



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: Jennifer A. Brannon, C.N.M. NPI: 1710122130
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 Jennifer A. Brannon'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 the group encounters from the Quality Decision Support System to the group Medicaid encounters on the Provider's Enrollment summary for the 2017 patient volume period. The variance was less than 20 percent.
2. We compared total group encounters in the Provider's Enrollment summary for the 2017 patient volume period to the enrollment data submitted for 2018. The variance was less than 20 percent.
3. We compared the system generated dashboards to the applicable criteria and to the summaries for Meaningful Use Objectives 3 through 9 and the Clinical Quality Measures. We found all reported objectives and measures on the dashboards met the applicable criteria. We found that the Clinical Quality Measure Summary only reflected five measures while the minimum requirement is six; therefore, we performed additional procedures.
4. We scanned the Provider's group encounters during the patient volume attestation period, found no duplicate encounters and noted that they included multiple payer sources. We calculated the group Medicaid patient volume and confirmed the Provider met the 30 percent requirement.
5. The Provider's location was now using a newer version of the electronic health record (EHR) software reported in the MPIP system.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.
6. We were unable to verify that the summary included all locations as the report did not reflect locations. We traced 10 names from the patient volume report for the meaningful use period to the detailed meaningful use report. We found no variances.
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 duplicates.

8. We compared the system generated dashboard for the clinical quality measures to the applicable criteria and found the minimum requirements were met.

Responsible Party's Written Representation

The Provider declined to submit a signed representation letter acknowledging responsibility for maintaining records and complying with applicable MPIP regulations; making available all documentation related to compliance; responding fully to our inquiries; reporting any non-compliance subsequent to the end of the engagement period; and disclosing all communications received from regulatory agencies alleging noncompliance with the Ohio MPIP rules.

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

December 11, 2020

OHIO AUDITOR OF STATE KEITH FABER



JENNIFER A. BRANNON, C.N.M.

HAMILTON 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 1/21/2021

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