CMS, on behalf of HHS, enforces HIPAA Administrative Simplification requirements. CMS enforcement activities include proactive enforcement through Compliance Reviews. Only health plans and clearinghouses are currently subject to Compliance Reviews. A voluntary pilot program for providers is currently under way and should conclude late 2019.

Here’s what happens when a HIPAA-covered entity is randomly selected for a review:

**SELECTION AND CONTACT PHASE**
- CMS contacts randomly selected entity
- **Entity** identifies points of contact responsible for the Compliance Review

**SUBMISSION PHASE**
- CMS provides instructions and resources for submission of required artifacts
- **Entity** submits transaction files and other requested artifacts within 30 days of receiving instructions

**REVIEW PHASE**
- CMS reviews documentation artifacts within 30 days of receipt

**CORRECTIVE PHASE**
- CMS provides findings to entity:
  - CMS determines corrective action is necessary
  - CMS determines corrective action is not necessary (proceed to phase 5)
- **Entity** executes corrective action

**VALIDATION PHASE**
- CMS confirms corrective action is complete
- CMS notifies entity and closes review