



Director
Office for Civil Rights
Washington, D.C. 20201

February 12, 2014

Dear Reader:

I am pleased to present the Office for Civil Rights (OCR) Fiscal Year 2015 Congressional Justification. This budget reflects OCR's continued commitment to fulfilling its mission. As the Department's civil rights and health privacy rights law enforcement agency, OCR investigates complaints, enforces rights, and promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with non-discrimination and health information privacy laws.

The FY 2015 budget request affords OCR the opportunity to become a) appropriately resourced where it has been historically underfunded in fulfilling its existing mission; and b) adequately equipped and resourced for new mission elements (expanded enforcement in civil rights and health information privacy and security, and expanded and enhanced public education in line with OCR's expanded enforcement) which currently exceed our infrastructure.

This budget request supports the President's and Secretary's priority initiatives and reflects the goals and objectives of the Department.

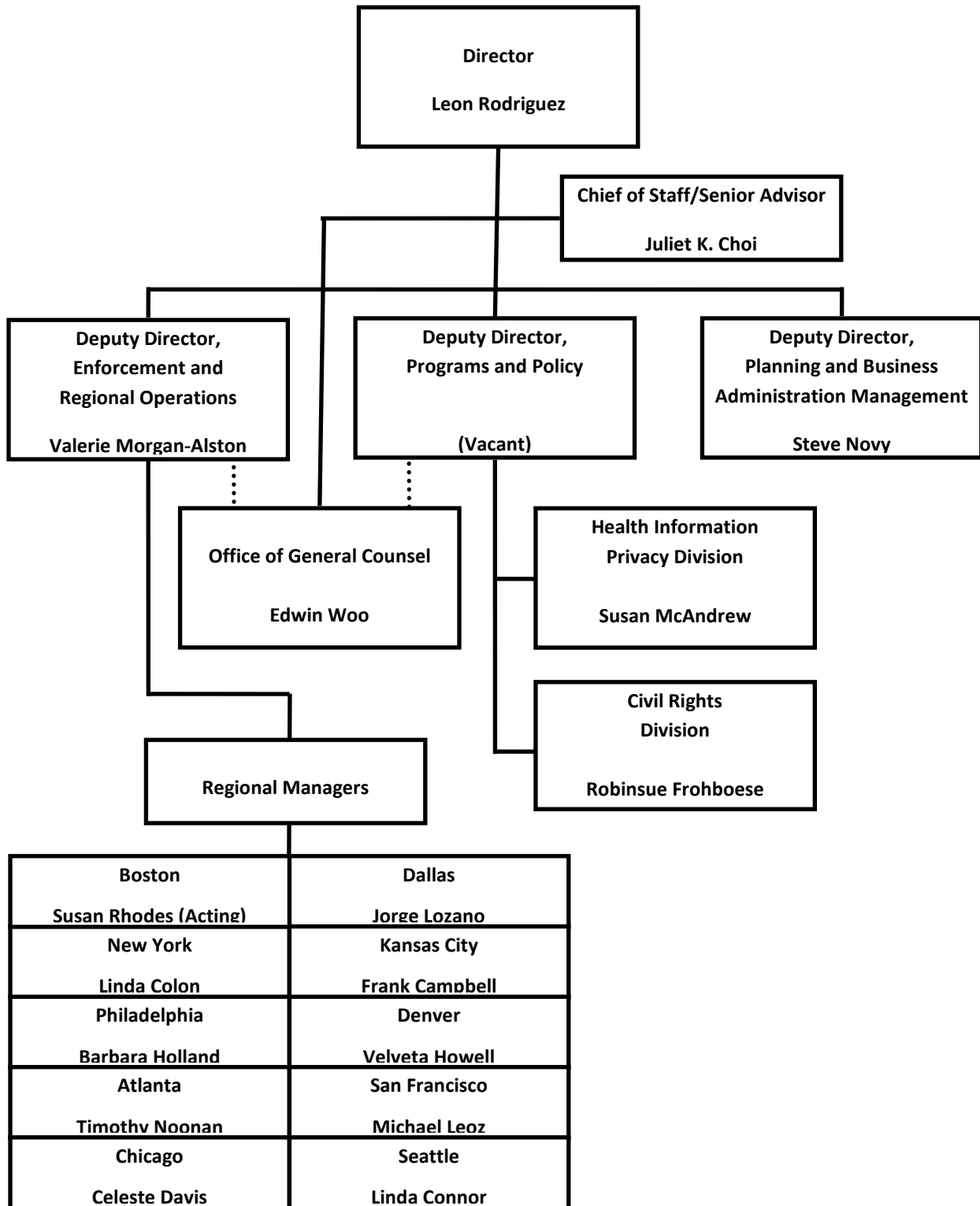
A handwritten signature in black ink, reading "Leon Rodriguez", is positioned above a horizontal line.

Leon Rodriguez
Director, Office for Civil Rights

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ORGANIZATION CHART (February, 2013)



ORGANIZATIONAL CHART: TEXT VERSION

Office for Civil Rights

- Director Leon Rodriguez
- Chief of Staff Juliet Choi

The following offices report directly to the Director:

- Deputy Director, Enforcement and Regional Operations
 - Valerie Morgan-Alston
- Deputy Director, Programs and Policy
 - Vacant
- Deputy Director, Planning and Business Administration Management
 - Steve Novy
- Office of General Counsel
 - Edwin Woo

The following regional managers report to the Deputy Director of Enforcement and Regional Operations:

- Susan Rhodes (Acting), Boston
- Linda Colon, New York Regional Office
- Barbara Holland, Philadelphia Regional Office
- Timothy Noonan, Atlanta Regional Office
- Celeste Davis, Chicago Regional Office
- Jorge Lozano, Dallas Regional Office
- Frank Campbell, Kansas City Regional Office
- Velveta Howell, Denver Regional Office
- Michael Leoz, San Francisco Regional Office
- Linda Connor, Seattle Regional Office

The following offices report to the Deputy Director of Programs and Policy

- Health Information Privacy Division
 - Susan McAndrew
- Civil Rights Division
 - Robinsue Frohboese

INTRODUCTION AND MISSION

The Office for Civil Rights (OCR), a staff division of the U.S. Department of Health and Human Services (HHS), ensures that people have equal access to and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination, and that the privacy and security of their health information is protected. In doing so, OCR helps carry out HHS' overall mission of improving the health and well-being of all people affected by its many programs and promotes integrity in the use of federal funds by removing discriminatory barriers to HHS funded services and programs. OCR annually resolves more than 10,000 citizen complaints alleging discrimination or a health information privacy or security violation.

OCR Vision

Through investigations, voluntary dispute resolution, enforcement, technical assistance, policy development and information services, OCR will protect the civil rights of all individuals who are subject to discrimination in health and human services programs and protect the health information privacy and security rights of consumers.

Mission

- Ensure that the estimated 4.5 million recipients of HHS Federal financial assistance comply with our Nation's civil rights laws by enforcing civil rights protections that prevent discrimination on the basis of race, color, national origin (including limited English proficiency), disability, age, sex, and religion.
- Enforce new rights under the Affordable Care Act (ACA) which promote access to health care by prohibiting discrimination in health care programs or activities, provider conscience rights, which prohibit discrimination against those who decline to participate in abortions or sterilization procedures, and rights that ensure individuals with disabilities have options to live in their own communities rather than segregated facilities pursuant to the Supreme Court's *Olmstead* decision.
- Ensure the practices of an estimated 4 million health care providers, health plans, healthcare clearinghouses, and their business associates adhere to Federal privacy, security, and breach notification regulations through the investigation of citizen complaints, self-reports of breaches, or compliance reviews and audits.
- Implement and enforce privacy, security, and breach notification regulations issued by the Secretary under the Health Insurance Portability and Accountability Act (HIPAA) as further amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act contained in the American Recovery and Reinvestment Act (ARRA) of 2009; the privacy protections under the Genetic Information Nondiscrimination Act of 2008; and the confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005.

OVERVIEW OF BUDGET REQUEST

The FY 2015 request for OCR is \$41,205,000 represents a \$2.407 million (6%) increase over the FY 2014 Enacted Level.

