

### HIPAA PRIVACY, SECURITY & BREACH NOTIFICATION COMPLIANCE AUDITS PHASE 2

INFORMATIONAL WEBINAR

Wednesday, July 13, 2016

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Department of Health and Human Services

Office for Civil Rights

#### PART I: PURPOSE OF WEBINAR



On July 11, 2016 OCR notified 167 Covered Entities of selection to participate in the HIPAA desk audits

#### This webinar will:

- Discuss the desk audit process
- Identify expectations
- Give the auditees an opportunity to ask questions and raise concerns

### WEBINAR AGENDA



- Opening remarks—Jocelyn Samuels
- Introduction
  - □ Phase II HIPAA Audit Program
  - □ Random Selection Process
  - ☐ Desk Audits vs. Onsite Audits
- Desk Audit Mechanics
  - □ What to Expect
  - □ Subject HIPAA Controls
  - □ Document Request Receipt and Response
  - ☐ Final Reports
- Walk through document submission requirements
- Q&A's

# WELCOMING REMARKS **Jocelyn Samuels**



### PHASE II HIPAA AUDIT OVERVIEW

OCR conducted its first audits in 2012. They were comprehensive, on-site audits of the compliance activities of 115 covered entities. The program has been redesigned to reflect an evaluation and new law

#### Phase II will:

- Include both covered entities and business associates
- Be comprised of 200-250 audits in total
  - o Over 200 desk audits
  - o Smaller number of comprehensive on-site audits

Phase II designed to enable OCR to examine mechanisms for compliance

- Identify industry best practices
- Discover risks and vulnerabilities not surfaced through enforcement activities
- Enable us to get out in front of problems before they result in breaches



### AUDIT REPORTING OCR GOALS

Audits primarily a compliance improvement activity to help OCR to

- better understand compliance efforts with particular aspects of the HIPAA Rules.
- determine what types of technical assistance OCR should develop
- o develop tools and guidance to assist the industry in compliance self-evaluation and in preventing breaches.

OCR will not post a listing of audited entities or entity-identified findings. However, under the Freedom of Information Act (FOIA), OCR may be required to release audit notification letters and other information about these audits upon request by the public

#### SELECTION PROCESS



- OCR identified pools of CEs that represent a wide range of health care providers, health plans, health care clearinghouses, to better assess HIPAA compliance across the industry.
- Sampling criteria included size, affiliations, location, public or private,...
- Health plans were divided into group plans and issuers and providers were further categorized by type
  - o hospital, practitioner, elder care/SNF, health system, pharmacy
- OCR then ran a randomized selection algorithm that drew from each of the categories, resulting in 167 CEs.
- Finally, the auditees were checked for conflict of interests with the contractor supporting OCR in the audit process, as well as subjects of ongoing investigations. Conflicting auditees were replaced in kind



### DESK AUDITS NOW, ONSITE AUDITS LATER

- The covered entity desk audits are now underway, and will continue through the end of the year
- Desk audit scope is limited to a total of 7 controls drawn from the Security Rule, the Privacy Rule, and the Breach Notification Rule. Entities will either be audited on SR controls or PR & BNR compliance
- Onsite audits will begin in early 2017
- Onsite audits will evaluate auditees against comprehensive set of HIPAA compliance controls.
- A desk auditee subject may be subject to an onsite audit

### PART II: DESK AUDIT MECHANICS



- What to expect
- Timeline for responding to document requests
- OCR's expectations regarding document response submissions
- The specific HIPAA controls subject to the desk audits
- The Final Report procedures



### WHAT TO EXPECT

Covered entities have 10 business days (until July 22, 2016) to provide their responses

- Responses should contain the specified documentation-applicable policies, procedures, evidence of implementation
- Provide complete and relevant materials
- Refrain from submitting superfluous documentation! 10MB file size limitation--

The desk audits of BAs will commence in late September.

The same rules and expectations apply to the BA auditees
 The selection pool of the BAs largely drawn from the BAs identified by CEs



### DOCUMENT REQUESTS & RESPONSES TIMELINE

#### The document request

- Sent to selected auditees via email
- Comprised of <u>two</u> separate requests
  - o one listing policies, procedures, and/or other related documentation
  - o one requesting a list of all the CE's BAs
- Specify the documentation elements to be provided
- Note that BA listings must be returned electronically, via email, to OCR within 10 business days
- All other items must be submitted using the secure online portal link provided in the notification email



### DOCUMENT REQUESTS & RESPONSES EXPECTATIONS

Depending on the type of entity, each auditee is expected to:

- Provide only the policies and procedures that are relevant to the controls requested
  - o E.g., CEs must extract the relevant language from larger compendiums of policies and procedures if needed
- It is the auditee's responsibility to provide clear, complete, and responsive documentation to OCR
- Entities will not receive "credit" for a later document submission.

