A	2	N/A	[redacted]	$0.00	$1,848.71
21	Amerigroup							FLUOXETINE HCL 10 MG CAPSUL	50111064703			30	$0.50	$1.89	ORIGINAL PRESCRIPTION MISSING PRESCRIBER PHONE NUMBER	F	2	N/A		$0.00	$1.89
49	Amerigroup							GUANFACINE HCL ER 2 MG TABL	24979053401			30	$0.30	$156.96	NOT TAMPER-RESISTANT PAPER	B, G	2	N/A		$0.00	$156.96
53	Amerigroup							ARIPIPRAZOLE 15 MG TABLET	67877043305			30	$0.50	$411.55	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$411.55
63	Amerigroup							INVEGA SUSTENNA 156 MG/ML S	50458056301			1	$0.50	$1,848.71	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$1,848.71
87	Molina							LITHIUM CARBONATE 300 MG CA	31722054501			90	$1.35	$4.34	NOT TAMPER-RESISTANT PAPER	B, G	2	N/A		$0.00	$4.34
92	Amerigroup							RISPERIDONE 1 MG TABLET	27241000150			75	$0.15	$6.53	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$6.53
94	Amerigroup							FLUOXETINE HCL 10 MG CAPSUL	50111064703			30	$0.30	$5.30	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$5.30
95	Amerigroup							ATOMOXETINE HCL 40 MG CAPSU	60505283303			30	$0.35	$154.38	NOT TAMPER-RESISTANT PAPER, ORIGINAL PRESCRIPTION MISSING PRESCRIBER PHONE NUMBER	B, F, G	2	N/A		$0.00	$154.38
108	Amerigroup							LAMOTRIGINE 25 MG TABLET	68382000610			15	$0.15	$0.55	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$0.55
109	Amerigroup							ARIPIPRAZOLE 5 MG TABLET	13668021730			30	$0.30	$733.19	INCORRECT PRESCRIBER, ORIGINAL PRESCRIPTION MISSING PRESCRIBER PHONE NUMBER	A, F	2	N/A		$0.00	$733.19
110	Amerigroup							ARIPIPRAZOLE 5 MG TABLET	13668021730			30	$0.30	$733.19	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$733.19
114	Amerigroup							RISPERIDONE 1 MG TABLET	27241000150			45	$0.30	$6.23	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$6.23
115	Amerigroup							ABILIFY MAINTENA ER 400 MG	59148007280			1	$0.35	$2,043.85	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$2,043.85
118	Amerigroup							CLONIDINE HCL 0.2 MG TABLET	00228212850			30	$0.50	$1.30	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$1.30
144	Molina							QUETIAPINE FUMARATE 100 MG	00054022125			29	$1.35	$4.65	QUANTITY DISPENSED LESS THAN PRESCRIBED	C, D, E, H, I	1	30		$3.30	$1.35
149	Amerigroup							RISPERIDONE 0.25 MG TABLET	27241000250			60	$0.50	$2.10	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$2.10
160	Amerigroup							LATUDA 80 MG TABLET	63402030810			30	$0.35	$1,208.58	NOT TAMPER-RESISTANT PAPER	B, G	2	N/A		$0.00	$1,208.58
168	Amerigroup							OXCARBAZEPINE 150 MG TABLET	51991029205			15	$0.50	$6.10	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$6.10
173	Amerigroup							FLUOXETINE HCL 20 MG CAPSUL	50228011410			30	$0.50	$2.13	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$2.13
174	Amerigroup							PALIPERIDONE ER 6 MG TABLET	10147095303			30	$0.35	$653.65	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$653.65
183	Amerigroup							CLONIDINE HCL 0.2 MG TABLET	00228212810			30	$0.30	$9.51	NOT TAMPER-RESISTANT PAPER	B, G	2	N/A		$0.00	$9.51
184	Amerigroup							BUSPIRONE HCL 10 MG TABLET	16729020216			60	$0.50	$22.05	INCORRECT PRESCRIBER	A	2	N/A		$0.00	$22.05
Amerigroup													**$8.00**	**$9,856.46**						**$0.00**	**$9,856.46**
Molina													**$2.70**	**$8.99**						**$3.30**	**$5.69**
Totals													**$10.70**	**$9,865.45**						**$3.30**	**$9,862.15**

Legends

Finding Type	Supporting Policy Reference(s)	Recoupment Type	Definition
INCORRECT PRESCRIBER	A	2	The prescriber identified on the prescription record does not match the prescriber identified on the claim despite the prescriber on the prescription record holding a valid license and active National Provider Identification (NPI) number.
ORIGINAL PRESCRIPTION MISSING PRESCRIBER PHONE NUMBER	F	2	The original prescription did not meet all record requirements. All original prescriptions shall bear the telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped.
NOT TAMPER-RESISTANT PAPER	B, G	2	The written prescription is not written on tamper-resistant paper.
QUANTITY DISPENSED LESS THAN PRESCRIBED	C, D, E, H, I	1	The quantity dispensed is less than the quantity prescribed without documentation of physician approval.

