



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Office for Civil Rights**

*FY 2012 Online Performance Appendix*

## INTRODUCTION

### **Introduction**

The FY 2012 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services's (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2012 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information Report. These documents are available at <http://www.hhs.gov/budget/>.

The FY 2012 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2010 Annual Performance Report and FY 2012 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Summary of Performance and Financial Information Report summarizes key past and planned performance and financial information.



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE  
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**Director**  
**Office for Civil Rights**  
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**Washington, DC 20201**

Dear Reader:

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2012 Online Performance Appendix. To the best of my knowledge, the OCR performance data reported in this appendix and for inclusion in any Departmental reporting is accurate, complete, and reliable, and there are no material inadequacies in the data provided by OCR for inclusion in this report.

OCR's performance portrays our commitment to protect the public's right to equal access and opportunity to participate in and receive services in all the Department of Health and Human Services' (HHS) programs without facing unlawful discrimination, and to protect the privacy and security of individuals' personal health information. OCR's performance objectives are in line with HHS's objectives for transforming the healthcare system, including: increasing access to high quality, effective health care; promoting the economic self-sufficiency and well-being of vulnerable families, children and individuals; and reducing disparities in ethnic and racial health outcomes.

Lastly, our Fiscal Year 2012 Online Performance Appendix demonstrates our continued commitment to effectively and efficiently use our human capital to achieve results in support of our non-discrimination and privacy and security compliance mission. OCR has made progress in achieving results to support HHS-wide initiatives to improve the health and well-being of the public. Everyone in OCR will continue to work together to achieve our shared objectives in protecting civil rights and the privacy and security of health information.

/s/

Georgina C. Verdugo  
Director  
Office for Civil Rights

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## **SUMMARY OF PERFORMANCE TARGETS AND RESULTS**

Summary of Performance Targets and Results Table for OCR

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2006	7	7	100%	7	100%
2007	7	7	100%	4	57%
2008	11	11	100%	11	100%
2009	11	11	100%	5	45%
2010	11	11	100%	5	45%
2011	14	November 2011			
2012	14	November 2012			

## PERFORMANCE DETAIL

### PROGRAM: PERFORMANCE DETAIL

**Agency Long-Term Objective:** To ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy and security of protected health information

**Measure 1.1.1:** The number of covered entities that take corrective actions as a result of OCR intervention per year (Outcome)

FY	Target	Result
2012	4,300	Nov 30, 2012
2011	4,200	Nov 30, 2011
2010	4,100	4,102 (Target Exceeded)
2009	4,000	3,562 (Target Not Met)
2008	3,200	3,910 (Target Exceeded)
2007	3,060	3,007 (Target Not Met)
2006	1,725	3,352 (Target Exceeded)

**Measure 1.1.2:** The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review per year (Outcome)

FY	Target	Result
2012	2,800	Nov 30, 2012
2011	2,750	Nov 30, 2011
2010	2,700	2,607 (Target Not Met but Improved)
2009	2,650	2,314 (Target Not Met)
2008	2,150	2,601 (Target Exceeded)
2007	1,900	2,068 (Target Exceeded)
2006	1,070	2,466 (Target Exceeded)

**Measure 1.1.3: Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/reviews received per year (Output)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	108%	Nov 30, 2012
2011	107%	Nov 30, 2011
2010	106%	104.9% (Target Not Met)
2009	104%	105.3% (Target Exceeded)
2008	97.5%	103.6% (Target Exceeded)
2007	90%	90.4% (Target Exceeded)
2006	87%	96.6% (Target Exceeded)

**Measure 1.1.4: Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received (Output)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	105.5%	Nov 30, 2012
2011	105%	Nov 30, 2011
2010	104%	94.7% (Target Not Met)
2009	110.5%	103.3% (Target Not Met)
2008	105%	110.1% (Target Exceeded)
2007	93%	94.5% (Target Exceeded)
2006	91.2%	102% (Target Exceeded)

**Measure 1.1.5: Percentage of privacy cases resolved per cases received (Output)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	109%	Nov 30, 2012
2011	108%	Nov 30, 2011
2010	107%	111.1% (Target Exceeded)
2009	100%	106.6% (Target Exceeded)
2008	93%	99.7% (Target Exceeded)
2007	88%	87.4% (Target Not Met)
2006	81.2%	91.8% (Target Exceeded)

