



What to Expect: Q&A

Administrative Simplification Compliance Review Program

March 2019

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

We will randomly select several health plans and clearinghouses for 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, except for the following disqualifying criteria: The covered entity was a HIPAA Optimization Pilot Program volunteer (not eligible to be selected for the first year of operations)
- The covered entity has a pending complaint against them
- The entity has not sent or received a HIPAA standard transaction for at least one calendar year

How does the random selection process work?

A random selection tool will be used to select health plans and clearinghouses from various publicly available databases including, for example, the National Association of Insurance Commissioners (NAIC) directory.

How will HHS contact my organization if we're selected?

Each organization will be contacted by telephone 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 phone calls.



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
- Whoever is responsible for transaction compliance

The designated contact will communicate and work with HHS's compliance review team during the review process.

How long does a compliance review take?

Based on our experience with an earlier pilot program, it could take 4 to 6 months to complete a Compliance Review, depending on findings. This would include our Compliance Review team reviewing transactions, as well as any steps that may need to be undertaken by the covered entity to achieve compliance.

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

What are the steps of a compliance review?

- 1) HHS makes initial contact with randomly selected entity.
- 2) HHS works with initial contact to identify the best point(s) of contact at the entity for the Compliance Review program.
- 3) HHS furnishes entity with a packet describing how to participate, information needed, and available resources.
- 4) HHS's Compliance Review contractor provides instruction on accessing the EIDM portal and uploading files for the entity.
- 5) After this instruction has been provided, the entity has 30 days to submit transactions and other artifacts to HHS.
- 6) HHS reviews artifacts within 30 days of receipt.
- 7) HHS provides findings to entity.
 - a. HHS specifies any necessary corrective action
 - b. If corrective action is not needed, the compliance review is concluded, and the entity is notified.
- 8) When any corrective action is required and completed, HHS validates compliance.
- 9) Compliance review is closed and entity is notified.

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

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

How many entities will be selected?

Five health plans and four clearinghouses will be selected for the first year of the Compliance Review Program.

How often will random selection take place?

When one entity’s compliance review is completed, HHS will randomly select another for review.

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

Providers were not included in the Optimization Pilot. Prior to random selection for the Compliance Review Program, three provider volunteers are being solicited to participate in a pilot, similar to the recent pilot for clearinghouses and health plans. Following completion of the provider pilot, providers could be selected for compliance reviews.

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