PATRICK E. MUFFLEY, D.O.
DELAWARE COUNTY

AGREED UPON PROCEDURES REPORT

FOR THE YEAR ENDED DECEMBER 31, 2015

OHIO AUDITOR OF STATE
KEITH FABER

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88 East Broad Street
Columbus, Ohio 43215
ContactMCA@ohioauditor.gov
(800) 282-0370

Independent Accountants' Report on Applying Agreed-Upon Procedures

Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Patrick E. Muffley, D.O. NPI: 1528015260
Program Year 3: Meaningful Use Stage 2 Year 2

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM), on Dr. Patrick E. Muffley's (hereafter referred to as the Provider) compliance with the requirements of the Medicaid Provider Incentive Program (MPIP) for the year ended December 31, 2015. The Provider is responsible for compliance with the MPIP requirements. The sufficiency of these procedures is solely the responsibility of ODM. Consequently, we make no representation regarding the sufficiency of the procedures enumerated below either for the purpose for which this report has been requested or for any other purpose.

1. We compared the Provider's Ohio Medicaid Agreement dates from the Medicaid Information Technology System (MITS) to the patient volume and meaningful use attestation periods. We found the Provider had an active agreement in effect during the attestation periods.

2. Using the Ohio e-license center, we compared the licensure type and effective dates to the patient volume and meaningful use attestation periods. We found no exceptions.

3. Using the MPIP system, we confirmed the Provider underwent the ODM's payment approval process, was approved for an incentive payment and received an incentive payment.

   We compared the date of the payment approval with the date of the incentive payment and confirmed the payment approval occurred prior to the payment. In addition, we compared the payment amount with the MPIP payment schedule and found no variance.

4. We obtained the Provider's encounters during the patient volume attestation period. We scanned the list and found a duplicate encounter. We removed the duplicate and recalculated encounters. We also scanned the list and found that it included multiple payer sources.

5. We recalculated the Medicaid patient volume from the adjusted encounters identified in procedure 4 and confirmed the Provider met the 30 percent patient volume requirement.

6. We found that the Provider's location was now using a newer version of the electronic health record (EHR) software reported in the MPIP system. We verified that the newer version of the EHR software was approved by the Office of the National Coordinator of Health IT.

7. We obtained the Provider's location list; however, we could not compare the location to the meaningful use reports as it did not identify any locations. We did compare the Provider's location list to the MITS and MPIP systems. We found no differences.

8. We obtained supporting documentation for the 10 objectives and compared it to the applicable criteria. We found the applicable criteria was not met for Objective 4 (e-Prescribing) and Objective 8, measure 2. However, we received a letter from the vendor which stated Objective 8, measure 2 (Patient Electronic Access) was available during 2015 and that the software did not have the functionality for Objective 4 until 2016. For those measures that require only unique patients be counted, we could not perform a scan of the detailed data as the Provider could not provide unique patient data.

9. We obtained supporting documentation for the clinical quality measures and compared it to the applicable criteria. We confirmed eight measures were met with at least one measure from three different domains. We found CMS 153 did not meet the applicable criteria due to lack of supporting documentation. The vendor confirmed no workflow/codes were assigned for any screenings and there was no meaningful use data recorded in the numerator for this measure. We received medical record documentation from the Provider that a screening took place during the meaningful use period.

This agreed-upon procedures engagement was conducted in accordance with the American Institute of Certified Public Accountants' attestation standards. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on the Provider's compliance with the requirements of the Medicaid Provider Incentive Program. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported.

This report is intended solely for the information and use of the Provider and the ODM, and is not intended to be, and should not be used by anyone other than the specified parties.

Keith Faber
Auditor of State
Columbus, Ohio

July 2, 2019

OHIO AUDITOR OF STATE
KEITH FABER

PATRICK MUFFLEY

DELAWARE COUNTY

CLERK'S CERTIFICATION
This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

CERTIFIED
JULY 25, 2019

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370
www.ohioauditor.gov