**Measure 1.1.6:** Number of individuals who are or represent health and human service providers, other interest groups, and consumers to whom OCR provides information and training annually (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	213,500	Nov 30, 2012
2011	201,200	Nov 30, 2011
2010	98,200	55,975 (Target Not Met)
2009	95,400	95,191 (Target Not Met but Improved)
2008	78,000	92,603 (Target Exceeded)
2007	75,000	61,086 (Target Not Met)
2006	74,160	74,313 (Target Exceeded)

**Measure 1.1.7:** Percentage of civil rights complaints requiring formal investigation that are resolved within 365 days (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	42%	Nov 30, 2012
2011	40%	Nov 30, 2011
2010	30% *	32% (Target Exceeded)
2009	33%	31% (Target Not Met but Improved)
2008	Set Baseline	30% (Baseline)
2007	N/A	38.6% (Historical Actual)
2006	N/A	43.9% (Historical Actual)

**Measure 1.1.8:** Percentage of civil rights complaints not requiring formal investigation that are resolved within 180 days (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	81% *	Nov 30, 2012
2011	79% *	Nov 30, 2011
2010	74% *	83% (Target Exceeded)
2009	80%	84% (Target Exceeded)
2008	Set Baseline	79.6% (Baseline)
2007	N/A	85.9% (Historical Actual)
2006	N/A	79.6% (Historical Actual)

\* An emphasis on resolving the older or more complex cases in OCR's open inventory in FY 2010 may result in a short-term increase in the average time required to resolve cases. This will result in a corresponding decrease in the timeliness targets in measures 1.1.7 – 1.1.8.



**Measure 1.1.9:** Percentage of privacy complaints requiring formal investigation that are resolved within 365 days (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	52% *	Nov 30, 2012
2011	50% *	Nov 30, 2011
2010	40% *	56% (Target Exceeded)
2009	45%	53% (Target Exceeded)
2008	Set Baseline	42.3% (Baseline)
2007	N/A	56.6% (Historical Actual)
2006	N/A	59.8% (Historical Actual)

**Measure 1.1.10:** Percentage of privacy complaints not requiring formal investigation that are resolved within 180 days (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2012	72%	Nov 30, 2012
2011	69%	Nov 30, 2011
2010	68% *	67% (Target Not Met)
2009	66%	67% (Target Exceeded)
2008	Set Baseline	67% (Baseline)
2007	N/A	72.8% (Historical Actual)
2006	N/A	69.5% (Historical Actual)

\* An emphasis on resolving the older or more complex cases in OCR's open inventory in FY 2010 may result in a short-term increase in the average time required to resolve cases. This will result in a corresponding decrease in the timeliness targets in measures 1.1.9 – 1.1.10.

Measure	Data Source	Data Validation
1.1.1	OCR has an internet-based Program Information Management System (PIMS) that captures data in real time related to complaint processing, Medicare application reviews, public education and technical assistance. PIMS allows users to code all different types of activities related to cases and their disposition, outreach, and technical assistance. PIMS automatically calculates the number of corrective actions based on case disposition. Corrective Action plans and settlement agreements are posted in PIMS.	As a result of OCR's investigations, Regional investigative staff negotiate and certify the corrective actions taken by covered entities; these results are reviewed at the Headquarters level.
1.1.2	Policy changes are a subset of corrective actions. PIMS calculates the number of substantive policy changes automatically from investigator input, including corrective action plans, settlement agreements, and other forms of written summaries of the substantive policy changes implemented.	Policy changes are a subset of corrective actions and are negotiated and certified by Regional staff; these results are reviewed at the Headquarters level.
1.1.3	Closure rates are manually calculated by dividing PIMS automated count of cases resolved by cases received.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
1.1.4	PIMS automatically provides case counts and receipts and the percentage is calculated on a summary scorecard.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
1.1.5	The percentage is calculated from the PIMS automatically provided privacy case resolutions divided by privacy case receipts.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
1.1.6	Actuals are automatically provided in PIMS based on staff individual input of the actual / estimated count of participants	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.
1.1.7	Actuals are manually calculated using PIMS case data.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.
1.1.8 1.1.9	Actuals are manually calculated on PIMS case data.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.
1.1.10	Actuals are manually calculated on PIMS case data.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.

**Agency Long-Term Objective:** To enhance operational efficiency

**Measure 1.2.1:** Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE (Output)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	67.5 cases	Nov 30, 2012
2011	67 cases	Nov 30, 2011
2010	66.5 cases	57.5 cases (Target Not Met but Improved)
2009	66 cases	55.9 cases (Target Not Met)
2008	59 cases	65.6 cases (Target Exceeded)
2007	49.6 cases	51.3 cases (Target Exceeded)
2006	41.3 cases	50.3 cases (Target Exceeded)

<b>Measure</b>	<b>Data Source</b>	<b>Data Validation</b>
1.2.1	Actuals are manually calculated using PIMS case data and the number of FTE.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.

