

**SPECIAL AGENDA**  
**COMPLIANCE AND AUDIT COMMITTEE MEETING**  
**OF THE EL CAMINO HOSPITAL BOARD**

**Thursday, January 23, 2020 – 5:00 pm**  
 El Camino Hospital, Conference Room A&B (ground floor)  
 2500 Grant Road, Mountain View, CA 94040

Bob Rebitzer will be participating via teleconference from Manatt Phelps Offices, One Embarcadero Center, 29<sup>th</sup> Fl., San Francisco, CA 94111

**PURPOSE:** To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

| AGENDA ITEM  | PRESENTED BY  |                       | ESTIMATED TIMES                              |
|--|---|-----------------------|--|
| <b>1. CALL TO ORDER/ROLL CALL</b>  | Sharon Anolik Shakked, Chair                              |                       | <b>5:00 – 5:01</b>                           |
| <b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>   | Sharon Anolik Shakked, Chair                              |                       | <b>5:01 – 5:02</b>                           |
| <b>3. PUBLIC COMMUNICATION</b><br>a. Oral Comments<br><i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i><br>b. Written Correspondence   | Sharon Anolik Shakked, Chair                              |                       | <b>information</b><br><b>5:02 – 5:05</b>     |
| <b>4. CONSENT CALENDAR</b><br><i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i><br><b>Approval</b><br>a. <a href="#">Minutes of the Open Session of the CAC Meeting (11/21/2019)</a><br><b>Information</b><br>b. <a href="#">Status of FY20 Committee Goals</a> | Sharon Anolik Shakked, Chair                              | <i>public comment</i> | <b>motion required</b><br><b>5:05 – 5:10</b> |
| <b>5. REPORT ON BOARD ACTIONS</b><br><a href="#">ATTACHMENT 5</a>  | Board Members   |                       | <b>information</b><br><b>5:10 – 5:15</b>     |
| <b>6. KPIS, SCORECARD, AND TRENDS</b><br><a href="#">ATTACHMENT 6</a>  | Diane Wigglesworth,<br>Sr. Director, Corporate Compliance |                       | <b>information</b><br><b>5:15 – 5:25</b>     |
| <b>7. ADJOURN TO CLOSED SESSION</b>  | Sharon Anolik Shakked, Chair                              |                       | <b>motion required</b><br><b>5:25– 5:26</b>  |
| <b>8. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>   | Sharon Anolik Shakked, Chair                              |                       | <b>5:26 – 5:27</b>                           |
| <b>9. CONSENT CALENDAR</b><br><i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i><br><b>Approval</b><br><i>Gov’t Code Section 54957.2:</i><br>a. Minutes of the Closed Session of the CAC Meeting (11/21/2019)  | Sharon Anolik Shakked, Chair                              |                       | <b>motion required</b><br><b>5:27 – 5:35</b> |

