



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: Tiffany L. Mazur, M.D. NPI: 1811208259  
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. Tiffany L. Mazur's (hereafter referred to as the Provider) compliance with the requirements of the Medicaid Provider Incentive Program (MPIP) for the year ended December 31, 2015. 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 Provider's Ohio Medicaid Agreement dates from the Medicaid Information Technology System to the patient volume and meaningful use attestation periods. We found the Provider had an active agreement in effect during the attestation periods.
2. Using the Ohio e-license center, we compared the licensure type and effective dates to the patient volume and meaningful use attestation periods. We found no exceptions.
3. Using the MPIP system, we confirmed the Provider underwent the ODM's payment approval process, was approved for an incentive payment and received an incentive payment.

We compared the date of the payment approval with the date of the incentive payment and confirmed the payment approval occurred prior to the payment. In addition, we compared the payment amount with the MPIP payment schedule and found that the Provider was overpaid at the 30 percent patient volume amount instead of the 20 percent amount. We confirmed that ODM sent a letter of payment correction to the Provider for the overpayment amount.

4. We obtained the Provider's group encounters during the patient volume attestation. We scanned the list and found duplicate encounters. We removed duplicates and recalculated encounters. We also scanned the list for inclusion of multiple payer sources and found no unrecorded encounters.
5. We recalculated the Medicaid patient volume from the group encounters identified in procedure 4 and confirmed the Provider met the 20 percent patient volume requirement.
6. We found that the location where the Provider worked 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.

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7. We could not determine if the meaningful use summary report contained encounters from the location identified on the Provider's location list as the meaningful use summary report did not list locations and we received no meaningful use reports with unique patient data, see procedure 8.
8. We obtained supporting documentation for the 10 objectives and compared it to the applicable criteria and confirmed if the minimum number of measures was met, including at least one public health menu measure. We could not perform a scan of the detailed data for those measures that require only unique patients be counted, as the Provider could provide unique patient data for each applicable objectives.
9. We obtained supporting documentation for the clinical quality measures and compared it to the applicable criteria. We confirmed the minimum number of measures was met with at least one measure from three different domains.

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

September 9, 2019

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**TIFFANY MAZUR**

**MONTGOMERY 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 Babbitt*

**CLERK OF THE BUREAU**

**CERTIFIED  
SEPTEMBER 24, 2019**