## **OVERVIEW OF PERFORMANCE**

### **STATEMENT OF MISSION**

The Department of Health and Human Services (HHS), through the Office for Civil Rights (OCR), promotes and 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. 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 its many programs.

### **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.

### **Meeting OCR's Mission and Vision**

As the Department's civil rights and health information privacy and security protection law enforcement agency, OCR:

- Ensures that the estimated 4,500,000 recipients of Federal financial assistance comply with our Nation's civil rights laws.
- Enforces the civil rights protections of Title VI of the Civil Rights Act of 1964 (Title VI); Section 504 of the Rehabilitation Act of 1973 (Section 504); Title II of the Americans with Disabilities Act of 1990 (Title II); Titles VI and XVI of the Public Health Service Act (Hill-Burton Act); the Multi-Ethnic Placement Act (MEPA); the Age Discrimination Act of 1975 (Age Act); Title IX of the Education Amendments of 1972 (Title IX); and the Church Amendments, Section 245 of the Public Health Service Act and the Weldon Amendment (which prohibit discrimination against those who decline to participate in abortions or sterilization procedures).
- Implements and enforces Section 1557 of the Patient Protection and Affordable Care Act (PPACA) (which prohibits discrimination on the basis of race, color, national origin, sex, age and disability); and Section 1553 of the PPACA (which prohibits discrimination against those who decline to participate in assisted suicide services).
- Ensures the practices of several million health care providers, health plans, healthcare clearinghouses, and their business associates adhere to Federal privacy and security requirements under the Health Insurance Portability and Accountability Act (HIPAA).
- Implements and enforces the privacy protections under the Genetic Information Nondiscrimination Act of 2008; the privacy and security provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, contained in the American Recovery and Reinvestment Act of 2009 (ARRA); and the confidentiality restrictions under the Patient Safety and Quality Improvement Act of 2005.
- Annually resolves more than 10,000 citizen complaints alleging discrimination or a health information privacy or security violation.
- Annually conducts reviews of more than 2,000 new Medicare provider applicants to determine their compliance with our Nation's civil rights laws.

## **STRATEGIC PLAN**

OCR's civil rights and health information privacy and security compliance activities play a significant role in support of two of the five goals in the HHS Strategic Plan, in addition to OCR's strategic goals.

The discussion that follows explains how the performance objectives that OCR uses to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs, and protection of the privacy and security of individually-identifiable health information, tie into the HHS Strategic Goals. OCR's second strategic goal, to enhance operational efficiency, supports the entire array of OCR activities outlined on the following pages because success under this goal results in increased resources that can be focused on priority issues.

### **HHS Strategic Goals**

#### **1. Transform Health Care**

To increase health care availability, accessibility, and safety, OCR investigates and resolves complaints of civil rights discrimination in the provision of health care (Objective A on page 11) and investigates complaints of noncompliance with regulations that protect the privacy and security of individuals' health information (Objective B). HIPAA enforcement is also critical to advancing HHS strategic objective 1.F to transform health care through the adoption of health information technology and the promotion of the meaningful use of such technology by ensuring consumers that their information in such systems remains private and secure. OCR also promotes awareness and compliance with the applicable Federal laws that enhance non-discriminatory access to health care through its public education efforts, partnerships with health agencies and associations, and technical assistance efforts that promote voluntary compliance (Objective C). Under regulations implementing non-discrimination laws, OCR periodically reviews civil rights policies and practices of program recipients to assess compliance and enters into resolution agreements to ensure that health care providers do not deny benefits to qualified persons based on race, color, national origin, disability, or age (Objective D). In addition, health information privacy and security corrective actions and resolution agreements activities support this goal.