| AGENDA ITEM   | PRESENTED BY   |  | ESTIMATED TIMES                                       |
|---|--|--|---|
| <p><b>Information</b><br/> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     b. Activity Log November 2019<br/>                     c. Activity Log December 2019<br/>                     d. Internal Audit Work Plan<br/>                     e. Committee Pacing Plan</p> |  |  |   |
| <p><b>10.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     - FY 19 Physician Payment Report</p>   | Mark Adams, CMO;<br>Diane Wigglesworth, Sr. Director, Corporate Compliance;<br>Priya Shah, Assistant General Counsel |  | <p><b>possible motion</b><br/> <b>5:35 – 5:45</b></p> |
| <p><b>11.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     - Enterprise Risk Management</p>   | Jim Griffith, COO;<br>Priya Shah, Assistant General Counsel  |  | <p><b>information</b><br/> <b>5:45 – 5:55</b></p>     |
| <p><b>12.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     - OIG Work Plan and Management Response</p>  | Diane Wigglesworth, Sr. Director, Corporate Compliance;<br>Priya Shah, Assistant General Counsel                     |  | <p><b>information</b><br/> <b>5:55 – 6:05</b></p>     |
| <p><b>13.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     - Report on Internal Audit Activity</p>  | Diane Wigglesworth, Sr. Director, Corporate Compliance;<br>Priya Shah, Assistant General Counsel                     |  | <p><b>discussion</b><br/> <b>6:05 – 6:20</b></p>      |
| <p><b>14.</b> <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:<br/>                     - IT Security Discussion</p>   | Deb Muro, CIO;<br>Brian Kreitzer, CISO;<br>John Gomez, Sensato;<br>Priya Shah, Assistant General Counsel             |  | <p><b>discussion</b><br/> <b>6:20 – 6:50</b></p>      |
| <p><b>15.</b> <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters – Senior Management:<br/>                     - Executive Session</p>   | Sharon Anolik Shakked, Chair   |  | <p><b>discussion</b><br/> <b>6:50 – 6:57</b></p>      |
| <p><b>16. ADJOURN TO OPEN SESSION</b></p>   | Sharon Anolik Shakked, Chair   |  | <p><b>motion required</b><br/> <b>6:57 – 6:58</b></p> |
| <p><b>17. RECONVENE OPEN SESSION/ REPORT OUT</b><br/>                     To report any required disclosures regarding permissible actions taken during Closed Session.</p>   | Sharon Anolik Shakked, Chair   |  | <p><b>information</b><br/> <b>6:58 – 6:59</b></p>     |
| <p><b>18. ADJOURNMENT</b></p>   | Sharon Anolik Shakked, Chair   |  | <p><b>motion required</b><br/> <b>6:59 – 7:00</b></p> |

**Upcoming Meetings:**

Regular Meetings: March 19, 2020; May 21, 2020

Education Sessions: April 22, 2020



**Minutes of the Open Session of the  
Compliance and Audit Committee  
of the El Camino Hospital Board of Directors  
Thursday, November 21, 2019  
El Camino Hospital | Conference Room E  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

Sharon Anolik Shakked, Chair\*\*  
Lica Hartman  
Bob Rebitzer, Vice Chair  
Christine Sublett

**Members Absent**

Don Watters

**\*\*Via teleconference**

| Agenda Item                                      | Comments/Discussion  | Approvals/<br>Action                    |
|--|--|---|
| <b>1. CALL TO ORDER/<br/>ROLL CALL</b>           | The open session meeting of the Compliance and Audit Committee of El Camino Hospital (“the Committee”) was called to order at 5:00pm by Chair Anolik Shakked. A verbal roll call was taken. Chair Anolik Shakked participated via video conference. Mr. Watters was absent. All other Committee members were present at roll call.   | <b><i>Called to order at 5:00pm</i></b> |
| <b>2. POTENTIAL<br/>CONFLICT OF<br/>INTEREST</b> | Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.  |   |
| <b>3. PUBLIC<br/>COMMUNICATION</b>               | None.  |   |
| <b>4. CONSENT<br/>CALENDAR</b>                   | <p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Compliance and Audit Committee Meeting (9/26/2019); for information: Status of FY20 Committee Goals.</p> <p><b>Movant:</b> Sublett<br/><b>Second:</b> Hartman<br/><b>Ayes:</b> Anolik Shakked, Hartman, Rebitzer, Sublett<br/><b>Noes:</b> None<br/><b>Abstentions:</b> None<br/><b>Absent:</b> Watters<br/><b>Recused:</b> None</p>   | <b><i>Consent Calendar approved</i></b> |
| <b>5. REPORT ON<br/>BOARD ACTIONS</b>            | Cindy Murphy, Director of Governance Services, reported that the Board Action Plan described in the report was developed by the Governance Committee as a result of the Board’s annual self-assessment and approved by the Board on November 6, 2019.  |   |
| <b>6. DASHBOARD<br/>REPORTING</b>                | Diane Wigglesworth, Sr. Director Corporate Compliance, reviewed three alternative proposed dashboard reporting options with the Committee as well as the current version (#4). After discussion, the Committee opted to adopt #3 (bar graph) and keep # 4 (trend lines) and the KPI scorecard. The Committee also requested the following: (1) that #4 be presented with a quarterly view of the data, (2) definitions for each category be added to #3, (3) narratives be added to explain whether change is significant, and (4) consider adding “control” lines to #4. Chair Anolik-Shakked requested that for future meetings more time be allowed on the agenda for discussion of the KPIs, Scorecard and trends. |   |
| <b>7. KPIs, SCORECARD,</b>                       | Ms. Wigglesworth reported that there continues to be a small trend up of   |   |