If a CE does not have the requested documentation, it must submit an explanation for the deficiency in its response

### DESK AUDIT HIPAA CONTROLS



	Notice of Privacy Practices & Content Requirements [§164.520(a)(1) & (b)(1)]	
Privacy Rule Controls	Provision of Notice – Electronic Notice [§164.520(c)(3)]	
	Right to Access [§164.524(a)(1), (b)(1), (b)(2), (c)(2), (c)(3), (c)(4), (d)(1), (d)(3)]	
Breach Notification	Timeliness of Notification [§164.404(b)]	
Rule Controls	Content of Notification [§164.404(c)(1)]	
	Security Management Process Risk Analysis [§164.308(a)(1)(ii)(A)]	
Security Rule Controls	Security Management Process Risk Management [§164.308(a)(1)(ii)(B)]	



### DESK AUDIT REPORTING: PROCESS

#### After review of submitted documentation:

- OCR will develop and share draft findings with the entity
- Entity may respond to draft findings—such written responses will be included in the final audit report
- Final audit reports will describe how the audit was conducted, present any findings, and contain entity responses to the draft findings
- Under OCR's separate, broad authority to open compliance reviews, OCR could decide to open a separate compliance review in a circumstance where significant threats to the privacy and security of PHI are revealed through the audit

U.S. Department of Health and Human Services
Office for Civil Rights
Audit Portal: HIPAA Rules Audit Program

Instructions

Document Request

#### **Document Request**

There are 9 days remaining to submit your information.

Please upload documents corresponding to each element type. You may upload documents in Microsoft Word, Excel or Adobe PDF formats. If the element is not applicable, please select the N/A option and provide an explanation in the comment section. If you are unable to complete the document request in its entirety, you can [SAVE] your uploads and complete the document request at a later time using the link that was provided in the email notification. Once complete, please select the [REVIEW AND SUBMIT] button.

Status	ID	Element		Document Request In	structions			Expand/Collapse
×	BNR12	Timeliness of Notification	Select the "Collapse" link to the right to minimize this section					Collapse
			<ol> <li>Using sampling methodologies, upload documentation of five breach incidents for the previous calendar affecting fewer than 500 individuals, documenting the date individuals were notified, the date the covered entity discovered the breach, and the reason, if any, for a delay in notification.</li> </ol>					
			Please supply the following information:					
			Document Upload	Not Applicable (N/A)	Comment (R	lequired if N/A selected)		
			Upload File					
			File Name	Local File Name		Size	Create Date	
			No files have been associated to this instru	ction				
×	BNR13	Content of Notification	Select the "Collapse" link to the right to minimize this section  1) If the entity used a standard template or form letter, upload the document.  Please supply the following information:  Document Upload  Not Applicable (N/A)  Upload File  Comment (Required if N/A selected)				Collapse	
			File Name Local File Name Size Create Date					

			No files have been associated to this instru	ction			
			<ol> <li>Using sampling methodologies, upload documentation of five breach incidents affecting 500 or more individuals for the previous calendar year.</li> <li>Please supply the following information:</li> </ol>				
			Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Upload File				
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instru	ction			
			Upload a copy of a single written not please supply the following information:     Document Upload      Upload File	Not Applicable (N/A)	Comment (Required if N/A selected)		
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instru	ction			
*	P55	Notice of Privacy Practices Content requirements	Select the "Collapse" link to the right to minimi  1) Upload a copy of all notices posted on v Please supply the following information:	ze this section website and within the facility, as well as the notice dis	tributed to individuals, in place as of the end of	f the previous calendar year.	Collapse
			Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Upload File				
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instru	ction			
×	P58	Provision of Notice - Electro nic Notice	Select the "Collapse" link to the right to minimi  1) Upload the URL for the entity web s Please supply the following information:	ze this section site and the URL for the posting of the entity notice, if a	any.		Collapse
			Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Upload File				
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instru	Local File Name	Size	Create Date	
			IND HIGS HAVE DEEN ASSOCIATED TO THIS HISTINGTON				
				, upload policies and procedures regarding provision of	of the notice electronically.		
			Please supply the following information: Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Haland File				

		File Messe	Last File Mana	Size	County Date		
		File Name	Local File Name	Size	Create Date		
		No files have been associated to this instri	No files have been associated to this instruction				
		Upload documentation of an agreem Please supply the following information:	nent with the individual to receive the notice via e-mail of	or other electronic form.			
		Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)			
		Upload File					
		File Name	Local File Name	Size	Create Date		
		No files have been associated to this instri	uction				
P65	Right to access	Select the "Collapse" link to the right to minim	nize this section				
			he first five access requests which were granted, and e	vidence of fulfillment, in the previous calendar ve	ar.		
		Please supply the following information:			-		
		Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)			
		Upload File					
		File Name	Local File Name	Size	Create Date		
		No files have been associated to this instru	uction				
		Upload all documentation related to the Please supply the following information:     Document Upload	the last five access requests for which the entity extend	led the time for response to the request.  Comment (Required if N/A selected)			
		Upload File	_				
		File Name	Local File Name	Size	Create Date		
		No files have been associated to this instri	uction				
		Upload any standard template or for Please supply the following information: Document Upload	rm letter required by or used by the CE to document ac	ccess requests  Comment (Required if N/A selected)			
		Upload File					
		File Name	Local File Name	Size	Create Date		
		No files have been associated to this instru	uction				
		4) Upload the notice of pri	vacy practices.				
		Please supply the following information:					