#### **2. Advance the Health, Safety, and Well-Being of Our People**

OCR promotes and encourages preventive health care, including mental health, lifelong healthy behaviors and recovery by means of its enforcement and educational activities aimed at preventing and eliminating unlawful discrimination by health care and human services entities (Objectives A, B, and C). OCR's legal authorities include Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Titles VI and XVI of the Public Health Service Act; the Multi-Ethnic Placement Act (MEPA), as modified by Section 1808 of the Small Business and Job Protection Act; and the Age Discrimination Act of 1975. OCR continues to play a leading role in working with the states to achieve community integration for individuals with disabilities in accordance with the Supreme Court's *Olmstead v L.C.* decision. In addition to its enforcement activities, OCR supports preparation for, response to, and recovery from natural and man-made disasters through its participation in the development of the Department's Strategic Plan objectives pertaining to the role of the HIPAA Privacy Rule in emergency preparedness and response, and OCR's efforts to ensure that the needs of the special needs population are addressed in emergency preparedness

activities. For example, OCR has participated in the development and review of the National Response Framework, the National Disaster Recovery Framework, the National Health Security Strategy and Implementation Plan, and other guidance. (Objectives A, B, and C).

Through its enforcement and outreach activities addressing health disparities, Temporary Assistance for Needy Families, and non-discrimination in foster care and adoption (MEPA) (Objectives A and C), OCR supports the economic independence and social well-being of individuals and families across the lifespan; the safety and well-being of children and youth; the development of strong, healthy and supportive communities; and the needs, strengths and abilities of vulnerable populations.

### **OCR's Strategic Goals**

Activities that support OCR's strategic goal to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS-funded programs, and protection of the privacy and security of individually-identifiable health information, include:

- Complaint investigations and enforcement
- Compliance reviews, HIPAA audits, Medicare pre-grant reviews, and monitoring
- Public education, partnerships, and technical assistance

Activities that support OCR's strategic goal to enhance operational efficiency include:

- Policy-making and legal advisory support for policy execution
- Improvements to case management processes, including use of technology
- Enhancing skill sets through training, hiring, and strategic deployment
- Holding staff accountable for supporting and achieving OCR and HHS strategic goals

## **PERFORMANCE NARRATIVE**

OCR has organized its performance measures around the two overarching strategic objectives that directly support the Secretary's Strategic Initiatives and the HHS Strategic Plan.

OCR has two broad long-term performance objectives: 1) ensure compliance, increase awareness, and increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy and security of protected health information; and 2) enhance operational efficiency.

OCR's performance targets are based on projections of workload, historical levels of workload complexity, and ongoing efforts to improve staff efficiency. OCR uses established goals and measures to manage its resource allocations across the organization, holding staff accountable for supporting and achieving programmatic goals. OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard. Trends in workload and projected budget resources are factored into revisions to OCR's targets.

## **Long-term performance objective #1:**

- **The number of corrective actions that covered entities take as a result of OCR intervention**
  - In FY 2010, the number of corrective actions that covered entities took as a result of OCR intervention was 4,102. This just exceeded OCR's target of 4,100.
  - Policy changes are a type of corrective action. The number of covered entities that made substantive policy changes as a result of OCR intervention and/or review was 2,607, which did not meet OCR's target of 2,700 covered entities.
  - Sustaining similar results in the future depends upon the number of cases that OCR is able to resolve in a given year since corrective actions and policy changes are a direct result of OCR's compliance activities.
  - In FY 2012, OCR's target is 4,300 for corrective actions and 2,800 for policy changes.
  
- **Rate of closure for civil rights and privacy cases and new Medicare application reviews per case/reviews received**
  - OCR achieved a 104.9 percent resolution rate in FY 2010 which did not meet the target of 106 percent.
  - OCR's supporting measure, "Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received," had an FY 2010 target of 104 percent. OCR achieved a resolution rate of 94.7 percent.
  - OCR's supporting measure, "Percent of privacy cases resolved per cases received," had an FY 2010 target of 107 percent. OCR achieved a resolution rate of 111.1 percent, which exceeded this target.
  - OCR believes that its performance in relation to the established targets for resolving civil rights and privacy complaints and closing new Medicare application reviews is a very significant accomplishment.
  - OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard, which is one of the tools used to aid in the evaluation of investigators' successful performance in achieving OCR goals.
  - Integration of new staff, along with continued efficiency gains, will allow OCR to continue to exceed its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year.
  
- **Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy and security of protected health information through the provision of information and training to individuals**
  - OCR provided training and technical assistance to over 55,975 individuals through its public education and compliance activities in FY 2010. This level did not meet OCR's target of 98,200 individuals.
  - Given the nature of OCR's mission, resources are devoted primarily to the resolution of citizen complaints and the active enforcement of the laws and regulations over which OCR has purview. To date, OCR believes that performance on this measure needs improvement.

- Public education activities are important to make people aware of their rights to protection against discrimination and privacy of their health information. In addition, health care providers and practitioners are educated on their responsibilities or learn about best practices in providing quality care that is free from discrimination and protects individuals' health information.

