# Healthcare Compliance Forms and Tools
## Sample Board Report 2: Quarterly Report

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## Office of Corporate Compliance Draft Quarterly Report: [X] Quarter [YEAR]

## [YEAR] Completed Audits

Below is a listing of the audits that were completed by the Office of Corporate Compliance in the [X] Quarter of [YEAR].

The following slides provide a detailed summary of the audit findings for each audit. Additional information or a copy of the final audit reports are available upon request.

| [YEAR] Audits |
| --- |
| Place-of-Service Errors in Ambulatory Surgery Units |
| Ambulatory Surgery Unit Coding/Billing |
| Physician Impact of Opting Out of Medicare |
| Ambulatory Surgery Unit Coding/Billing |
| Ambulatory Surgery Unit Coding/Billing |
| Ambulatory Surgery Unit Coding/Billing |
| Syncope Medicare Severity Diagnosis-Related Groups (MS-DRG) |
| Physician Review |

| Ambulatory Surgery Unit Coding/Billing |
| --- |
| Radiology |
| Pulmonary Edema and Respiratory Failure MS-DRGs |
| Ambulatory Surgery Unit Coding/Billing |
| Ambulatory Surgery Unit Coding/Billing |

## [YEAR] Final Compliance Data Mining Audits

| Final Audit | Overpayments | Findings | Corrective Action |
| --- | --- | --- | --- |
| XXXXX | No overpayments | No material findings | N/A |
| XXXXXXX | 1 underpayment (~$202.25) | • 1 or 25% of the cases reviewed were assigned the incorrect MS-DRG<br>• 1 or 25% of the cases reviewed were assigned an incorrect ICD-9-CM code | Appropriate staff has been educated, and a refund has been processed |

## [YEAR] Final Compliance Facility Audits

| Final Audit | Overpayments | Findings | Corrective Action |
| --- | --- | --- | --- |
| XXXXX | No overpayments | No material findings | N/A |

| | | | |
|---|---|---|---|
| XXXXXXX | 1 underpayment (~$202.25) | 1 or 25% of the cases reviewed were assigned the incorrect MS-DRG | Appropriate staff has been educated, and a refund has been processed |

## [YEAR] Final Compliance Professional Fee Audits

| Final Audit | Overpayments | Findings | Corrective Action |
|---|---|---|---|
| XXXXX | 2 Overpayments (~$200.00) | • E/M levels<br>• Missing documentation | Appropriate staff has been educated, and a refund has been processed |
| XXXXX | No overpayments | No material findings | N/A |

| | |
|---|---|
| Total overpayments this quarter | ~$200.00 |

## [X] Quarter [YEAR] Compliance Helpline

Example of helpline calls data

## X Quarter 2021 HelpLine Calls
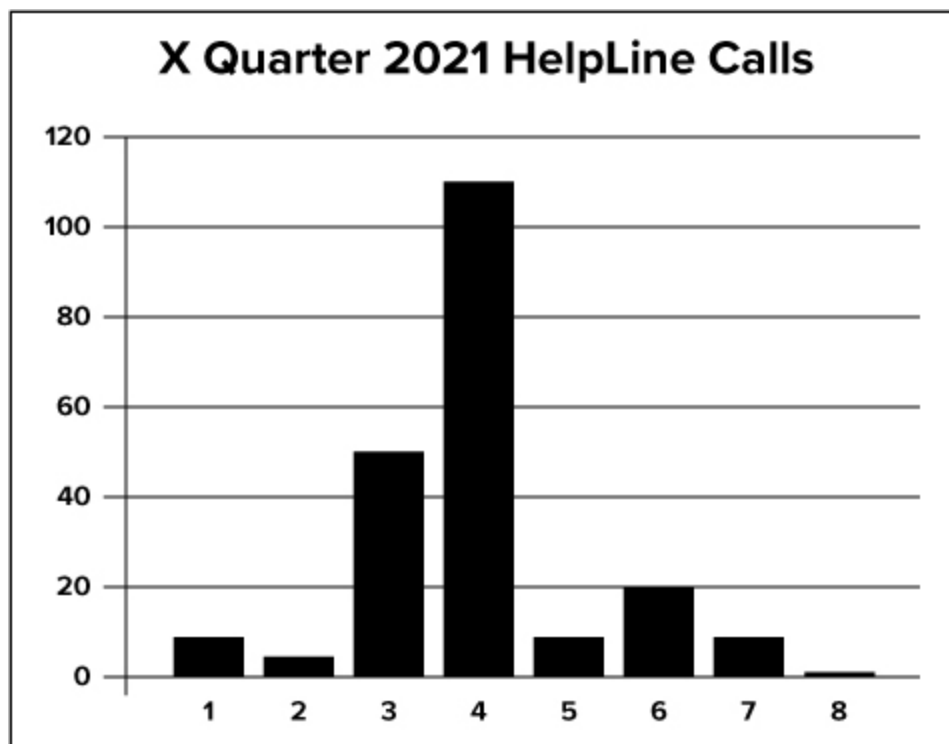
| Issue | Cases | Percentage of Total |
| --- | --- | --- |
| Coding, Billing, and Contracts | 5 | 2.1% |
| Conflicts of Interest | 2 | 0.8% |
| HIPAA/Confidentiality | 75 | 31.5% |
| Human Resources | 113 | 47.5% |
| Other | 10 | 4.2% |
| Patient Care/Quality | 20 | 8.4% |
| Question/Violation of Policy | 13 | 5.5% |

| | | |
|---|---|---|
| Theft | 0 | 0 |
| Total | 238 | |

The compliance helpline is an avenue by which individuals or interested parties may report any issue or question associated with any of the hospital's policies, conduct, practices, or procedures believed by the employee to be a potential violation of criminal, civil, or administrative law, or any unethical conduct. Inquiries can be made via the helpline 24 hours a day, seven days a week. Individuals are encouraged to report any problem or concern either anonymously or in confidence via the helpline as they deem appropriate.

To date, the number of internal and helpline cases received during [X] quarter of [YEAR], was **238**.

The grid describes the general categories of reports received during [X] quarter. The largest number of issues arose in the human resources category, followed by HIPAA. The human resource calls are referred to that department for investigation.

The HIPAA calls resulted in 40 investigations that have taken place since [Month] 1, and approximately 100 interviews that were conducted related to inappropriate access to patient information. All identified issues were handled appropriately.

Any questions related to these issues should be directed to your site-specific compliance director.

## [X] Quarter HIPAA Breaches

Below is a listing of the HIPAA breaches that were reviewed by the Office of Corporate Compliance in [X] Quarter of [YEAR].

| Allegation | Facility | Status |
|---|---|---|
| Misdirected fax | XYZ | Investigated. Unauthorized disclosure and breach. Will notify U.S. Department of Health & Human Services at year-end. |
| Employee accessed electronic medical record of patient who is a relative without authorization | XYZ | Investigated. Unauthorized access, unauthorized disclosure, and breach. Will notify U.S. Department of Health & Human Services at year-end. |

## [X] Quarter Completed HIPAA Initiatives

| Initiative | Facility | Status |
|---|---|---|
| Breach detection software used to systematically identify users who are engaging in patient access patterns that are indicative of snooping, identity theft, or other risky behaviors | XYZ | In progress |