



Dave Yost • Auditor of State





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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: Wayarne A. Harlan, M.D. NPI: 1497750293  
Program Year 4: 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 Dr. Wayarne A. Harlan's (hereafter referred to as the Provider) compliance with the requirements of the Medicaid Provider Incentive Program (MPIP) for the year ended December 31, 2014. 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 searched the Medicaid Information Technology System (MITS) and confirmed that the Provider had an active Ohio Medicaid Agreement during the patient volume and meaningful use attestation periods.
2. Using the Ohio e-license center, we verified the Provider type was the same as reported in MPIP and confirmed that the Provider was licensed to practice in Ohio during the patient volume and meaningful use attestation periods.
3. We reviewed the MPIP system and confirmed that the Provider underwent ODM's pre-payment approval process, was approved for incentive payment and received an incentive payment.

We compared the date of pre-payment approval with the date of the incentive payment and confirmed that pre-payment approval occurred prior to payment. In addition, we compared the payment amount with the MPIP payment schedule and confirmed that ODM issued the correct payment amount.

4. We obtained the list of all group encounters during the patient volume attestation period from the Provider. We scanned the list and found duplicate encounters. We removed duplicates and recalculated encounters.

We also verified that all payer sources were included in the encounter list and found no unrecorded encounters.

5. We compared the group Medicaid encounters in the MPIP system with those from the Quality Decision Support System and the final Provider's Medicaid group encounters identified in procedure 4 to determine if the MPIP data exceeded these two reports by 20 percent. We found no variances exceeding 20 percent and we recalculated patient volume using MPIP Medicaid encounters and final total encounters and the Provider met the 30 percent patient volume requirement.

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6. We found that 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 software was able to produce reports showing the Provider's use in 2014. We verified that the newer version of the EHR software was approved by the Office of the National Coordinator of Health IT.
7. We confirmed that the Provider reported two locations on its patient volume report; however only one location was identified on its meaningful use report. We selected 10 patient names from the encounters on the patient volume report during the meaningful use period and traced the names to the meaningful use report. We confirmed that all encounters from one location were included; however; two of ten patient names from the second location could not be traced to the encounter report. We recalculated the encounters using only the first location and confirmed that over 50 percent of total encounters were included on the meaningful use report and occurred at a location with the CEHRT installed. We searched MITS and found that both locations were listed.
8. We obtained supporting documentation for the core measures and compared it to the applicable criteria. We found no exceptions. We scanned the detailed data for 11 measures that require only unique patients be counted, and found no duplicate patients. The Provider did not provide unique patient data for two of the 2014 measures.
9. We obtained supporting documentation for the menu measures and compared it to the applicable criteria and we confirmed if the minimum number of measures was met. We found no exceptions. For those measures that require only unique patients be counted, we scanned the detailed data and found no duplicate patients.
10. We obtained supporting documentation for the clinical quality measures and compared it to the applicable criteria and we confirmed if the minimum number of measures was met with at least one measure from three different domains. We found no exceptions.

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 MPIP requirements. 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.



**Dave Yost**  
Auditor of State

February 20, 2018



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WAYARNE HARLAN

MONTGOMERY 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  
MARCH 8, 2018