|  |   |  |
|--|---|--|
| <b>AND TRENDS</b>  | items investigated or reported. She also noted that there was an IT Security incident reported and addressed.   |  |
| <b>8. ADJOURN TO CLOSED SESSION</b>                          | <p><b>Motion:</b> To adjourn to closed session at 5:20pm.</p> <p><b>Movant:</b> Rebitzer</p> <p><b>Second:</b> Hartman</p> <p><b>Ayes:</b> Anolik Shakked, Hartman, Rebitzer, Sublett</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Watters</p> <p><b>Recused:</b> None</p>  | <i>Adjourned to closed session at 5:20pm</i> |
| <b>9. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</b> | Open session was reconvened at 7:02pm. Agenda items 8-15 were discussed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (9/26/2019) by a unanimous vote of all members present (Anolik Shakked, Hartman, Rebitzer, Sublett). Mr. Watters was absent. | <i>Open session reconvened at 7:02pm</i>     |
| <b>10. AGENDA ITEM 19: ADJOURNMENT</b>                       | <p><b>Motion:</b> To adjourn at 7:03pm.</p> <p><b>Movant:</b> Sublett</p> <p><b>Second:</b> Hartman</p> <p><b>Ayes:</b> Anolik Shakked, Hartman, Rebitzer, Sublett</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Watters</p> <p><b>Recused:</b> None</p>   | <i>Meeting adjourned at 7:03pm</i>           |

**Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:**

\_\_\_\_\_  
 Sharon Anolik Shakked  
 Chair, Compliance and Audit Committee

## FY20 COMMITTEE GOALS

### Compliance and Audit Committee

#### PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

**STAFF:** **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

| GOALS   | TIMELINE | METRICS   |
|---|----------|---|
| 1. Review reporting from the new compliance program incident management tool and assess if the level of detail is sufficient for the committee's oversight. | Q2 FY20  | Committee reviews and provides recommendations to the Compliance Officer – <b>presented on 11/21/19</b>     |
| 2. Review the hospital's assessment of the impact and any action plan, if applicable, of the 2020 California Consumer Privacy Act on Hospital operations.   | Q2 FY20  | Committee reviews and provides recommendations to the Compliance Officer – <b>presented on 11/21/19</b>     |
| 3. Review the results and mitigation action plan of a privacy and security risk assessment of SVMD.   | Q3 FY20  | Committee reviews and provides recommendations to the Compliance Officer - <b>paced for 3/19/20 meeting</b> |
| 4. Review ECH's IT Security Strategic Plan.   | Q4 FY20  | Committee reviews and provides recommendations to CIO - <b>paced for 5/21/20 meeting</b>                    |

#### SUBMITTED BY:

**Chair:** Sharon Anolik Shakked

**Executive Sponsor:** Diane Wigglesworth

Approved by the ECH Board of Directors 6/12/2019

**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING COVER MEMO**

**To:** Compliance and Audit Committee  
**From:** Cindy Murphy, Director of Governance Services  
**Date:** January 23, 2020  
**Subject:** Report on Board Actions

**Purpose:**

To keep the Committee informed with regards to actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

**Summary:**

1. **Situation:** It is important to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last Compliance and Audit Committee meeting, the Hospital Board has met twice and the District Board has met once. In addition, since the Board has delegated certain authority to the Compliance and Audit Committee, the Finance Committee and the Executive Compensation Committee those approvals are also noted in this report.

