Status

- Desk audits of Covered Entities underway
- Basis of analysis only the documents submitted in the specified electronic process
- Business Associate desk audits starting this Fall
  - Selection pool largely of BAs identified by CEs
- Comprehensive on-site audits of both CEs and BAs will begin in 2017

Topics

- Introduction
  - Phase II HIPAA Audit Program
  - Random Selection Process
- Desk Audit Mechanics
  - What to Expect
  - Subject HIPAA Controls
  - Document Request – Receipt and Response
  - Final Reports
  - Available Guidance
PHASE II Audit Overview

- First phase 2012: comprehensive, on-site audits of 115 covered entities
- Phase II:
  - Includes both covered entities and business associates
  - Over 200 audits total
    - Over 200 desk audits
    - Smaller number of comprehensive on-site audits
- Phase II designed 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

OCR Audit 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
  - develop tools and guidance to assist the industry in compliance self-evaluation and in preventing breaches.

CE Selection Process

- Identified pools of wide range of CEs
- Sampling criteria included size, affiliations, location, public or private, etc.
- Health plans were divided into group plans and issuers and providers were further categorized by type, e.g.
  - hospital, practitioner, elder care/SNF, health system, pharmacy
- Ran a randomized selection algorithm that drew from each of the categories, resulting in 167 CEs.
- Finally, selected auditees 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.

OCR will not post a listing of audited entities or entity-identified findings.
Covered entity desk audits underway: BAs beginning late September
- Desk audit scope limited to 7 controls drawn from the Security, Privacy, Breach Notification Rule Protocols
  - CE on SR controls or PR & BNR
  - BAs on security and breach
- On-site audits will begin in early 2017
- On-site audits will evaluate auditees against comprehensive selection of controls in protocols
- A desk audit subject may be subject to on-site audit

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

Entities have 10 business days to provide responses
- Responses should contain the specified documentation—applicable policies, procedures, evidence of implementation
- Provide complete and relevant materials
- Refrain from submitting superfluous documentation! 10 MB file size limitation
- The same rules and expectations apply to the BA auditees
- Over 20,000 BAs identified through CE listings
Document Requests & Responses

The CE document request
  - Sent to selected auditees via email
  - Comprised of two 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

Desk Audit Controls

<table>
<thead>
<tr>
<th>Privacy Rule Controls</th>
<th>Notice of Privacy Practices &amp; Content Requirements [§164.520(a)(1) &amp; (b)(1)]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provision of Notice - Electronic Notice [§164.520(c)(3)]</td>
</tr>
<tr>
<td></td>
<td>Right to Access [§164.524(a)(1), (b)(1), (b)(2), (c)(1), (c)(3), (c)(4), (d)(1), (d)(3)]</td>
</tr>
<tr>
<td>Breach Notification Rule Controls</td>
<td>Timeliness of Notification [§164.404(a)]</td>
</tr>
<tr>
<td>Security Rule Controls</td>
<td>Content of Notification [§164.404(c)(1)]</td>
</tr>
</tbody>
</table>

| Security Management Process – Risk Analysis [§164.308(c)(1)(i)(A)] |

Desk Guidance

| Patient Access (§164.308(a)(1)) Management Process – Risk Analysis |
| Do the entity have policies and procedures in place to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |
| Did the entity conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |

| Security Management Process – Risk Analysis |
| Did the entity identify and analyze the risks and vulnerabilities to confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |
| Did the entity add, review, or revise its risk analysis policies and procedures to address the purpose and scope of the risk analysis, risks and vulnerabilities to confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |
| Did the entity conduct an accurate and thorough assessment of the risks and vulnerabilities to confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |
| Did the entity conduct an accurate and thorough assessment of the risks and vulnerabilities to confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |
| Did the entity develop and implement policies and procedures to address any identified risks and vulnerabilities to confidentiality, integrity, and availability of all PHI it creates, receives, maintains, or transmits? |

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After review of submitted documentation:

- OCR will develop and share via email 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.

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**Guidance**

<table>
<thead>
<tr>
<th>Document Request List</th>
<th>Questions / Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>upload policies and procedures regarding the entity’s risk analysis processes.</td>
<td>Q: Can we submit documentation of an annual risk assessment performed by third party?</td>
</tr>
<tr>
<td>implemented the processes within the timeframe specified.</td>
<td>A: Yes, a covered entity may use a business associate to conduct the risk analysis and the results may be submitted in response to 8211, Security Risk Analysis.</td>
</tr>
<tr>
<td>demonstrated that policies and procedures related to the implementation of this</td>
<td>Q: If we have conducted a risk analysis, but the report is in draft form—should we submit the draft, as well as the prior finalized risk analysis?</td>
</tr>
<tr>
<td>implementation specification were in place and in force 5 years prior to the date of receipt of notification.</td>
<td>A: Where entities are asked to provide documentation for a specified time period (e.g., current, previous calendar year, 6 years ago), they should submit documentation that reflects what is in place and in use during the time frame specified.</td>
</tr>
<tr>
<td>implementation specification is available to the persons responsible for risk management.</td>
<td>Q: Can you please clarify the difference between 52 questions 1 and 2?</td>
</tr>
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<td></td>
<td>A: Question 1 is asking for the results of the risk analysis. Question 2 is asking for documentation that the risk analysis was conducted.</td>
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<td></td>
<td>Q: For the 52 52 Document request, is the request to upload documentation of CURRENT risk analysis results referring to 2015?</td>
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<td></td>
<td>A: Current means the time period in which the document is being submitted, not the time period to which the analysis applies.</td>
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**Audit Guidance**

**Posted Guidance for 2016 Desk Audits**

- Selected protocol elements with associated document submission requests and related Q&As
- Slides from audited entity webinar held July 13, 2016
- Comprehensive question and answer listing

OCR Website:

http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/index.html