The FY 2015 budget request supports OCR's essential programmatic focus as the primary defender of the public's right to nondiscriminatory access to and receipt of Federally funded health and human services, and the privacy and security protections for individually identifiable health information.

Program increases:

Centralized Case Management Operations (+2.407M): In order to continue to respond to workload demands due to OCR's evolving jurisdictional responsibilities related to health information privacy and security, and civil rights, OCR will invest in a number of proactive efficiencies, such as the Centralized Case Management Operations (CCMO) The CCMO encompasses the following components – Customer Response Center (CRC), Central Intake Unit (CIU), Academy for Civil Rights Investigators (EOS Academy), and the Online Complaint System.

OVERVIEW OF PERFORMANCE

Both of OCR's overarching goals encompass multiple supporting objectives that align to the Department's Strategic Plan:

OCR Goal	OCR Supporting Objectives	HHS Goal/Objectives ¹
1. Raise awareness, increase understanding, and ensure compliance of all federal laws requiring non-discriminatory access to HHS programs and protection of the privacy and security of personal health information	<ul style="list-style-type: none"> A. Increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS federal financial assistance (Title VI enforcement, public education activities, access via TANF program, Section 504, ADA, <i>Olmstead</i> activities, HIV/AIDS access enforcement) B. Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPAA rule activities and enforcement) C. information and training to representatives of health and human service providers, other interest groups, and consumers (Civil rights and health information privacy mission activities) D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention 	<p>#1 E #3 A, B, C, E</p> <p>#1 E,F</p> <p>#1E #3B</p> <p>#1E</p>
1. Enhance Operational Efficiency	<ul style="list-style-type: none"> A. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness) B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, overhaul performance objectives) 	<p>#5 A</p> <p>#4 A,B,D</p>

¹As reflected on the "FY 2015 Budget by HHS Strategic Goal Table" included herein.

In FY 2013, OCR met or exceeded eight out of its eleven performance measures. In recent years, OCR made efforts to strengthen its performance management process and achieve a more representative picture of OCR's mission, goals, and accomplishments. In FY 2013, OCR revised its method for calculating Measures 1.1.3A-C and 1.1.4 to more accurately reflect case closure rates by accounting for total receipts, including backlog and not just new complaints received. Additionally, OCR has made improvements to its case data management system to strengthen the completeness, validity, and accuracy of the data captured and reported. OCR has also added capability modules to allow for the capture and storage of additional complaint information (compliance audits, breach notifications, etc). The system changes have increased OCR's capability to gather, access, and report performance data and information.

OCR has experienced a steady increase in caseload due to its evolving jurisdictional responsibilities related to health information privacy and security, and civil rights. To address the high volume of complaints, OCR instituted a number of efficiencies, such as Centralized Case Management Operations (CCMO) activities and an on-line complaint receipt system. While the online complaint system is generating a significant number of complaints for the agency, OCR is implementing a case triage and processing practice which allows for better management of incoming complaints and facilitation of case closures. OCR will make more deliberate case processing and investigation decisions at the triage level which should enable OCR to maintain or exceed prior case closure rates despite the increase in complaints.

OUTPUTS AND OUTCOMES TABLE

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2014 President's Budget	FY 2015 Request	FY 2015 +/- FY 2014
1.1.1 # Covered Entities taking corrective action as a result of OCR intervention / year (Outcome)	FY 2013: 5,292 Target: 5,900 (Target Not Met)	5900	5900	Maintain
1.1.2 # Covered Entities making substantive policy changes as a result of OCR intervention / year (Outcome)result of OCR intervention / year (Outcome)	FY 2013: 439 Target: 2,800 (Target Not Met)	3600	1000	-2600
1.1.3A % of closure for civil rights cases / cases received each year (Outcome)	FY 2013: 98% Target: 91% (Target Exceeded)	86%	90%	+4%
1.1.3B % of closure for health information privacy cases / cases received each year (Outcome)	FY 2013: 85% Target: 55% (Target Exceeded)	66%	66%	Maintain
1.1.3C% of closure for Medicare application review / reviews received each year (Output)	FY 2013: 92% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.1.4 % CR cases and MED application reviews resolved per received per year	FY 2013: 98% Target: 92% (Target Exceeded)	92%	92%	Maintain
1.1.6 # individuals whom OCR provides information and training annually (Output)	FY 2013: 213,500 Target: 213,500 (Target Met)	213,500	213,500	Maintain
1.1.7 % of civil rights complaints requiring formal investigation resolved within 365 days (Output)	FY 2013: 45% Target: 42% (Target Exceeded)	52%	41%	-11%
1.1.8 % of civil rights complaints not requiring formal investigation resolved within 180 days (Output)	FY 2013: 88% Target: 83% (Target Exceeded)	100%	80%	-20%
1.1.9 % of health information privacy complaints requiring formal investigation resolved within 365 days (Output)	FY 2013: 68% Target: 55% (Target Exceeded)	65%	68%	3%
1.1.10 % of health information privacy complaints not requiring formal investigation resolved within 180 days (Output)	FY 2013: 86% Target: 75% (Target Exceeded)	100%	72%	-28%

[1.1.5 eliminated as duplicative to 1.1.3B when 1.1.3 was expended by category to A-C]
Revised targets reflected, in FY 2013, for Measures 1.1.3A-C and 1.1.4.

BUDGET BY HHS STRATEGIC GOAL

(Dollars in Millions)

HHS Strategic Goals	FY 2013	FY 2014	FY 2015
1.Transform Health Care	20.1	20.1	20.4
1.A Make coverage more secure	-	-	-
1.B Improve health care quality and patient safety	45.78	54.61	66.59
1.C Emphasize primary & preventative care, link to prevention	-	-	-
1.D Reduce growth of health care costs promoting high-value	-	-	-
1.E Ensure access to quality culturally competent care	10.6	10.6	10.8
1.F Promote the adoption of health information technology	9.5	9.5	9.6
2. Advance Scientific Knowledge and Innovation	-	-	-
2.A Accelerate scientific discovery to improve patient care	-	-	-
2.B Foster innovation at HHS to create shared solutions	-	-	-
2.C Invest in sciences to improve food & medical product safety	-	-	-
2.D Increase understanding of what works in health & services	-	-	-
3. Advance the Health, Safety and Well-Being of the American People	18.5	18.6	20.0
3.A Ensure the children & youth safety, well-being & health	1.7	1.8	1.9
3.B Promote economic & social well-being	16.8	16.8	16.5
3.C Improve services for people with disabilities and elderly	-	-	1.3
3.D Promote prevention and wellness	-	-	-
3.E Reduce the occurrence of infectious diseases	-	-	0.3
3.F Protect Americans' health and safety during emergencies	-	-	-
4. Increase Efficiency, Transparency and Accountability of HHS Programs	-	-	0.5
4.A Ensure program integrity and responsible stewardship	-	-	0.2
4.B Fight fraud and work to eliminate improper payments	-	-	0.1
4.C Use HHS data to improve American health & well-being	-	-	-
4.D Improve HHS environmental performance for sustainability	-	-	0.2
5. Strengthen the Nation's Health and Human Service Infrastructure and Workforce	-	0.1	0.3
5.A Invest in HHS workforce to help meet America's health and human service needs today & tomorrow	-	0.1	0.3
5.B Ensure health care workforce meets increased demands.	-	-	-
5.C Enhance the ability of the public health workforce to improve health at home.	-	-	-
5.D Strengthen the Nation's human service workforce	-	-	-
5.E Improve national, State & local surveillance capacity	-	-	-
Total OCR Program Level	38.6	38.8	41.2

DISCRETIONARY ALL PURPOSE TABLE*(Dollars in Thousands)*

Office for Civil Rights	FY 2013 Final Level	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Enforcement and Regional Operations	27,030	27,159	28,844	1,685
Programs and Policy	7,723	7,760	8,241	481
Planning and Business Administration Management	3,862	3,879	4,120	241
Total, Office for Civil Rights	38,615	38,798	41,205	2,407

APPROPRIATIONS LANGUAGE

For expenses necessary for the Office for Civil Rights, [**\$37,798,000**] *\$41,205,000*.

