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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: Richard A. Rigozine, D.D.S. NPI: 1053419960

Program Year 3: Meaningful Use Stage 2 Year 2

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM), on Dr. Richard A. Rigozine'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 no duplicate encounters. We could not perform the procedure to scan the list for multiple payer sources as the patient volume report only designated Medicaid and non-Medicaid encounters and did not identify the specific payer sources of all encounters.
- 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 found that the Provider's electronic health record (EHR) system was different than reported in the MPIP system. We obtained a vendor letter to determine the EHR system selected by the Provider. We verified that the current version of the new EHR system was not yet approved by the Office of the National Coordinator of Health IT.
- 4. We obtained the Provider's equipped practice location during the meaningful use period and compared this to the location included in the meaningful use report. We found no exception.
- 5. We obtained supporting documentation for the 10 objectives and compared it to the applicable criteria. We found no exceptions.
 - We could not perform a scan of the detailed data for those measures that require only unique patients be counted as the Provider did not provide any unique patient data.
- 6. We obtained supporting documentation for the clinical quality measures (CQM) and compared it to the applicable criteria. We received a CQM report; however, it showed the Provider had a zero in the numerator and denominator for the CQM period for all nine measures.

Richard A. Rigozine, D.D.S. 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

January 27, 2020



RICHARD RAGOZINE

TRUMBULL 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 FEBRUARY 18, 2020