OCR continues to improve responsiveness to the public. OCR added new measures, with baselines established in 2008, where the percentage of complaints that require a formal investigation are resolved within 365 days of receipt, and the percentage of complaints that do not require a formal investigation are resolved within 180 days of receipt. OCR's long-term goal is to resolve 90 percent of complaints that require a formal investigation within 365 days of receipt and to resolve 90 percent of complaints that do not require a formal investigation within 180 days of receipt. It is anticipated that results will be modest in the initial years of these measures as OCR continues to focus on resolving a number of older cases in its inventory. These measures have been incorporated into OCR investigative staff's performance plans and results will be measured through OCR's monthly scorecards.

- **Percentage of civil rights complaints that require formal investigation, resolved within 365 days**
  - OCR established a baseline for this new measure of 30 percent in FY 2008.
  - OCR achieved a rate of 32 percent in FY 2010, which exceeded the target of 30 percent.
  - OCR's target is 42 percent in FY 2012.
- **Percentage of civil rights complaints that do not require formal investigation, resolved within 180 days**
  - OCR established a baseline for this new measure of 79.6 percent in FY 2008.
  - OCR achieved a rate of 83 percent in FY 2010, which exceeded the target of 74 percent.
  - Results are expected to diminish over the next two years as OCR concentrates on significantly reducing its inventory of open complaints. As a result, OCR's target is 81 percent in FY 2012.
- **Percentage of privacy complaints that require formal investigation, resolved within 365 days**
  - OCR established a baseline for this new measure of 42.3 percent in FY 2008.
  - OCR achieved a rate of 56 percent in FY 2010, which significantly exceeded the target of 40 percent.
  - OCR's target is 52 percent in FY 2012, but will be re-evaluated and made more aggressive.
- **Percentage of privacy complaints that do not require formal investigation, resolved within 180 days**
  - OCR established a baseline for this new measure of 67 percent in FY 2008.



- OCR achieved a rate of 67 percent in FY 2010, which did not meet the target of 68 percent.
- OCR's target is 72 percent in FY 2012.

**Measure for long-term performance objective #2:**

OCR anticipates that continued operational efficiency efforts will result in an increase in the number of cases resolved per FTE assigned.

- **Increase the number of cases resolved per FTE assigned**

- In FY 2010, OCR resolved 57.5 cases per FTE, which was short of its target of 66.5 cases per FTE.
- OCR's management objective of enhancing operational efficiency is critical for achieving each of the previously discussed performance goals. In the past several years, OCR has employed numerous strategies to increase efficiency, including managing caseloads across regional lines.

## OVERVIEW OF PERFORMANCE

### HHS Strategic Plan Linkage Table for OCR

	OCR Strategic Goals / Objectives				
	Goal 1: To ensure compliance and to increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of individually identifiable health information.			Goal 2: To enhance operational efficiency	
<b>1 Transform Health Care</b>	Objective A: To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	Objective B: To protect the privacy and security of personally identifiable health information for healthcare consumers.	Objective C: To provide information and training to representatives of health and human service providers, other interest groups, and consumers.	Objective D: To increase the number of covered entities which make substantive policy change as a result of intervention and/or review.	Objective: To increase the number of cases / reviews resolved per FTE assigned
1.A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured					
1.B: Improve health care quality and patient safety					
1.C: Emphasize primary and preventive care linked with community prevention services					
1.D: Reduce the growth of health care costs while promoting high-value, effective care					
1.E: Ensure access to quality, culturally competent care for vulnerable populations	X	X	X	X	X
1.F: Promote the adoption of health information technology		X	X	X	X
<b>2 Advance Scientific Knowledge and Innovation</b>					
2.A: Accelerate the process of scientific discovery to improve patient care					
2.B: Foster innovation at HHS to create shared solutions					
2.C: Invest in the regulatory sciences to improve food and medical product safety					
2.D: Increase our understanding of what works in public health and human service practice					
<b>3 Advance the Health, Safety and Well-Being of Our People</b>					
3.A: Ensure the safety, well-being, and healthy development of children and youth					