**A. ECH Board Actions:**

**December 11, 2019**

- Approved FY20 Periods 3 & 4 Financials
- Approved Revised SVMD, LLC Operating Agreement
- Approved Letters of Rebuttable Presumption of Reasonableness
- Approved Telepsych Services Agreement

**December 16, 2019**

- Approved Revised Resolution 2019-12 Authorizing Forward Starting Interest Rate Hedge

**B. ECHD Board Actions: December 11, 2019**

- Approved Revised Community Benefit Policy

**C. Finance Committee Actions: November 25, 2019**

- Approved LPCH NICU PT/OT Professional Service Agreement
- Approved LPCH Neonatologist Agreement

**D. Compliance and Audit Committee: None since last report.**

Report on Board Actions  
January 23, 2020

- E. Executive Compensation Committee Actions:** None since last report.
4. Assessment: N/A
  5. Other Reviews: N/A
  6. Outcomes: N/A

**List of Attachments:** None.

**Suggested Committee Discussion Questions:** None.



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING COVER MEMO**

**To:** Compliance and Audit Committee  
**From:** Diane Wigglesworth, Sr. Director Corporate Compliance  
**Date:** 1/23/20  
**Subject:** Key Performance Indicators (KPI)

**Purpose:**

To review the trends of the Compliance KPI's and discuss any trends of concern.

**Summary:**

1. Situation: The performance indicators should assist the Committee to monitor activity and identify organizational deficiencies or emerging risks.
2. Authority: The committee is responsible for oversight of the Compliance program and monthly review of metrics.
3. Background: Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the committee assess effectiveness of the program.
4. Assessment: No significant changes. The total number of investigations, concerns, or inquiries brought forth to the Compliance department continues to trend up. Hotline activity remains consistent with previous years. Reporting trends categorized under "general" represent various areas and will be evaluated to categorize them in more specific categories.
5. Other Reviews: N/A
6. Outcomes: Refer to Key Performance Indicator Compliance Scorecard

**List of Attachments:**

1. Corporate Compliance Scorecard FY 2020
2. KPI two-year trend Graph by Quarters
3. YTD Bar Graph and Definitions

**Suggested Committee Discussion Questions:**

1. Are there any trends of concern?



## Corporate Compliance Scorecard FY 20

### El Camino Hospital

| Key Performance Indicator   | FY:20<br>Current<br>Month | Current<br>YTD<br>Actual | Prior YTD<br>Actual |
|---|---------------------------|--------------------------|---------------------|
| <b>Total Number of Hospital Discharges (excluding normal newborn)</b> | <b>1,792</b>              | <b>10,181</b>            | <b>9,388</b>        |

#### Core Elements

| Policies and Procedures | Dec. 2019 | Jul - Dec.<br>FY 2020 | Jul -Dec.<br>FY 2019 |
|-------------------------|-----------|-----------------------|----------------------|
|-------------------------|-----------|-----------------------|----------------------|

|  |   |    |    |
|--|---|----|----|
| Number of reported instance when policies not followed | 2 | 16 | 14 |
| Number of disciplinary actions due to Investigations   | 0 | 6  | 7  |

| Education and Training | Dec. 2019 | Jul - Dec.<br>FY 2020 | Jul -Dec.<br>FY 2019 |
|------------------------|-----------|-----------------------|----------------------|
|------------------------|-----------|-----------------------|----------------------|

|  |      |      |      |
|--|------|------|------|
| Percentage of new employees trained within 30 days of start date | 100% | 100% | 100% |
|--|------|------|------|

