



OHIO AUDITOR OF STATE
KEITH FABER



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Medicaid Contract Audit
88 East Broad Street
Columbus, Ohio 43215
(614) 466-3340
ContactMCA@ohioauditor.gov

Independent Accountants' Report on Applying Agreed-Upon Procedures

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

RE: Stephanie A. Sedlak, C.N.M. NPI: 1477868156
Program Year 2019: Meaningful Use Stage 3 Year 3

We have performed the procedures enumerated below on Stephanie A. Sedlak's (the Provider) compliance with the requirements of the Medicaid Promoting Interoperability Program (MPIP) for the year ended December 31, 2019. The Provider is responsible for compliance with applicable laws and regulations of the Medicaid Promoting Interoperability Program.

The Ohio Department of Medicaid (Department) has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of reviewing providers awarded Medicaid Promoting Interoperability Program monies. No other party acknowledged the appropriateness of the procedures. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes. The sufficiency of the procedures is solely the responsibility of the Department. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

1. We obtained the Provider's encounters during the patient volume attestation period, performed a duplicate check and found none, and confirmed that the encounters included multiple payer sources. We calculated the Medicaid patient volume and the Provider met the 30 percent requirement.
2. We requested supporting documentation for the program year for meaningful use (MU) Objective 1 and we confirmed that the Provider had documentation for this objective;

We confirmed that the system generated dashboard reflected MU Objective 3; and

We compared the dashboard to the applicable criteria and to the summaries for MU Objectives 2 and 4 through 7 and found that the dashboard indicated that these objectives were met. We confirmed that the Provider input the incorrect MU period in the MPIP portal and the correct reporting period was March 21, 2019 to June 28, 2019. We confirmed that all measures from the dashboard for the correct reporting period agreed to the data reported in the MPIP portal.

We compared the system generated dashboard to the clinical quality measures (CQMs) and found that the dashboard indicated that the minimum CQMs were met. We noted variances greater than 10 percentage points between these reports for four clinical quality measures. As a result, we performed additional procedures.

3. We obtained a screen shot showing the current electronic health record (EHR) system and compared it to the EHR system reported in the MPIP system. We confirmed that the Provider was using a newer version of the same EHR software and that the newer version was approved by the Office of the National Coordinator of Health IT.
4. We obtained the Provider's equipped practice locations but we could not compare this to the MU summary report as it did not include locations. We selected 10 names from the patient volume report during the corrected MU period and traced the names to the detailed MU report. We found no variances.
5. We obtained the system generated dashboard for the seven MU objectives. For those objectives that require only unique patients be counted, we scanned the detailed data to identify duplicate patients. We found no duplicates. We found no exceptions.
6. We confirmed that the system generated dashboard contained the minimum number of required Clinical Quality Measures.

We were engaged by the Department to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the AICPA. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on the Provider's compliance with applicable laws and regulations 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 to you.

We are required to be independent of the Provider and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.



Keith Faber
Auditor of State
Columbus, Ohio

January 19, 2022

OHIO AUDITOR OF STATE KEITH FABER



STEPHANIE A. SEDLAK, C.N.M.

SUMMIT 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 2/15/2022

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

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