



OHIO AUDITOR OF STATE
KEITH FABER



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Independent Accountants' Report on Applying Agreed-Upon Procedures

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

RE: Teresa R. Waite, C.N.P. NPI: 1467416917
Program Year 2017: Meaningful Use Stage 2 Year 1

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM), on Teresa R. Waite's (hereafter referred to as the Provider) compliance with the requirements of the Medicaid Promoting Interoperability Program (MPIP) for the year ended December 31, 2017. 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 encounters using the Quality Decision Support System to the reported Medicaid encounters for the 2017 patient volume period. The variance was less than 20 percent.
2. We compared reported encounters for the 2017 patient volume period to the enrollment data submitted for 2016 and 2018 and calculated the variance for each year. The variance of encounters was less than 20 percent for both years.
3. We compared the system generated dashboards to the applicable criteria and to the Meaningful Use Objectives and Clinical Quality Measure Summaries. We noted variances greater than 10 percent in the percentages for two clinical quality measures and performed the following additional procedures.
4. We scanned the Provider's encounters during the patient volume attestation period, found and removed duplicate encounters and noted multiple payer sources. We calculated the Medicaid patient volume from the unduplicated encounters and confirmed the Provider met the 30 percent requirement.
5. The location where the Provider worked was now using a newer version of the electronic health record (EHR) software reported in the MPIP system. The newer version of the EHR software was approved by the Office of the National Coordinator of Health IT.
6. We compared the Provider's equipped practice locations during the meaningful use period to the locations included in the meaningful use report. We found no exception.
7. We obtained supporting documentation for the 10 objectives and compared it to the applicable criteria. We found no exceptions. For those objectives that require only unique patients be counted, we scanned the detailed data for each query and found no duplicate patients.

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Teresa R. Waite, C.N.P.
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8. We compared supporting documentation for the clinical quality measures to the applicable criteria. We found the Provider met the minimum requirements.

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 Promoting Interoperability 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 ODM, and is not intended to be, and should not be used by anyone other than the specified party.



Keith Faber
Auditor of State
Columbus, Ohio

October 20, 2020

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TERESA R. WAITE, C.N.P.

MERCER COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

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



Certified for Release 11/5/2020

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