3.B: Promote economic and social well-being for individuals, families, and communities	X	X	X	X	X
3.C: Improve the accessibility and quality of supportive services for people with disabilities and older adults	X		X	X	X
3.D: Promote prevention and wellness					
3.E: Reduce the occurrence of infectious diseases					
3.F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies					
<b>4 Increase Efficiency, Transparency and Accountability of HHS Programs</b>					
4.A: Ensure program integrity and responsible stewardship of resources					
4.B: Fight fraud and work to eliminate improper payments					
4.C: Use HHS data to improve the health and well-being of the American people					
4.D: Improve HHS environmental, energy, and economic performance to promote sustainability					
<b>5 Strengthen the Nation's Health and Human Services Infrastructure and Workforce</b> Advance scientific and biomedical research and development related to health and human services.					
5.A: Invest in the HHS Workforce to help meet America's health and human service needs today and tomorrow					
5.B: Ensure that the Nation's health care workforce can meet increased demands					
5.C: Enhance the ability of the public health workforce to improve public health at home and abroad					
5.D: Strengthen the Nation's human services workforce					
5.E: Improve national, state, and local, and tribal surveillance and epidemiology capacity					

## ADDITIONAL ITEMS

### FULL COST TABLE

HHS Strategic Goals and Objectives	FY 2010	FY 2011	FY 2012
<b>1 Transform Health Care (Total)</b>	\$21.3	\$21.3	\$25.0
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured			
1.B Improve health care quality and patient safety			
1.C Emphasize primary and preventive care linked with community prevention services			
1.D Reduce the growth of health care costs while promoting high-value, effective care			
1.E Ensure access to quality, culturally competent care for vulnerable populations	\$11.3	\$11.3	\$13.0
1.F Promote the adoption of health information technology	\$10.0	\$10.0	\$12.0
<b>2 Advance Scientific Knowledge and Innovation (Total)</b>			
2.A Accelerate the process of scientific discovery to improve patient care			
2.B Foster innovation at HHS to create shared solutions			
2.C Invest in the regulatory sciences to improve food and medical product safety			
2.D Increase our understanding of what works in public health and human service practice			
<b>3 Advance the Health, Safety and Well-Being of the American People (Total)</b>	\$19.8	\$19.8	\$21.7
3.A Ensure the safety, well-being, and healthy development of children and youth			
3.B Promote economic and social well-being for individuals, families and communities	\$1.9	\$1.9	\$2.6
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	\$17.9	\$17.9	\$19.1
3.D Promote prevention and wellness			
3.E Reduce the occurrence of infectious diseases			
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies			
<b>4 Increase Efficiency, Transparency, and Accountability of HHS Programs (Total)</b>			
4.A Ensure program integrity and responsible stewardship of resources			
4.B Fight fraud and work to eliminate improper payments			
4.C Use HHS data to improve the health and well-being of the American people			
4.D Improve HHS environmental, energy, and economic performance to promote sustainability			
<b>5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce (Total)</b>			
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow			
5.B Ensure that the Nation's health care workforce can meet increased demands			
5.C Enhance the ability of the public health workforce to improve public health at home and abroad			
5.D Strengthen the Nation's human services workforce			
5.E Improve national, state, and local surveillance and epidemiology capacity			
<b>Agency Total</b>	\$41.1	\$41.1	\$46.7

### Note on Summary of Full Cost

OCR's civil rights and health information Privacy and Security Rule compliance activities comprise a unified program in which the various compliance, legal, and program management activities performed by OCR's staff very frequently cut across its specific legal authorities. OCR

does not have access at this time to a reliable activity-based costing system whereby staff hours spent on specific activities can be precisely tracked. The above distribution of resources, however, represents OCR's best professional judgment about how its resources are supporting the Department's strategic goals and objectives and are aligned with previous estimates for the breakout of OCR's budget by its long-term output and outcome measures.

### **List of Program Evaluations**

OCR's program assessment findings concluded that OCR has strong purpose and design and is well-managed. Independent evaluations indicate that the organization is effective and achieving results. Through the program assessment process, OCR consolidated its performance measures in FY 2005, moving away from issue-specific goals that might be more subject to change from year to year, and adding new outcome and output-related measures. OCR uses goals and measures developed as part of this program assessment to manage its resource allocations across the organization, using an internal scorecard and regular headquarters and regional communication to track operational efficiency and to ensure alignment with performance goals. OCR holds staff accountable for supporting and achieving Departmental and organizational programmatic and management goals by cascading the Director's annual performance contract objectives, including OCR's program objectives, to all managers and program staff.

### **Disclosure of Assistance by Non-Federal Parties**

Preparation of Annual Performance Reports and Annual Performance Plans is an inherently governmental function that is only to be performed by Federal employees. OCR has not received any material assistance from any non-Federal parties in the preparation of this FY 2012 Online Performance Appendix.

### **DISCONTINUED PERFORMANCE MEASURES**

There are no discontinued measures.