AMOUNTS AVAILABLE FOR OBLIGATION*(Dollars in Thousands)*

Detail	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
General Fund Discretionary Appropriation:	-	-	-
Appropriation (L/HHS, Ag, or, Interior)	40,938	38,798	41,205
Across-the-board reductions (L/HHS, Ag, or Interior)	-82	-	-
Subtotal, Appropriation (L/HHS, Ag, or Interior)	40,856	38,798	41,205
Rescission (PL 113-6)	-2,059	-	-
Subtotal, adjusted appropriation	38,797	38,798	41,205
Real transfer to the Centers for Disease Control	-138	-	-
Real transfer to the Office of Medicare Hearings and Appeals	-44	-	-
Subtotal, adjusted general fund discr. appropriation	38,615	38,798	41,205
Total discretionary appropriation	38,615	38,798	41,205
Offsetting Collections from:	-	-	-
Unobligated balance lapsing	-77	-	-
Total Obligations	38,538	38,798	41,205

SUMMARY OF CHANGES*(Dollars in Thousands)*

Budget Year and Type of Authority	Dollars	FTE
FY 2014 Enacted	38,798	207
FY 2015 Total Estimated Budget Authority	41,205	218
Net Changes	2,407	11

Program Increases	FY 2014 FTE	FY 2014 Enacted	FY 2015 +/- FY 2014 FTE	FY 2015 +/- FY 2014 BA
Other than full-time permanent	5	1,388		14
Military personnel	2	142	0	1
Travel and transportation of persons	-	313	-	6
Rental payments to GSA	-	3,324	-	66
Communication, utilities, and misc. charges	-	242	-	5
Printing and reproduction	-	75	-	2
Other services	-	93	-	1,667
Other purchases of goods and services from Government accounts	-	5,658	18	2,114
Operation and maintenance of facilities	-	622	-	12
Operation and maintenance of equipment	-	366	-	7
Supplies and materials	-	133	-	3
Military benefits	-	61	-	0
Benefits to former personnel	-	21	-	0
Transportation of things	-	5	-	0
Equipment	-	15	-	0
Total Increases	-	12,458	-	3,897

Program Decreases	FY 2014 FTE	FY 2014 Enacted	FY 2015 +/- FY 2014 FTE	FY 2015 +/- FY 2014 BA
Full-time permanent	200	19,826	7	-1,034
Other personnel compensation	-	212	-	-10
Civilian benefits	-	6,302	-	-446
Total Decreases	-	26,340	-	-1,490

Total Changes	FY 2014 FTE	FY 2014 Enacted	FY 2015 +/- FY 2014 FTE	FY 2015 +/- FY 2014 BA
Total Increases	207	12,458	11	3,897
Total Decreases	-	26,340	-	-1,490
Total Net Change	207	38,798	11	2,407

BUDGET AUTHORITY BY ACTIVITY – DIRECT*(Dollars in Thousands)*

Activity	FY 2013 FTE	FY 2013 Actual	FY 2014 FTE	FY 2014 Enacted	FY 2015 FTE	FY 2015 President's Budget
Enforcement and Regional Operations	148	27,030	144	27,159	144	28,844
Programs and Policy	38	7,723	38	7,760	29	8,241
Planning and Business Administration Management	23	3,862	23	3,879	25	4,120
Total	209	38,615	205	38,798	198	41,205

AUTHORIZING LEGISLATION

Authorizing Legislation	2014 Amount Authorized	2014 Appropriation's Act	2015 Amount Authorized	2015 President's Budget
Office for Civil Rights	Indefinite	\$38,798	Indefinite	\$41,205
Total	-	\$38,798	-	\$41,205

OCR Legal Authorities

- Social Security Act of 1934, Section 508 (Public Law 74-271) (42 USC 708)
- Public Health Service Act of 1944, Titles VI, Title XVI, Section 533, Section 542, Section 794, Section 855, Section 1908, Section 1947, as amended (42 USC 291 et seq, 42 USC 300 et seq, 42 USC 290dd-1, 42 USC 295m and 296g, 42 USC 300w-7, 43 USC 290cc-33, 43 USC 300x-57)
- Civil Rights Act of 1964, Title VI , as amended (Public Law 88-352) (42 USC 2000d et seq)
- Treatment and Rehabilitation Act of 1970 (Public Law 91-616)
- Comprehensive Health Manpower Training Act of 1971 (Public Law 92-157)
- Nurse Training Act of 1971 (Public Law 92-158)
- Drug Abuse Offense and Treatment Act of 1972 (Public Law 92-255)
- Education Amendments of 1972, Title IX, as amended (Public Law 92-318) (20 USC 1681)
- Rehabilitation Act of 1973, Section 504, Section 508, as amended (Public Law 93-112) (29 USC 794)
- Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (Public Law 93-282)
- The Church Amendments (42 USC 300a-7)
- National Research Service Award Act of 1974 (Public Law 93-348)
- Health Care Professions Educational Assist Act of 1974 (Public Law 94-484)
- Age discrimination Act of 1975, Sections 301-8, as amended (Public Law 94-135) (42 USC 6101 et seq)
- Public Telecommunications Financing Act of 1978, Section 395 (Public Law 95-567)
- Omnibus Reconciliation Act of 1981 (Public Law 97-35)
- Americans with Disabilities Act of 1990, Title II (Public Law 101-336) (42 USC 12131)
- Improving America's Schools Act of 1994, Subpart E (Public Law 103-382)
- Small Business Job Protection Act of 1996, Sections 1807/1808c (Public Law 104-188) (42 USC 1996b)
- Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191)
- Patient Safety and Quality Improvement Act of 2005 (Public Law 109-41)
- Genetic Information Nondiscrimination Act of 2008 (Public Law 110-233)
- Health Information Technology for Economic and Clinical Health (HITECH) Act, American Recovery and Reinvestment Act of 2009 (Public Law 111-5)
- Patient Protection and Affordable Care Act of 2010, Section 1557 (Public Law 111-148)

APPROPRIATIONS HISTORY

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriation
2005	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-
Base	32,043,000	32,043,000	32,043,000	32,043,000
Rescissions (P.L. 108-447)	-	-	-	(317,000)
Subtotal	32,043,000	32,043,000	32,043,000	31,726,000
<u>Trust Fund Appropriation:</u>	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescissions (P.L. 108-447)	-	-	-	(27,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,287,000
2006	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-
Base	31,682,000	31,682,000	31,682,000	31,682,000
Rescissions (P.L. 109-148)	-	-	-	(317,000)
Subtotal	31,682,000	31,682,000	31,682,000	31,365,000
<u>Trust Fund Appropriation:</u>	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescissions (P.L. 109-148)	-	-	-	(33,000)
Transfers (P.L. 109-148)	-	-	-	(22,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,259,000
2007	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-
Base	32,969,000	32,969,000	32,969,000	31,628,000
Subtotal	32,969,000	32,969,000	32,969,000	31,628,000
<u>Trust Fund Appropriation:</u>	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescissions (P.L. 110-5)	-	-	-	(33,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,281,000
2008	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-
Base	33,748,000	33,748,000	33,748,000	31,628,000
Rescissions (P.L. 110-161)	-	-	-	(553,000)
Subtotal	33,748,000	33,748,000	33,748,000	31,075,000
<u>Trust Fund Appropriation:</u>	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,281,000
Rescissions (P.L. 110-161)	-	-	-	57,000
Subtotal	3,314,000	3,314,000	3,314,000	3,224,000
2009	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-
Base	36,785,000	36,785,000	36,785,000	36,785,000
Subtotal	36,785,000	36,785,000	36,785,000	36,785,000
<u>Trust Fund Appropriation:</u>	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
2010	-	-	-	-
<u>General Fund Appropriation:</u>	-	-	-	-