| Investigations | Dec. 2019 | Jul - Dec.<br>FY 2020 | Jul -Dec.<br>FY 2019 |
|----------------|-----------|-----------------------|----------------------|
|----------------|-----------|-----------------------|----------------------|

|  |     |     |     |
|--|-----|-----|-----|
| Total number of investigations                 | 27  | 163 | 131 |
| Investigations open                            | 2   | 2   | 0   |
| Investigations closed                          | 25  | 161 | 131 |
| Hotline concerns substantiated                 | 0   | 7   | 8   |
| Hotline concerns not substantiated             | 1   | 7   | 5   |
| Average number of days to investigate concerns | 3.6 | 5.8 | 7   |

| Reporting Trends | Dec. 2019 | Jul - Dec.<br>FY 2020 | Jul -Dec.<br>FY 2019 |
|------------------|-----------|-----------------------|----------------------|
|------------------|-----------|-----------------------|----------------------|

|  |    |    |    |
|--|----|----|----|
| Anti-Kickback/Stark/Beneficiary Inducement | 2  | 14 | 17 |
| EMTALA                                     | 2  | 3  | 2  |
| HIPAA Reports                              | 14 | 69 | 71 |
| HIPAA Security Incidents                   | 0  | 7  | 4  |
| Billing or Claims or Documentation         | 2  | 32 | 37 |
| Conflict of Interest                       | 0  | 3  | 1  |
| Business Relationship                      | 0  | 9  | 0  |
| General                                    | 3  | 26 | 10 |

| Reported Events to CMS | Dec. 2019 | Jul - Dec.<br>FY 2020 | FY 2019<br>Total |
|------------------------|-----------|-----------------------|------------------|
|------------------------|-----------|-----------------------|------------------|

|   |   |    |   |
|---|---|----|---|
| Number of total events self reported by ECH                   | 0 | 0  | 0 |
| Number of self reported events followed up by CMS             | 0 | 0  | 0 |
| CMS initiated visits (separate from ECH self reported events) | 0 | 2  | 0 |
| Number of statement of deficiencies issued to ECH             | 0 | 22 | 0 |
| Number of Actual Sanctions, fines or penalties                | 0 | 0  | 0 |

| Reported Events to CDPH | Dec. 2019 | Jul - Dec.<br>FY 2020 | FY 2019<br>Total |
|-------------------------|-----------|-----------------------|------------------|
|-------------------------|-----------|-----------------------|------------------|

|  |      |      |          |
|--|------|------|----------|
| Number of total regulator events self reported by ECH          | 2    | 21   | 39       |
| Number of self reported events followed up by CDPH             | 2    | 15   | 30       |
| Number of total privacy breaches self reported by ECH          | 3    | 10   | 21       |
| CDPH initiated visits (separate from ECH self reported events) | 0    | 14   | 17       |
| Number of statement of deficiencies issued to ECH              | 0    | 2    | 7        |
| Number of Actual/Realized Sanctions, fines or penalties        | \$ - | \$ - | \$ 4,500 |

| Monitoring and Audit Findings | Dec. 2019 | Jul - Dec.<br>FY 2020 | FY 2019<br>Total |
|-------------------------------|-----------|-----------------------|------------------|
|-------------------------------|-----------|-----------------------|------------------|

|   |   |    |    |
|---|---|----|----|
| Total number of Audit Findings                  | 6 | 20 | 28 |
| Number of findings identified has high severity | 0 | 4  | 5  |

