

What to Expect: Q&As

Administrative Simplification Compliance Review Program

In 2019, the Centers for Medicare & Medicaid Services (CMS) on behalf of the Department of Health and Human Services (HHS) launched a Compliance Review program for use of electronic administrative transactions.

Currently, randomly selected health plans and clearinghouses are subject to Compliance Reviews.

How do I know if my organization might be selected?

All health plans and clearinghouses defined as covered entities under HIPAA are eligible for random selection. The following reasons may exclude a covered entity from being selected:

- The covered entity has a pending complaint against it
- The covered entity is inactive or no longer in business
- The covered entity was a participant in a compliance review within the past calendar year

How does the random selection process work?

A random selection tool is used to select health plans and clearinghouses from various publicly available databases.

How will HHS contact my organization if it is selected?

Each organization will be contacted by telephone or email to identify the appropriate point of contact for a HIPAA Compliance Review. The contact will then receive an introductory email with further instructions and resources for assistance, such as a dedicated mailbox and one-on-one training.

Who at my organization will be contacted by HHS?

Officials in the following roles within your organization may be contacted:

- HIPAA compliance officer
- EDI manager
- A designee who is responsible for electronic transaction compliance

The designated contact will communicate and work with the CMS compliance review team during the review process.

How long does a compliance review take?

There is no standard amount of time for completion of a Compliance Review. It may take four to six months to complete a Compliance Review, depending on any findings and corrective actions. This includes our Compliance Review team reviewing transactions as well as any steps needed by the covered entity to achieve compliance.

The size of the organization and testing results may also factor into the amount of time required.

What are the steps of a compliance review?

- 1) HHS contacts the randomly selected entity.
- 2) HHS works with initial covered entity contact to identify the best point(s) of contact at the entity for collaboration on the Compliance Review.
- 3) HHS furnishes the entity with a packet describing how to participate, information needed, and available resources.
- 4) HHS's Compliance Review contractor conducts the covered entity training, reviews expectations, provides an overview of the tracking system, and answers questions.
- 5) Following training, the entity has 10 business days to submit transactions for testing and to provide other requested artifacts to HHS.
- 6) HHS reviews the artifacts within 30 days of receipt.
- 7) HHS delivers findings to the entity.
 - a. HHS works with the entity to develop and execute a Corrective Action Plan if needed.
 - b. If corrective action is not needed, the compliance review is concluded and the entity is notified.
- 8) When corrective action is required and completed, HHS validates compliance.
- 9) The compliance review is closed and the entity is notified.

What happens if HHS finds my organization's transactions aren't compliant?

If your organization isn't compliant, HHS will provide guidance to you to resolve any issues. Corrective Action Plans are commonly used to address non-compliance.

How many entities will be selected?

Five health plans and four clearinghouses were selected for the first year of the Compliance Review Program. In 2020, HHS anticipates expanding the number of Compliance Reviews being conducted.

How often will random selection take place?

The compliance reviews are on-going. When one entity's compliance review is completed, HHS will randomly select another entity for review.

Why aren't providers included in the Compliance Review Program?

Providers were not included in the HIPAA Optimization Pilot Program. Two provider volunteers are participating in a current pilot, similar to the recent pilot for clearinghouses and health plans. The results of the provider pilot will be evaluated to determine the status of an official provider compliance review program.

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