Office for Civil Rights

Base	37,785,000	37,785,000	37,785,000	37,785,000
Transfers (P.L. 111-117)	-	-	-	(6,000)
Subtotal	37,785,000	37,785,000	37,785,000	37,779,000
Trust Fund Appropriation:	-	-	-	-
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
2011	-	-	-	-
General Fund Appropriation:	-	-	-	-
Base	44,382,000	44,382,000	44,382,000	37,785,000
Rescissions (P.L. 112-10)	-	-	-	(76,000)
Subtotal	44,382,000	44,382,000	44,382,000	37,709,000
Trust Fund Appropriation:	-	-	-	-
Base	-	-	-	3,314,000
Rescissions (P.L. 112-10)	-	-	-	(7,000)
Subtotal	-	-	-	3,307,000
2012	-	-	-	-
General Fund Appropriation:	-	-	-	-
Base	44,382,000	41,016,000	41,016,000	41,016,000
Rescissions (P.L. 112-74)	-	-	-	(78,000)
Subtotal	44,382,000	41,016,000	41,016,000	40,938,000
2013	-	-	-	-
General Fund Appropriation:	-	-	-	-
Base	38,966,000	-	38,966,000	40,938,000
Sequestration	-	-	-	(2,059,000)
Rescissions (P.L. 113-6)	-	-	-	(82,000)
Transfers (P.L. 112-74)	-	-	-	(182,000)
Subtotal	38,966,000	-	38,966,000	38,615,000
2014	-	-	-	-
General Fund Appropriation:	-	-	-	-
Base	42,205,000	-	42,205,000	37,798,000
Subtotal	42,205,000	-	42,205,000	37,798,000
2014	-	-	-	-
General Fund Appropriation:	-	-	-	-
Base	41,205,000	-	-	-
Subtotal	41,205,000	-	-	-

SUMMARY OF THE REQUEST

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) is the primary defender of the public's right to privacy and security of protected health information and non-discriminatory access to Federally-funded health and human services. Through prevention and elimination of unlawful discrimination and by protecting the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by the Department's many programs. To most effectively accomplish this enormously important undertaking, OCR activities partner with government and private sector entities at the local, state, and national levels.

For FY 2015, OCR requests \$41,205,000, an increase of \$2,407,000 from the FY14 Enacted level to fund its nation-wide health care anti-discrimination and health information privacy and security mission performed and supported by OCR's three activities.

- \$28,844,000 for Enforcement and Regional Operations – an increase of \$1,685,000
- \$8,241,000 for Programs and Policy – an increase of \$481,000
- \$4,120,000 for Planning and Business Administration Management – an increase of \$241,000

ENFORCEMENT AND REGIONAL OPERATIONS

(Dollars in Thousands)

Activity	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Enforcement and Regional Operations	27,030	27,159	28,844	1,685
FTE	148	144	144	0

Program Description and Accomplishments

Enforcement and Regional Operations is charged with prevention and elimination of unlawful discrimination and with protecting the privacy and security of individually identifiable health information. In securing discrimination free healthcare and ensuring the protection of health information privacy, the Division directly supports Americans' access to healthcare. It consists of a small headquarters element and personnel located at 10 HHS regional offices. Two regional offices, Philadelphia and San Francisco, are further supported by two satellite offices, in which additional investigators are based. The Deputy Director for Enforcement and Regional Operations is responsible for all aspects of the operations and performance of the regions and reports through the Chief of Staff to the Director of OCR.

The personnel based in OCR's regional offices are at the forefront of OCR's enforcement efforts and responsible for responding to complainants and conducting investigations of alleged violations of civil rights and health information privacy laws. Each region is led by a regional manager who is responsible for operations within the geographical area of responsibility.

Region	Location	Satellite Office	Geographical Responsibility
I	Boston	-	CT,ME,MA,NH,RI,VT
II	New York	-	NJ,NY,PR ¹
III	Philadelphia	Washington, DC	DE,DC,MD,PA,VA,WV
IV	Atlanta	-	AL,FL,GA,KY,MS,NC,SC,TN
V	Chicago	-	IL,IN,MI,MN,OH,WI
VI	Dallas	-	AR,LA,NM,OK,TX
VII	Kansas City	-	IA,KS,MO,NE
VIII	Denver	-	CO,MT,ND,SD,UT,WY
IX	San Francisco	Los Angeles	AZ,CA,HI,NV ²
X	Seattle	-	AK,ID,OR,WA

Since implementation of the Privacy Rule in 2003, the number of complaints filed with OCR per year has steadily grown. In FY13, OCR received 15,043 complaints compared to 12,705 in FY 2012. The spike in receipts in FY 2013 is partly attributable to the efficiencies OCR has implemented, specifically a complaint web portal that provides stakeholders with a quick and simple method of submitting complaints. OCR anticipates the volume of complaint receipts to increase to 22,996 in CY 2014 and 24,390 in FY 2015.

¹ Includes Virgin Islands

² Includes American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Marshall Islands, and the Republic of Palau

In order to keep pace with an increasing caseload due to OCR's evolving jurisdictional responsibilities related to health information privacy and security, and civil rights, OCR instituted a number of proactive efficiencies, such as Centralized Case Management Operations (CCMO) activities, the "EOS Academy", and an on-line complaint receipt system.

Centralized Case Management Operations

Customer Response Center (CRC)

Studied and planned for over a year, CCMO activities effectively commenced in August 2012 with the stand-up of the CRC which centralizes the case intake function at OCR headquarters. This is a dramatic shift in one of OCR's core processes that is intended to lead to significant efficiencies over time. The CRC offers nation-wide bilingual (Spanish) capability to receive complaints from all sources (phone, mail, fax, and web) and interact with complainants to educate and advise them on HIPAA and the various civil rights laws as well as OCR's intake and investigation processes. In doing so, it frees up regional resources allowing them to focus primarily on investigation, outreach, and other enforcement activities. OCR expects the CRC to reach its full operating capability in FY2014.

Central Intake Unit (CIU)

The CIU is a follow-on processing unit which evaluates, triages, and distributes cases. Like the CRC, it transfers the responsibility for this function from the regions to a centralized headquarters team. This function requires considerably more expertise than the intake function. While not an original aim, the CIU also allows for early intervention in certain situations to facilitate resolution and prevent escalation to the regions in instances where an individual needs help in attaining a medical record, attaining a sign language interpreter, or simply has a question. While currently performing this function for six regions, OCR leadership is targeting full implementation across all ten regions in FY 2014.

Academy for Civil Rights Investigators

In FY2012 OCR established the "EOS Academy", an intensive program to train its Equal Opportunity Specialists (EOS) and civil rights analysts. The Academy focuses on improving investigative skills by fostering a deeper understanding of Federal civil rights enforcement and the statutes that underpin OCR's civil rights actions. Attendees gain a better understanding of how to create thorough and legally supportable investigative plans, obtain the appropriate information to determine the facts of the case, and apply the law to the facts identified. Continued investment in this program ensures OCR investigators have the knowledge and skills to adequately address the increasing caseload. To encourage cross-agency collaboration, OCR offers the program to civil rights investigators from other Federal entities such as the Department of Justice, Department of Agriculture, Department of the Interior, Department of Health and Human Services, Department of Labor, Department of Veterans Affairs, the National Science Foundation, and NASA.

Online Complaint System

In July 2013, OCR introduced its on-line web portal that provides a customer-friendly and expedient method for filing HIPAA and civil rights complaints as an alternative to the other current options. Online forms on the website are in seven languages and the intention is to expand that number over time. Since the web portal's inception, the average number of complaints received per week has increased by 81%. The increase resulting from this seamless complaint submission process is likely to continue and will significantly impact OCR's operations moving forward in terms of OCR being able to keep up with the pace of incoming case receipts.