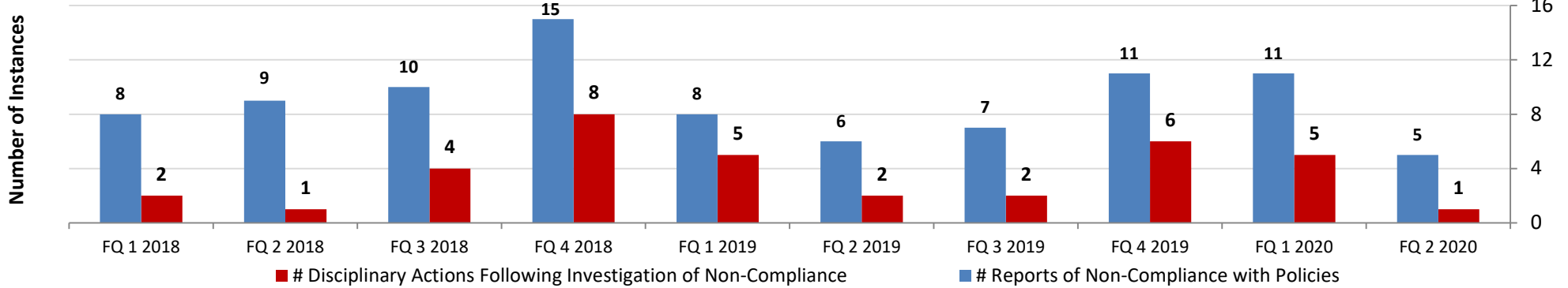
| Monitoring and Audit Findings | Dec. 2019 | Jul - Dec.<br>FY 2020 | FY 2019<br>Total |
|-------------------------------|-----------|-----------------------|------------------|
|-------------------------------|-----------|-----------------------|------------------|

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| Number of Open Liability Claims   | 7 | 7 | 8 |
| Number of Open Liability Lawsuits | 7 | 7 | 6 |

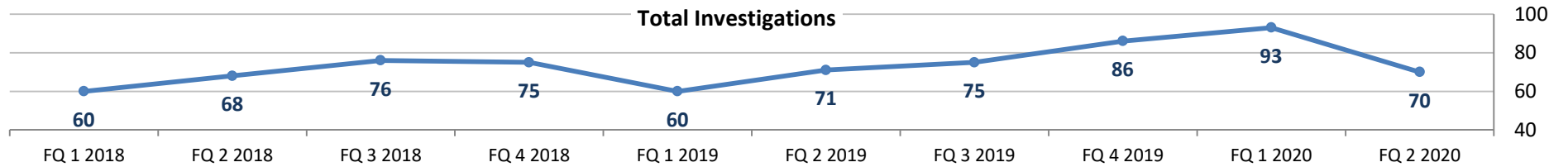
# Corporate Compliance

## Policies & Procedures

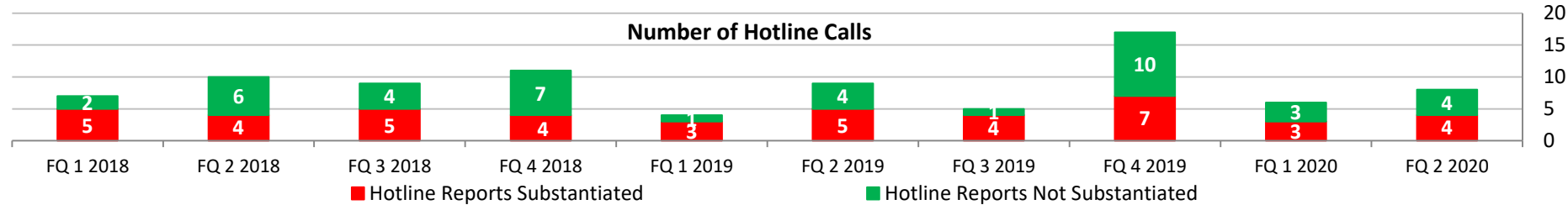
### Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