Recoupment Type	Definition
1	Dispensing Fee
2	Full Recoupment

Reference	Supporting Policy	Policy
A	1 TAC §354.1835	Unless an exception is needed during a disaster, as described in §354.1868 of this subchapter (relating to Exceptions in Disasters),vendors must enter the identification number of the prescriber, as listed with the appropriate medical specialty board, on each claim.
B	1 TAC §354.1863(b), (c), & (d)	(b) The pharmacist must ensure that the original prescription conforms to the Texas State Board of Pharmacy rules concerning the records to be maintained by a pharmacy. A signed prescription must be maintained in the dispenser's file and available for audit at any reasonable time. Telephone orders, where legal, must be documented in writing. The name of the prescriber and the signature of the dispensing pharmacist must be documented. If a pharmacy maintains prescription records in a data processing system, a hard copy of the prescription must be retained on file unless the daily log includes all the information required in §354.1901 of this title (relating to Pharmacy Claims).The provider must conform to all regulations issued by the Drug Enforcement Administration and Texas State Board of Pharmacy concerning the recording of prescriptions in a data processing system. (c) Pharmaceuticals dispensed in disasters under §354.1868 of this subchapter (relating to Exceptions in Disasters) are not subject to the requirements in subsection (b) of this section. (d) Prescriptions for covered pharmaceuticals submitted to a pharmacy in written form are eligible for payment only if the prescription is executed on tamper-resistant prescription paper, as required by §1903(i)(23) of the Social Security Act (42 U.S.C.§1936b(i)(23)).
C	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.
D	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.
E	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.

Reference	Supporting Policy	Policy
F	22 TAC §291.34 (b)(7)	(7) Prescription drug order information. (A) All original prescriptions shall bear: (i) the name of the patient, or if such drug is for an animal, the species of such animal and the name of the owner; (ii) the address of the patient; provided, however, that a prescription for a dangerous drug is not required to bear the address of the patient if such address is readily retrievable on another appropriate, uniformly maintained pharmacy record, such as medication records; (iii) the name, address and telephone number of the practitioner at the practitioner's usual place of business, legibly printed or stamped, and if for a controlled substance, the DEA registration number of the practitioner; (iv) the name and strength of the drug prescribed; (v) the quantity prescribed numerically, and if fora controlled substance: (I) numerically, followed by the number written as a word, if the prescription is written; (II) numerically, if the prescription is electronic; or (III) if the prescription is communicated orally or telephonically, as transcribed by the receiving pharmacist; (vi) directions for use; (vii) the intended use for the drug unless the practitioner determines the furnishing of this information is not in the best interest of the patient; (viii) the date of issuance; (ix) if a faxed prescription: (I) a statement that indicates that the prescription has been faxed (e.g., Faxed to); and (II) if transmitted by a designated agent, the name of the designated agent; (x) if electronically transmitted: (I) the date the prescription drug order was electronically transmitted to the pharmacy, if different from the date of issuance of the prescription; and (II) if transmitted by a designated agent, the name of the designated agent; and (xi) if issued by an advanced practice nurse or physician assistant in accordance with Subtitle B, Chapter 157, Occupations Code: (I) the name, address, telephone number, and if the prescription is for a controlled substance, the DEA number of the supervising practitioner; and (II) the address and telephone number of the clinic where the prescription drug order was carried out or signed; and (xii) if communicated orally or telephonically: (I) the initials or identification code of the transcribing pharmacist; and (II) the name of the prescriber or prescriber's agent communicating the prescription information. (B) At the time of dispensing, a pharmacist is responsible for documenting the following information on either the original hardcopy prescription or in the pharmacy's data processing system: (i) the unique identification number of the prescription drug order; (ii) the initials or identification code of the dispensing pharmacist; (iii) the initials or identification code of the pharmacy technician or pharmacy technician trainee performing data entry of the prescription, if applicable; (iv) the quantity dispensed, if different from the quantity prescribed; (v) the date of dispensing, if different from the date of issuance; and (vi) the brand name or manufacturer of the drug or biological product actually dispensed, if the drug was prescribed by generic name or interchangeable biological name or if a drug or interchangeable biological product other than the one prescribed was dispensed pursuant to the provisions of the Act, Chapters 562 and 563.
G	1 TAC §371.1667(1)(A)	A person is subject to administrative actions or sanctions if the person: (1) fails to make, maintain, retain, or produce adequate documentation according to Medicaid or other HHS policy, state, or federal law, rule or regulation, or contract for a minimum period of: (A) five years from the date of service or until all audit questions, administrative hearings, investigations, court cases, or appeals are resolved
H	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.
I	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.