Accomplishments

- In August 2013, based on the evidentiary record compiled by OCR's Region IX, the Departmental Appeals Board (DAB) found that since Dr. San Agustin participated in the joint state/Federal Medicaid program, he is a recipient of Federal financial assistance and he may not discriminate against any qualified person with a disability. On behalf of OCR, the Office of General Counsel brought an action before the DAB under Section 504 of the Rehabilitation Act of 1973 seeking to withdraw federal financial assistance from Winston C. San Agustin, M.D. Having initially been recommended due to back pain, once Dr. San Agustin became aware that the patient was HIV-positive, he refused to perform the surgery. The DAB found that Dr. San Agustin had refused to provide medical services to an individual because of that individual's disability, in violation of Section 504. OCR has been unable to secure Dr. San Agustin's compliance with Section 504 through voluntary means. Therefore, Dr. San Agustin's receipt of federal financial assistance must be terminated until he shows he will comply with the requirements of Section 504. Subject to additional statutory requirements, the DAB ordered that HHS officials suspend, terminate, and refuse to grant or continue Dr. San Agustin's Federal financial assistance until he satisfies those officials that he will comply with Section 504's nondiscrimination provisions. The withdrawal of Dr. San Agustin's funds is the first instance in nearly 30 years in which OCR has undertaken efforts to withdraw a recipient's funds for noncompliance with the nondiscrimination provisions OCR enforces.
- In August 2013, OCR's Region II entered into a settlement agreement with Affinity Health Plan, Inc that included a \$1.2 million payment to settle potential violations of the HIPAA Security Rule. Affinity Health Plan is a not-for-profit managed care plan serving the New York metropolitan area. Affinity filed a breach report with OCR as required by the HITECH Act indicating that the new owner of copiers previously leased by Affinity contained confidential medical information on the hard drive. OCR's investigation indicated that Affinity impermissibly disclosed the electronic protected health information (ePHI) of over 344,000 individuals when it returned multiple photocopiers to leasing agents without erasing the data contained on the hard drives. In addition, Affinity failed to incorporate the ePHI stored on photocopier hard drives in its analysis of risks and vulnerabilities as required by the Security Rule and failed to implement policies and procedures when returning the photocopiers to its leasing agents. The settlement includes a corrective action plan requiring Affinity to use its best efforts to retrieve all hard drives that were contained on photocopiers previously leased by the plan that remain in the possession of the leasing agent, and to take certain measures to safeguard all ePHI.
- In July 2013, OCR's Region I entered into a settlement agreement with WellPoint, Inc that included a \$1.7 million payment to settle potential violations of the HIPAA Privacy and Security Rules. OCR began its investigation following a breach report submitted by WellPoint which indicated that security weaknesses in an online application database left the ePHI of 612,402 individuals accessible to unauthorized individuals over the Internet. The investigation indicated that WellPoint did not implement appropriate administrative and technical safeguards as required under the HIPAA Security Rule. Specifically, WellPoint: did not adequately implement policies and procedures for authorizing access to the on-line application database; did not perform an appropriate technical evaluation in response to a software upgrade to its information systems; and did not have technical safeguards in place to verify the person or entity seeking access to ePHI maintained in its enrollment database.
- In June 2013, OCR' Region IX entered into a settlement agreement and comprehensive corrective action plan with Shasta Regional Medical Center (SRMC) concerning potential violations of the HIPAA Privacy Rule. As part of that agreement, SRMC paid a monetary settlement of \$275,000. OCR opened a

compliance review of SRMC following a Los Angeles Times article that indicated two SRMC senior leaders had met with media to discuss medical services provided to a patient. OCR's investigation indicated that SRMC failed to safeguard a patient's protected health information (PHI) from impermissible disclosure by intentionally disclosing that patient's PHI to multiple media outlets on at least three separate occasions, without a valid written authorization from the patient to do so. OCR's review indicated that senior management at SRMC had also impermissibly shared details about the patient's medical condition, diagnosis, and treatment in an email to the entire SRMC workforce. In addition, SRMC had failed to sanction its workforce members for impermissibly disclosing the patient's records pursuant to its internal sanctions policy. The corrective action plan requires SRMC to update its policies and procedures on safeguarding PHI from impermissible uses and disclosures and to train its workforce members on those policies and procedures. The Corrective Action Plan (CAP) also requires fifteen other hospitals or medical centers under the same ownership or operational control as SRMC to attest to their understanding of permissible uses and disclosures of PHI, including disclosures to the media.

- In February 2013, OCR' Region III entered into a settlement agreement with Genesis HealthCare (Genesis), one of the nation's largest providers of senior care. In the accord, Genesis agreed to implement the agreement's corrective actions at all 400 nursing centers and assisted/senior living communities operated by Genesis. The settlement follows a complaint that Genesis failed to provide a qualified sign language interpreter to a resident at its skilled nursing facility in Randallstown, Maryland. Throughout the resident's stay at the facility, facility staff relied on written notes and gestures to communicate with the resident, even when conducting a comprehensive psychiatric evaluation with him. Moreover, not providing a qualified interpreter negatively affected evaluations of his care and discussions with him regarding the effects of his numerous medications and the risks caused by not following recommended treatments and prescription protocols and ultimately resulted in harmful effects to his overall health status. The agreement also requires Genesis to form an auxiliary aids and services hotline; create an advisory committee to provide guidance and direction on how to best communicate with members of the deaf and hard of hearing community; and designate a monitor to conduct a self-assessment and obtain feedback from deaf and hard of hearing individuals and advocates and conduct outreach to promote awareness of hearing impairments and services that are available for deaf and hard of hearing individuals. In addition, the agreement is significant because it is the first time OCR has included a provision requiring a recipient to pay monetary penalties should the recipient fail to comply with the terms of the agreement. That is, this agreement requires Genesis to pay monetary penalties if it fails to comply with any terms of the agreement.

- In early 2013, OCR's Regions II and III entered into separate agreements with the Cattaraugus County Department of Aging (CCDOA) in New York and the District of Columbia Children and Family Services Agency (DCCFSA) to ensure that deaf and hard of hearing individuals living in New York and the District of Columbia have equal access to public human services programs. The CCDOA provides health care and social services to 5,000 county residents who are 60 and older. DCCFSA is a designated child welfare agency for the District of Columbia and provides services that include adoption, foster care, and protective services to more than 3,600 children under the age of 18 and their families. These agreements emanated from complaints alleging that CCDOA and DCCFSA had failed to provide sign language interpretation services. OCR investigated the complaints pursuant to its authority under Section 504 and Title II, which require that recipients ensure effective communication for persons with disabilities. Both recipients agreed in the settlement agreements to revise their effective communication language policies and redouble their employee training programs. Most importantly,

CCDOA and DCCFSA, pursuant to their agreements with OCR, set in place interpretation services that will ensure equal access to their programs for deaf and hard of hearing individuals.

Funding History

Fiscal Year	Amount
FY 2011	\$26,961,000
FY 2012	\$26,908,000
FY 2013	\$27,030,000
FY 2014	\$27,159,000
FY 2015	\$28,844,000

Budget Request

The FY 2015 request for Enforcement and Regional Operations (E&RO) is \$28,844,000, which is \$1,685,000 above the FY 2014 Enacted.

Program Increases:

Investing in the Institution [Regional Operations] (+\$1,685,000)

A centralized process frees regional personnel from significant administrative efforts and allows for reinvestment of that labor into case analysis and investigation to improve response time and reduce current case backlogs. Since its inception, the Central Intake Unit (CIU) and Customer Response Center (CRC) have successfully triaged complaints, enhanced efficiency of service, and afforded OCR the ability to connect and respond to the general public at a rapid pace for sixty percent of the regions.

Additionally, OCR created an on-line web portal in July 2013. The average number of complaints received has increased exponentially. OCR is elevating the consciousness and educating the general public on their civil rights and rights under HIPAA; as a result, OCR receives approximately 250 online complaints a week, which averages to 13,000 complaints over the course of a year. Moreover, this is in addition to the complaints we receive through other mediums, ongoing investigations and backlog cases.

The additional resources will afford OCR’s ability to: a) hire additional full-time, permanent or contracting staff members in order to support the increased workload, as a result of the on-line web portal; b) expand operations in order to overlay the remaining four regions not covered by the CIU; and c) continue training of our equal opportunity specialists (EOS) and civil rights analysts (CRA) to ensure program integrity and investment in the HHS workforce.

PROGRAMS AND POLICY

(Dollars in Thousands)

Activity	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Programs and Policy	7,723	7,760	8,241	481
FTE	38	38	29	-9

Program Description and Accomplishments

Programs and Policy consists of two components, Civil Rights and Health Information Privacy, with the majority of personnel working at HHS headquarters in Washington, D.C. The Deputy Director for Programs and Policy is responsible for all aspects of the operations and performance of this component and reports through the Chief of Staff to the OCR Director.