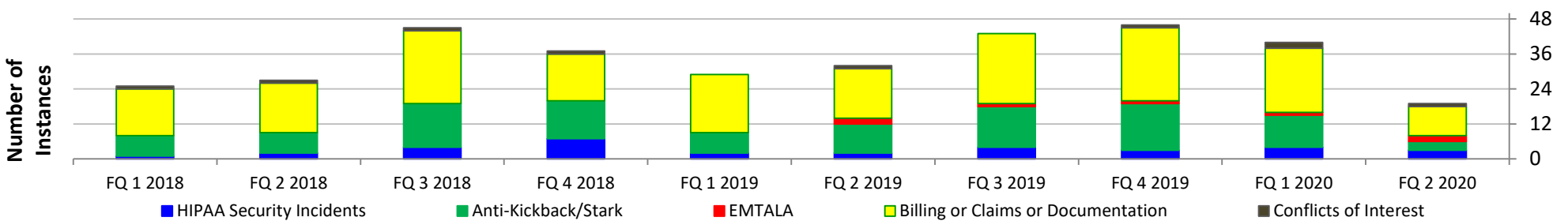
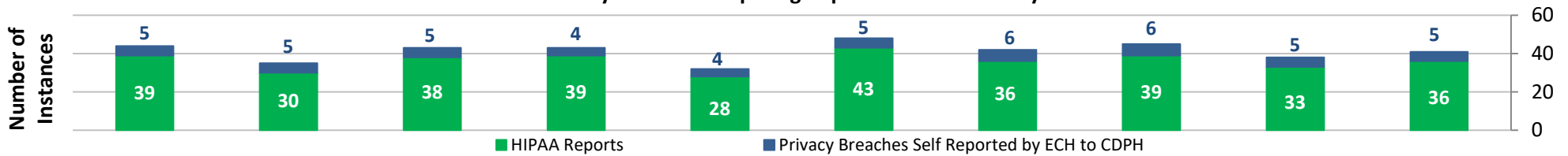
### Total Investigations