Document Upload	Not Applicable (N/A)	Comment (Required if	N/A selected)	
Upload File	-			
File Name	Local File Name		Size	Create Date
No files have been associated to this inst	ruction			
<ol> <li>Upload policies and procedures for Please supply the following information: Document Upload</li> </ol>	Not Applicable (N/A)	health information (PHI).  Comment (Required if	N/A selected)	
Upload File				
Upload File File Name	Local File Name		Size	Create Date

parament of Health & Human Services - 200 Independence Avenue, S.M. - Washington, D.C. 20201

Status ID Element			Document Request Instructions				
×	\$2	Security Management Pr ocess — Risk Analysis	Select the "Collapse" link to the right to minimiz:  1) Upload documentation of curre Please supply the following information: Document Upload  Upload File  File Name  No files have been associated to this instruct	ent risk analysis results.  Not Applicable (N/A)  Local File Name	Comment (Required if N/A selec	Create Date	Collapse
				nad documentation from the previous calendar year a sible for implementing this implementation specification of the state			
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instruct			Citate Soil	
			Please supply the following information: Document Upload Upload File	Not Applicable (N/A)	Comment (Required if N/A selec	ted)	
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instruct	tion			
			Upload policies and procedures re Please supply the following information: Document Upload  Upload File	garding the entity's risk analysis process.  Not Applicable (N/A)	Comment (Required if N/A selec	ted)	
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instruct	tion			
			5) Upload documentation of the current Please supply the following information: Document Upload Upload File	risk analysis and the most recently conducted prior (Not Applicable (N/A)	isk analysis.  Comment (Required if N/A selec	ted)	
			File Name	Local File Name	Size	Create Date	
			No files have been associated to this instruct		3122	Oreate Date	
		- 3		74 07			

×	S3	Security Management Pr ocess Risk Manageme	Select the "Collapse" link to the right to minimize this section  1) Upload documentation demonstrating the security measures implemented to reduce risks as a result of the current risk analysis or assessment.				
		nt	Upload documentation demonstrating the Please supply the following information: Document Upload		Comment (Required if N/A selected)		
			Upload File				
			File Name	Local File Name	Size Create Date	'	
			No files have been associated to this instructi		0.000		
			0) 0				
			orce six (6) years prior to the date of recei		s related to the implementation of this implementation specification were in place and in f		
			Please supply the following information: Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Upload File		, , , , , , , , , , , , , , , , , , , ,	1	
			File Name	Local File Name	Size Create Date		
			No files have been associated to this instructi	ion			
			Upload documentation demonstrating	the efforts used to manage risks from the previous calen	dar year.		
			Please supply the following information: Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
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			File Name	Local File Name	Size Create Date	·	
			No files have been associated to this instruction	ion			
			Upload policies and procedures rel Please supply the following information:	lated to the risk management process.			
			Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)	,	
			Upload File	_			
			File Name	Local File Name	Size Create Date	,	
			No files have been associated to this instruction				
			Upload documentation demonstrating	g that current and ongoing risks reviewed and updated.			
			Please supply the following information:		Comment (Bornston & MANA or board A)		
			Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)	1	
			Upload File	_			
			File Name	Local File Name	Size Create Date		
			No files have been associated to this instruction	ion			
			cation is available to the persons responsi		nstrating that documentation related to the implementation of this implementation specified that such documentation is periodically reviewed and, if needed, updated.		
			Please supply the following information: Document Upload	Not Applicable (N/A)	Comment (Required if N/A selected)		
			Upload File				
			File Name	Local File Name	Size Create Date		
			No files have been associated to this instruction	ion			

### Q&A SESSION







#### CONCLUSION & SUMMARY

- Desk Audits are underway!
- OCR will base its audit only on the documents submitted in the specified electronic process.
- Business Associates desk audits will commence in the Fall, and the selection pool will be comprised largely of the BAs identified by the CEs in their document responses
- Comprehensive onsite audits of both CEs and BAs will begin in early 2017

### ADDITIONAL QUESTIONS?



OCR Website: <a href="http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/index.html">http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/index.html</a>

Audit Mailbox: OSOCRAudit@hhs.gov

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### CLOSING REMARKS

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