





88 East Broad Street Columbus, Ohio 43215 ContactMCA@ohioauditor.gov (800) 282-0370

Independent Accountants' Report on Applying Agreed-Upon Procedures

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

RE: John C. Schuster, D.D.S. NPI: 1699879726 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. John C. Schuster'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 did not perform the procedure to obtain a list of all encounters during the patient volume attestation period from the Provider, scan the list looking for duplicate encounters and verify that all payer sources were included in the encounter list as no supporting documentation was received for the Provider and the practice was closed.
- 2. We did not perform the procedure to recalculate the Medicaid patient volume from the encounters identified in procedure 1 and determine if the Provider met the 30 percent patient volume requirement as no supporting documentation was received from the Provider.
- 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 2016.
- 4. We did not perform the procedure to obtain the Provider's equipped practice location during the meaningful use period and compare to the locations included in the meaningful use reports as no supporting documentation was received from the Provider.
- 5. We did not perform the procedure to obtain supporting documentation for the 10 objectives and compared it to the applicable criteria as no supporting documentation was received from the Provider.

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 did not perform the procedure to obtain supporting documentation for the clinical quality measures and determine if it met the applicable criteria as no supporting documentation was received from the Provider.

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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.

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Keith Faber Auditor of State Columbus, Ohio

January 27, 2020



JOHN SCHUSTER

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.

Susan Babbett

CLERK OF THE BUREAU

CERTIFIED FEBRUARY 18, 2020

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