Civil Rights Division

The Civil Rights Division (CRD) performs a wide variety of critical functions to support the Department's mission to promote the health and well-being of the American public. As the component responsible for leading OCR's civil rights activities, CRD provides strategic planning for national initiatives and oversees OCR's nationwide program for civil rights enforcement, outreach, and policy development through headquarters and regional operations. In particular, CRD provides direction and subject matter expertise to regional staff and assists in their activities to ensure legal and policy coordination in OCR's formulation of investigative plans for complaints and compliance reviews, corrective action closure letters, voluntary compliance agreements, violation letters of finding, settlement agreements and enforcement actions. In addition, CRD supports the OCR Director in his role as the Secretary's advisor on civil rights and is responsible for civil rights reviews of the Department's rulemaking and policy guidance, including drafting regulations and guidance to implement the civil rights provisions of the Affordable Care Act.

CRD also oversees a nationwide civil rights pre-grant review program for health care provider covered entities applying to participate in the Medicare program (because they are newly established or have had a recent change in ownership). These civil right reviews of covered entities ensure their compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. Through this program, CRD provides technical assistance to new and existing Medicare providers, reviews covered entities' policies and procedures for civil rights compliance, and sends clearance letters to the covered entities after they have demonstrated compliance. Through the pre-grant review program, CRD also enters into civil rights settlement agreements with major health care corporations to develop model civil rights policies and procedures at all facilities under corporate ownership and control, extending their reach to facilities beyond the scope of Medicare Part A program requirements. In this way, OCR is achieving voluntary compliance with health care organizations on a large scale, maximizing its impact and civil rights compliance efforts within the Medicare provider community.

With the advent of the Affordable Care Act, OCR is charged with enforcing Section 1557, a nondiscrimination provision which ensures that all individuals have equal access to the benefits and services made available under the Act, without regard to their race, color, national origin (including limited proficiency in English), disability, age, or sex. Significantly, this is the first time that sex discrimination in health care is prohibited by a national civil rights law. To help inform our regulatory

development, OCR published a Request for Information (RFI) in the Federal Register in the summer of 2013. The RFI sought comment from consumers, health care providers, health insurers, and other stakeholders on a wide range of topics to inform OCR's rulemaking. OCR intends to issue an NPRM in 2014. Afterwards, we will conduct listening sessions to enhance public participation in the rulemaking process and issue a final rule. This legislation significantly expands OCR's enforcement jurisdiction. We have already seen an increase in complainants, many of which raise issues of the first impression and important policy issues and anticipate a continued significant increase in complaints, particularly once full ACA implementation occurs.

OCR also anticipates the likelihood of increased enforcement efforts to implement the Administration's and Secretary's priority to promote community living for persons with disabilities through vigorous enforcement of the ADA as interpreted by the Supreme Court in the Olmstead case. This concept is an integral part of the ACA and the Secretary's Initiative on Community Living. OCR provides technical assistance, policy development, and enforcement of the ADA and Section 504 of the Rehabilitation Act and investigates complaints and initiates compliance reviews to determine if there are violations of these laws. OCR is currently conducting compliance reviews of nursing homes using Centers for Medicare and Medicaid Services (CMS) Minimum Data Set information identifying nursing home residents with disabilities who seek information on living in the community and hopes to expand these reviews. OCR teams with the Department of Justice, the Department of Housing and Urban Development, the Administration on Community Living, the CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA). OCR envisions working with these agencies to develop policy and technical assistance opportunities for States, people with disabilities, and others. This will build on OCR's collaborative work with these agencies on the SAMHSA sponsored 2012 Olmstead state policy academy in which OCR planned a pre-academy day-long session on housing in partnership with HUD.

Accomplishments

- The 2013 HHS Language Access Plan was developed by the HHS Language Access Steering Committee, which is staffed by CR and led by the OCR Director on behalf of the Secretary. In accordance with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, the 2013 HHS LAP establishes the Department's policy and strategy for serving individuals with LEP and reaffirms the Department's commitment to language access principles. The 2013 HHS LAP serves as a blueprint for HHS staff and operating divisions charged with developing their own agency-specific language access plans.
- As part of its Title VI enforcement activities, OCR recently entered into a voluntary compliance agreement with the North Carolina Department of Health and Human Services (NCDHHS), which administers an annual budget of \$18.3 billion, including the State's Medicaid; Early and Periodic Screening, Diagnosis and Treatment; and Children's Health Insurance Programs. To comply with Title VI, NCDHHS agreed to provide timely and competent language access services, including oral interpreters and written translations of vital documents, at no cost to individuals with LEP.
- CRD partnered with the Department of Justice's Civil Rights Division and the Department of Education's Office for Civil Rights to issue a Dear Colleague letter to schools of medicine, dentistry, and nursing and other health-related schools, expressing concern that some health-related schools may be making enrollment decisions based on an incorrect understanding of the hepatitis B virus, resulting in discrimination. The letter updates schools on the latest recommendations from the Centers for Disease Control and Prevention (CDC) regarding the participation of students with hepatitis B in health-related

schools. The issue is particularly important to the Asian American and Pacific Islander community, in light of its high representation among those individuals with hepatitis B. The letter is being widely disseminated.

- CRD entered into a settlement agreement with Genesis HealthCare (Genesis), one of the nation's largest providers of senior care, which covers more than 400 skilled nursing centers and assisted/senior living communities across 29 states. This settlement follows a complaint that Genesis failed to provide a qualified interpreter to a resident throughout his stay at its skilled nursing facility in Randallstown, Maryland. The agreement, which includes several innovative and unique requirements, requires Genesis to form an auxiliary aids and services hotline; create an advisory committee to provide guidance and direction on how to best communicate with the deaf and hard of hearing community; designate a monitor to conduct a self-assessment and obtain feedback from deaf and hard of hearing individuals and advocates and conduct outreach to promote awareness of hearing impairments and services that are available for deaf and hard of hearing individuals. In addition Genesis would be required to pay monetary penalties for noncompliance with any terms of the agreement.
- CRD has achieved corrective action allowing many individuals with disabilities to move from institutional to community settings. For example, a Kentucky woman with Acquired Brain Injury (ABI) was residing in a state psychiatric hospital, but wanted to move into the community. Subsequent to OCR initiating an investigation, the State took corrective action and approved the Affected Party for services under the State's ABI waiver. Under this waiver, the Affected Party moved out of the institution and enrolled with a community residential ABI waiver provider, where she now resides and receives community services.
- CRD partnered with CMS to ensure that the outreach and information provided to consumers about the ACA are accessible to underserved populations, including LEP populations and individuals with disabilities. As a result, the ACA regulations governing key aspects of health care reform ensure that the call center, websites, navigators, applications and notices will be accessible to LEP populations and individuals with disabilities.
- CRD has continued to develop Civil Rights Corporate Agreements to increase the efficiency of the pre-grant program and to promote civil rights compliance among large groups of healthcare providers throughout the country. In the Agreements, the corporations and OCR develop, for the corporate facilities, model civil rights policies and procedures that demonstrate compliance with the civil rights statutes and regulations. As a result of CRD's efforts, there are now 54 Agreements covering over 4,600 healthcare providers who serve more than 11 million patients.
- In support of the National HIV/AIDS Strategy, CRD continued to strengthen enforcement of the civil rights laws affecting people living with HIV/AIDS. For example, in August 2012, OCR secured an order terminating Medicaid payments to a California surgeon who discriminated against an HIV-positive patient by refusing to perform back surgery on him. The order was issued by the HHS Departmental Appeals Board, which concluded that the surgeon violated Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination by health care providers who receive federal funds. In addition, OCR and the New York State Department of Health (NYSDOH) collaborated to address reports that some nursing homes in the state were denying admission to patients who have HIV/AIDS due to the cost of HIV medications. Nursing home care is a critically important service for approximately 120,000 New Yorkers living with HIV/AIDS, and denying admission to individuals based on the cost of their

medications may constitute discrimination that is prohibited by the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, as well as New York state statutes and regulations. As such, OCR and NYSDOH sent a joint letter to all New York nursing home administrators focusing on the requirement to provide equal access to health care for individuals with HIV/AIDS. In the letter, OCR and NYSDOH offered to provide technical assistance to facilities to ensure compliance with anti-discrimination statutes and regulations.

