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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: Jason D. Ridgel, M.D. NPI: 1225020449

Program Year 5: Meaningful Use Stage 2 Year 4

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM), on Dr. Jason D. Ridgel's (hereafter referred to as the Provider) compliance with the requirements of the Medicaid Provider Incentive Program (MPIP) for the year ended December 31, 2016. 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 obtained the Provider's encounters during the patient volume attestation period. We scanned the list and found duplicate encounters. We removed duplicates and recalculated encounters. We also found it included multiple payer sources.
- 2. We recalculated the Medicaid patient volume from the encounters identified in procedure 1 and confirmed the Provider met the 30 percent patient volume requirement.
- 3. We did not determine if the current electronic health record software was approved as the Provider did not participate in the MPIP program after program year 2017.
- 4. We obtained the Provider's equipped practice locations. We compared the Provider's locations to the meaningful use report. We found differences. We selected 10 patient names from the patient volume report during the meaningful use period. From the six names that did not trace, we calculated that the omitted three locations made up 202 out of 2,159 encounters on the patient volume report.
- 5. We obtained supporting documentation for the 10 objectives and compared it to the applicable criteria. We found objective 8, Measure 1 did not meet the applicable criteria. We found no other exceptions.
 - For those measures that require only unique patients be counted, we scanned the detailed data and found duplicates in one measure. We removed duplicates and recalculated total encounters with no exception.
- 6. We obtained supporting documentation for the clinical quality measures for an alternative period (January 1, 2016 to December 31, 2016) 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.

Jason D. Ridgel, M.D. Independent Accountants' Report on Applying Agreed-Upon Procedures

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

February 13, 2020



JASON RIDGEL

LORAIN 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.

CLERK OF THE BUREAU

Susan Babbitt

CERTIFIED MARCH 3, 2020