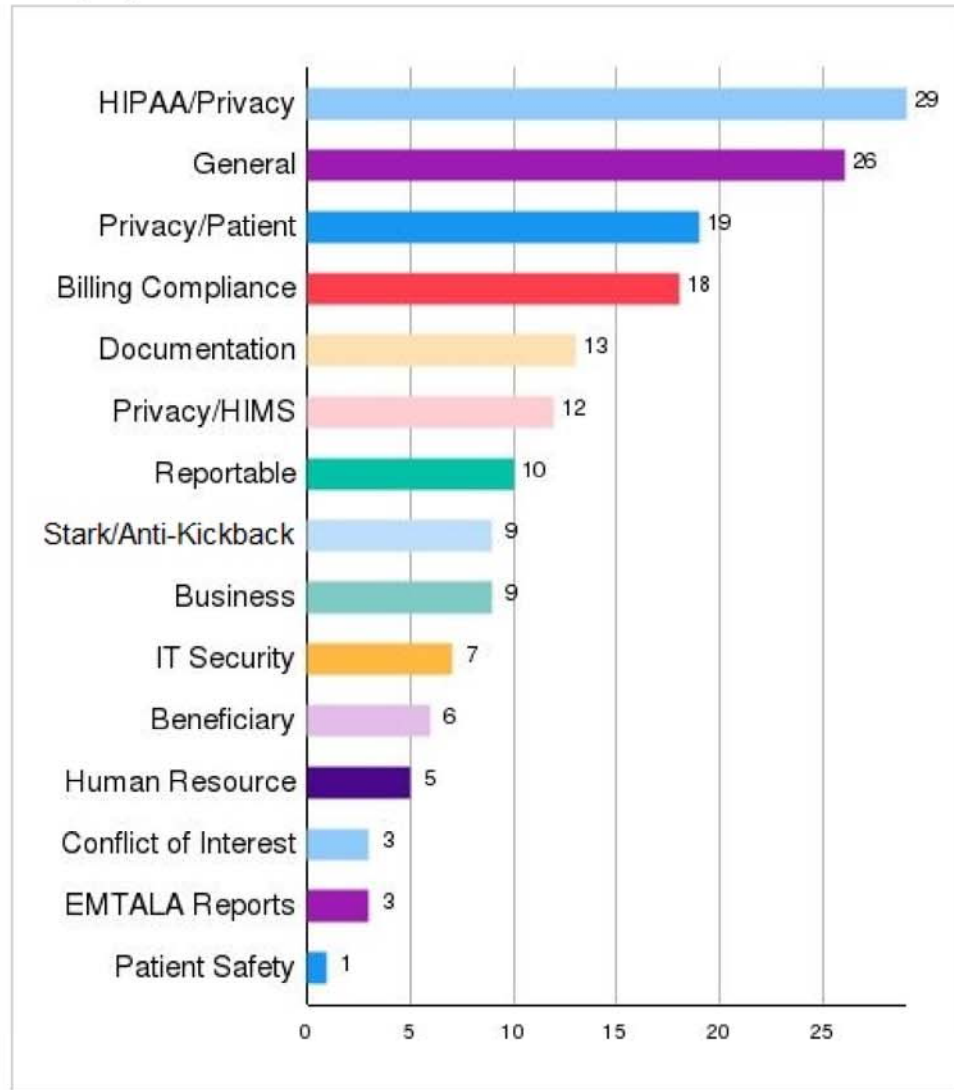
### Number of Hotline Calls



### Privacy Breaches Requiring Report to Outside Entity



### Category



**Total Incidents 170**

| Category Name                       | Percentage | Completed | Open |
|-------------------------------------|------------|-----------|------|
| <b>Patient Safety</b>               | 0.59%      | 1         | 0    |
| <b>EMTALA Reports</b>               | 1.76%      | 3         | 0    |
| <b>Conflict of Interest</b>         | 1.76%      | 3         | 0    |
| <b>Human Resource</b>               | 2.94%      | 4         | 1    |
| <b>Beneficiary Inducement</b>       | 3.53%      | 6         | 0    |
| <b>IT Security</b>                  | 4.12%      | 7         | 0    |
| <b>Business Relationships</b>       | 5.29%      | 9         | 0    |
| <b>Stark/Anti-Kickback</b>          | 5.29%      | 9         | 0    |
| <b>Reportable Privacy Violation</b> | 5.88%      | 10        | 0    |
| <b>Privacy/HIMS</b>                 | 7.06%      | 12        | 0    |
| <b>Documentation</b>                | 7.65%      | 13        | 0    |
| <b>Billing Compliance</b>           | 10.59%     | 17        | 1    |
| <b>Privacy/Patient Request</b>      | 11.18%     | 19        | 0    |
| <b>General</b>                      | 15.29%     | 26        | 0    |
| <b>HIPAA/Privacy Incidents</b>      | 17.06%     | 29        | 0    |

**Category Name**

Beneficiary Inducement  
Billing Compliance  
Business Relationships  
Conflict of Interest  
Documentation  
EMTALA Reports  
General  
HIPAA/Privacy Incidents  
Human Resource  
IT Security  
Patient Experience  
Patient Safety  
Privacy/HIMS  
Privacy/Patient Request  
Reportable Privacy Violation  
Risk Management  
Stark/Anti-Kickback

**Category Descriptions**

Potential risk of inducing the referral of a Medicare beneficiary  
Risks related to CPT or diagnosis coding or CMS billing regulations  
Concerns regarding vendor arrangements  
Disclosures or concerns regarding potential conflict  
Concerns regarding appropriate/adequate documentation or altering documentation  
Concerns regarding potential violation of EMTALA regulation  
Various  
Potential PHI issue/question or violation of policy  
Issues involving employees  
Reports related to IT security or physical device  
Patient experience complaints  
Quality or patient safety concerns  
Issues related to release of record(s)  
Patient initiated question or concern  
HIPAA violations/breaches that are reportable to HHS/CDPH and patients  
Incidents involving regulatory compliance  
Risks related to physician referrals or arrangements