Health Information Privacy Division

The Health Information Privacy (HIP) Division is primarily responsible for leading OCR's national privacy and security programs and performs a wide variety of mission critical functions to support healthcare organizations, OCR's ten regional offices, and the American public. HIP is responsible for policy development, including proposing regulatory and legislative modifications to the HIPAA Privacy and Security Rules; rule making activities, including promulgating regulations for new statutory authorities; issuing guidance and developing compliance and training tools; providing public education; and raising awareness of privacy rights and protections. Through its efforts to promote robust privacy and security protections, HIP plays a leading role in other health reform efforts, including advancing the adoption and meaningful use of electronic health records, and assuring privacy and security concerns are appropriately addressed by the new delivery mechanisms under the ACA and American Recovery and Reinvestment Act (ARRA), in research and patient safety initiatives particularly those involving genetic breakthroughs, and in emergency preparedness and response activities. HIP staff also reviews settlement agreements and enforcement actions, provides subject matter expertise to regional staff on both privacy and security matters, and investigates violations of patient safety work product confidentiality.

Since September 2009, HIP staff has overseen a nationwide breach reporting system required by Section 13402 of the HITECH Act enabling covered entities and business associates to electronically file reports with the Secretary of all breaches that create a significant risk to the confidentiality or integrity of protected health information. The covered entity is also required to provide prompt notification to the individuals affected by the breach. For breaches affecting 500 or more individuals, HIP also refers the breach report to the regional offices for validation and investigation, and is responsible for maintaining a listing of such breaches on the HHS web site. Breach reports that impact fewer than 500 individuals are treated as discretionary and investigated when resources permit. As of March 1, 2012, OCR has received more than 600 reports of breaches affecting 500 or more individuals, and over 55,000 reports of smaller breaches.

In addition, as required by the HITECH Act, HIP staff led the Department's efforts to design, test, and evaluate an audit function to measure compliance with privacy, security and breach notification requirements by healthcare entities and their business associates. The audit program expands and complements other OCR enforcement efforts to ensure individually identifiable health information is kept private and secure, particularly with regard to the exchange of electronic information. Field testing finished in the first quarter of FY2013 and the evaluation process is scheduled to conclude at the end of FY2013. The experience and evaluation of the methods piloted in 2011 and 2012 funded by ARRA provided the Department with an enhanced understanding of current privacy and security risks to health information and a foundation for appropriate enforcement actions. A viable audit program adds value to the compliance and enforcement mission of OCR by its enhancement of proactive, systemic, and preventative measures to achieve compliance rather than the incident response efforts triggered by a complaint process. An audit program can generate analytical tools and methods for entity self-

evaluation and prevention, fostering a culture of compliance throughout the healthcare sector. Through entity adoption, a successful audit program can have a multiplier effect on compliance penetration beyond the number of entities selected for the audit itself.

HIP staff also provides significant input into the development of compliance and enforcement strategies as well as expert advice to regional staff in their formulation of investigative plans, letters of investigative findings, and resolution agreements or notices of the imposition of civil monetary penalties following compliance reviews or complaint investigations. As a result of the HITECH Act, maximum civil money penalties for HIPAA violations have increased significantly, from \$100 per violation to up to \$50,000 per violation. OCR has leveraged these higher penalty amounts to strengthen and expand its compliance and enforcement program. In 2009, HIP expanded its enforcement scope to include the HIPAA Security Rule and has overseen the integration with OCR's ongoing privacy enforcement programs. HIP provides subject matter expertise to OCR's regional offices on Security Rule cases, thereby raising the quality of the corrective actions achieved through investigations. HIP also coordinates with the Department of Justice on criminal referrals under the HIPAA.

Accomplishments

- HIP published the Omnibus HIPAA Final Rule in January 2013, which concludes the rulemaking process for many of the HITECH Act changes. The Omnibus Rule finalizes regulatory provisions including extending privacy and security obligations and resulting liabilities to business associates of HIPAA covered entities, strengthening privacy protections in the areas of marketing, fundraising, requests for restrictions and electronic access, and prohibiting the sale of protected health information without authorization from the individual. The rulemaking also finalizes changes related to the October 2009 NPRM requirements of GINA to recognize genetic information as protected health information and to prevent its use by health plans for underwriting purposes. The rulemaking also makes final two IFRs published to implement two new authorities under the HITECH Act, a tiered and strengthened civil money penalty structure for HIPAA violations and breach notification obligations on HIPAA covered entities and business associates.
- HIP has partnered with ONC and CMS to develop privacy and security protections for electronic health records that will promote their adoption and meaningful use and to embed privacy and security principles and functions in the regulatory certification criteria for health information technology and the meaningful use standards for Phase 1 and Phase 2, and future phases.
- HIP has designed and implemented a public education campaign to increase the American public's awareness of and confidence in the privacy and security of their health information, particularly with electronic health records. Highlights of these consumer-focused efforts include the development of eight videos on OCR's YouTube channel which have generated over 600,000 views within one year of posting. Of note is the creation of a Spanish-language video on consumers' health information privacy rights which has over 200,000 views. OCR has created four new factsheets explaining consumer's privacy rights and has translated these materials into 8 languages: Simplified Chinese, Traditional Chinese, Korean, Vietnamese, Tagalog, Russian, Polish and Spanish. In May 2013, OCR partnered with the CDC, Office of the National Coordinator (ONC), and AIDS.gov to launch a campaign targeting HIV positive Black men who have sex with men (BMSM) with messaging on the importance of access to a copy of their medical record in order to be more involved in their care. In addition to national media buys, the campaign will target five cities during Black gay pride events around the country: DC, Chicago, New York City, Atlanta, and Oakland.

- Based on the authority and funding in the ARRA HITECH Act, HIP continued a major initiative to design, test, and evaluate a program for periodic audits to ensure compliance by covered entities and business associates with the HIPAA Privacy and Security Rules and their obligations under the HITECH Act. Comprehensive audit protocols were developed, tested, and used to conduct a total of 115 audits of covered entities of varying types and sizes. The program, its implementation, and the audit results are being evaluated and the program evaluation is scheduled to conclude at the end of FY2013. ARRA funding is no longer available to continue this program.
- HIP launched a number of efforts to increase education and awareness among covered entities and business associates about compliance with the HIPAA Privacy and Security Rules. OCR has developed a series of three on-line educational modules which are offered for free Continuing Medical Education (CME) and Continuing Education (CE) credits to health care providers on Medscape.org. In less than a year, OCR has educated over 30,000 health care providers through these modules, with 7,323 taking advantage of CME or CE credits. In addition, following the publication of the Omnibus HIPAA Final Rule in January 2013, OCR undertook a paid advertisement targeting health care providers via Medscape with the message “HIPAA Rules Have Changed. You Must Comply by September 23, 2013. Act Now to Learn What You Need to Do.” When providers click on the ad, they are brought to OCR’s website. The ads generated 37,000 visits to OCR’s website from March 15, 2013 through April 1, 2013. OCR developed a video for YouTube to educate HIPAA covered entities and their business associates on compliance with the HIPAA Security Rule which has 155,000 views from June 2012 through June 2013. Finally, OCR has undertaken a series of four free webinars to educate covered entities and business associates on the Omnibus HIPAA Final Rule changes with over 3500 confirmed registrants.
- OCR has been aggressive and consistent in its HIPAA Security and Privacy Rule enforcement. Since July of 2008, OCR has imposed one civil money penalty and negotiated 15 monetary settlements that included detailed corrective active plans. These actions have resulted in monetary receipts that OCR has utilized towards furthering health information privacy and security enforcement efforts.

Funding History

Fiscal Year	Amount
FY 2011	\$9,235,000
FY 2012	\$9,217,000
FY 2013	\$7,723,000
FY 2014	\$7,760,000
FY 2015	\$8,241,000

Budget Request

The FY 2015 request for Programs and Policy (P&P) is \$8,241,000, which is \$481,000 above the FY 2014 Enacted. This funding supports the CRC’s role in educating callers about HIPAA rights and protections and informing consumers about the resources available to them.

PLANNING AND BUSINESS ADMINISTRATION MANAGEMENT

(Dollars in Thousands)

Activity	FY 2013 Final	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Planning and Business Administration Management	3,862	3,879	4,120	241
FTE	23	23	25	2

Program Description and Accomplishments

The Division of Planning and Business Administration Management (PBAM) is focused on supporting the overall efforts of OCR's mission. The office consists of administration sections which are outlined below and provides direct support to the operations of OCR's other two activities (E&RO and P&P). All FTEs are located at HHS headquarters in Washington, DC. The Deputy Director for Planning, Business Administration Management is responsible for all aspects of the operations and performance of his/her sections and reports through the Chief of Staff to the Director of OCR.

Section	Description
Executive Secretariat	The Executive Secretariat Section is responsible for agency clearance requests, Congressional and other high-level correspondence, Freedom of Information Act (FOIA) actions, and other general administrative duties.
Human Resources	The Human Resources Section provides guidance to leaders, conducts the recruitment of staff personnel, and coordinates personnel support actions for the headquarters and regions. The section's key responsibilities include coordination with the Office of Human Resources (OHR), application and adherence to human resources policy, and interfacing with the labor union.
Information Technology	With personnel spread across the nation, the Information Technology (IT) Section has the challenging task of ensuring all locations receive superb and timely automation support to facilitate seamless operations. This is accomplished via the performance of a variety of tasks, including conducting inventories, trouble-shooting equipment problems, planning upgrades, attaining contracts to support systems, administering the Performance Information Management System (PIMS), and acquiring replacement hardware and software.
Budget	The Budget Section is accountable for working with the leadership to formulate requirements, both funding and personnel. Specific focus areas are: budget formulation, budget execution, management internal controls, supporting overall headquarters and regional operations, answering data calls, and responding to all resource matters that affect ongoing OCR efforts to provide quality support.

Additional personnel include the Director of OCR, the Chief of Staff, and their immediate staff as well as well as the Deputy Director of PBAM.

Accomplishments

- Completed the administrative support actions (facilities, budget, communications, information technology, and human resources) actions required to stand-up and sustain the first two CCMO components (CRC and CIU)
- Completed Certification & Accreditation (C&A) of Program Information Management System (PIMS) and attained renewed Authority to Operate (ATO) that had expired in 2008. Also, established an alternate processing site for PIMS as well as an increased information security awareness throughout OCR
- Implemented a PIMS modernization plan to streamline the administrative burden associated with the regional casework, thereby allowing Equal Opportunity Specialists to dedicate additional time to complainant response
- Completed a Continuity of Operations Plan (COOP) ensuring that, in the event of an emergency, OCR will continue to perform its critical mission functions

Funding History

Fiscal Year	Amount
FY 2011	\$4,821,000
FY 2012	\$4,813,000
FY 2013	\$3,862,000
FY 2014	\$3,879,000
FY 2015	\$4,120,000

Budget Request

The FY 2015 request for Planning and Business Administration Management (PBAM) is \$4,120,000, which is \$241,000 above the FY 2014 Enacted. PBAM serves as the premier hub of administrative guidance, expertise and support to the program staff in order for OCR to carry-out its critical mission.

BUDGET AUTHORITY BY OBJECT CLASS

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Enacted	FY 2015 Budget	FY 2015 +/- FY 2014
-	Personnel Compensation	-	-	-
11.1	Full-time permanent	19,826	18,792	(1,034)
11.3	Other than full-time permanent	1,388	1,402	14
11.5	Other personnel compensation	212	202	(10)
11.7	Military personnel	142	143	1
Subtotal	Personnel Compensation	21,568	20,539	(1,029)
12.1	Civilian benefits	6,152	5,856	(296)
12.2	Military benefits	61	61	0
13.0	Benefits to former personnel	21	21	0
Total	Pay Costs	27,802	26,477	(1,325)
21.0	Travel and transportation of persons	313	319	6
22.0	Transportation of things	5	5	0
23.1	Rental payments to GSA	3,324	3,390	66
23.3	Communications, utilities, and misc. charges	242	247	5
24.0	Printing and reproduction	75	77	2
-	Other Contractual Services	-	-	-
25.2	Other services from non-Federal sources	243	1,760	1,517
25.3	Other goods and services from Federal sources	5,658	7,772	2,114
25.4	Operation and maintenance of facilities	622	634	12
25.7	Operation and maintenance of equipment	366	373	7
Subtotal	Other Contractual Services	6,889	10,539	3,650
26.0	Supplies and materials	133	136	3
31.0	Equipment	15	15	0
Total	Non-Pay Costs	10,996	14,728	3,732
Total	Budget Authority by Object Class	38,798	41,205	2,407

SALARIES AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Enacted	FY 2015 Budget	FY 2015 +/- FY 2014
-	Personnel Compensation	-	-	-
11.1	Full-time permanent	19,826	18,792	(1,034)
11.3	Other than full-time permanent	1,388	1,402	14
11.5	Other personnel compensation	212	202	(10)
11.7	Military Personnel	142	143	1
<i>Subtotal</i>	Personnel Compensation	21,568	20,539	(1,029)
12.1	Civilian benefits	6,152	5,856	(296)
12.2	Military benefits	61	61	0
13.0	Benefits to former personnel	21	21	0
Total	Pay Costs	27,802	26,478	(1,325)
21.0	Travel and transportation of persons	313	319	6
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23.1	Rental payments to GSA	3,324	3,390	66
23.3	Communications, utilities, and misc. charges	242	247	5
24.0	Printing and reproduction	75	77	2
-	Other Contractual Services	-	-	-
25.2	Other services from non-Federal sources	243	1,758	1,515
25.3	Other goods and services from Federal sources	5,658	7,772	2,114
25.4	Operation and maintenance of facilities	622	634	12
25.7	Operation and maintenance of equipment	366	373	7
<i>Subtotal</i>	Other Contractual Services	6,889	10,538	3,649
26.0	Supplies and materials	133	136	3
Total	Non-Pay Costs	10,981	14,712	3,732
Total	Salary and Expenses	38,783	41,190	2,407
Total	Direct FTE	205	198	-7

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT

Detail	FY 2013 Civilian	FY 2013 Military	FY 2013 Total	FY 2014 Civilian	FY 2014 Military	FY 2014 Total	FY 2015 Civilian	FY 2015 Military	FY 2015 Total
Enforcement and Regional Operations	-	-	-	-	-	-	-	-	-
Direct	147	1	148	143	1	144	143	1	144
Reimbursable	0	0	0	0	0	0	9	0	9
Subtotal	147	1	148	143	1	144	152	1	153
Programs and Policy	-	-	-	-	-	-	-	-	-
Direct	37	1	38	37	1	38	28	1	29
Reimbursable	3	0	3	2	0	2	11	0	11
Subtotal	40	1	41	39	1	40	39	1	40
Planning and Business Admin. Management	-	-	-	-	-	-	-	-	-
Direct	23	0	23	23	0	23	25	0	25
Reimbursable	0	0	0	0	0	0	0	0	0
Subtotal	23	0	23	23	0	23	25	0	25
Total FTE	210	2	212	205	2	207	216	2	218

Fiscal Year	Average GS
FY 2011	12.7
FY 2012	12.7
FY 2013	12.9
FY 2014	13.6
FY 2015	12.7

DETAIL OF POSITIONS

Detail	FY 2013 Actual	FY 2014 Enacted	FY 2015 Budget
Executive Level II	4	4	3
Executive Level III	3	3	3
Executive Level IV	1	1	1
Subtotal	8	8	7
Total –Exec. Level Salary	\$1,404,963	\$1,419,013	\$1,254,361
GS-15	24	24	24
GS-14	31	36	37
GS-13	41	38	39
GS-12	74	69	74
GS-11	9	8	9
GS-10	0	0	0
GS-9	9	9	10
GS-8	3	3	4
GS-7	9	6	7
GS-6	2	2	2
GS-5	3	3	3
GS-4	1	3	3
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	206	201	212
Total – GS Salary	\$19,663,430	\$20,580,529	\$19,210,721
Total Positions	214	209	219
Total FTE	210	205	216
Average ES Level	II	II	II
Average ES Salary	\$175,620	\$177,377	\$179,194
Average GS Grade	12.9	13.6	12.7
Average GS Salary	\$95,454	\$102,391	\$90,617