

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CLIA-HCQIS

| <u>Question:</u> | <u>Response:</u> |
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| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Health Care Quality Improvement Systems (A system family containing 5 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing |
| 5 Unique Project Identifier Number: | n/a |
| 6 System of Records Number: | 09-70-9002, 09-70-1517, 09-70-1518, 09-70-1519, 09-70-0520, 09-70-0531, 09-70-6002, 09-70-0067, 09-70-0036, 09-70-0068, 09-70-0045, 09-70-0049, 09-70-0063, 09-70-0051, 09-70-0050, 09-70-0057, 09-70-0039, 09-70-0058, 09-70-0040, 09-70-0046, 09-70-0069, 09-70-0059, 09-70-0053, 09-70-0042, 09-70-0048, 09-70-0022, 09-70-0030, 09-70-0033, 09-70-0052, 09-70-0066. |
| 7 OMB Information Collection Approval Number and Expiration Date : | 0938-0581, expires 09/30/2004 |
| 8 Other Identifying Number(s): | n/a |
| 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity. | The CLIA Data System was established to administer the CLIA laboratory certification program under section 353, Public Health Service Act. The law requires that all laboratories testing human specimens must complete a CLIA application form (CMS-116) and pay a user fee for a CMS-issued Certificate which authorizes the laboratory to operate, and bill Medicare or Medicaid for tests. |



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.**
- The CLIA program collects two pieces of personally identifiable information (PII) in order to administer the law: 1) Lab Director name for inclusion on the printed lab certificate, and 2) Federal Tax ID Numbers (TINs) of the Lab for transmission to Medicare and Medicaid claims payors, who are legally required to report insurance payments and the TINs of recipients to the IRS on a 1099 form. These two PII items are only in rare instances for the same individual. The above two functions cannot be performed with any less data.
- 11 Explain why the information is being collected.**
- The CLIA program collects two pieces of personally identifiable information (PII) in order to administer the law: 1) Lab Director name for inclusion on the printed lab certificate, and 2) Federal Tax ID Numbers (TINs) of the Lab for transmission to Medicare and Medicaid payors, who are legally required to report insurance payments and the TINs of recipients to the IRS on a 1099 form.
- 12 Identify with whom the agency will share the collected information**
- OSCAR & CLIA - CMS shares the information as follows: i. the Lab Director Name is not visible on any system screens or reports. It is only shared with a CMS Certificate Issuance Contractor in the form of an electronic certificate issuance file. The contractor uses this file to generate the lab's certificate. ii. The Lab Federal Tax ID Number is also not visible on any screens or reports. It is only shared with the Medicare Fiscal Intermediaries and carriers through the CMS Common Working File, and with the Medicaid State Agencies through a special extract report only available to those agencies.
- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**
- OSCAR & CLIA- The information will be obtained via an OMB approved form the CMS-116 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (CLIA) APPLICATION FOR CERTIFICATION. The form is completed once by each CLIA lab when it applies for certification pursuant to section 353 of the Public Health Service Act (labs are required to provide an update to any information that changes after the initial submission of a CMS-116). The prospective laboratory is informed that they must complete all items on the form if they wish to be certified to perform tests under the Federal CLIA statute.
- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- OSCAR & CLIA - No, it will not.
- 15 Describe how the information will be secured.**
- OSCAR & CLIA - The information will be secured by both physical controls (card keys, passes, security guards) at contractor sites and the CMS Data Center, as well as by electronic controls (role based access, passwords).

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| <p>16 Describe plans for retention and destruction of data collected.</p> <p>17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.</p> <p>18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):</p> <p>19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):</p> <p>20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):</p> | <p>OSCAR & CLIA-Data is backed up and archived at the CMS (secure) Hot Site. Contractors are bound by CMS record security and retention policies.</p> <p>OSCAR & CLIA-These data are not accessible by using either field or any PII as a key for record retrieval. Therefore, no System of records was obtained.</p> |
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OPDIV: CMS System Name: CMIS-MFM&PS

| <u>Question:</u> | <u>Response:</u> |
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| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Medicare Financial Management & Payment Systems (A system family containing 18 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing, New-CAPTS |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | CERT: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1). DPS: 09-70 -501 and 09-70-503. |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | PIMR - OFM 255, STAR - CMS OFM 368 |



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- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

ADR - The system is used to compare cost report information between current and prior year cost reports to determine if established thresholds are exceeded. Section 1815 of the Social Security Act and 42CFR section 413.20 authorize this activity.

CAFM - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM system serves as the vehicle for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. The Contractor Administrative-Cost and Financial Management (CAFM) software system was implemented in 1989 as part of CMS's Project to Redesign Information Systems Management. In 1993 the system was enhanced to support the requirements dictated by the Chief Financial Officers (CFO) Act. Since then, the system has undergone numerous enhancements and modifications due to legislative and policy changes, new input forms and output reports, and new user requirements designed to increase productivity and efficiency.

CAFM II - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFMII system is the main vehicle for planning, funding, administering and monitoring the administrative expenses of the Medicare contractor community using separate allotments for Program Management and Medicare Integrity Program activities. The development of the Contractor Administrative Financial Management (CAFMI) system, which was implemented at the beginning of fiscal year 1998, was in response to a multitude of factors that changed the Medicare contractor environment. The advent of Program Safeguard and other specialty contractors, as well as new operating rules and regulations, changed the Medicare contractor world and caused the existing reporting forms to be inadequate. New forms were designed to be flexible enough to accommodate the new reporting requirements for the various types of contractors. New business requirements also drastically changed the design of the system.

CAPTS - The Centers for Medicare and Medicaid Services (CMS) has contracted with Blue Cross Blue Shield and commercial insurance companies to provide various services required to administer the Medicare program under Title XVIII of the Social Security Act. The Division of Financial Oversight in CMS's Office of Financial Management, Accounting Management Group is responsible for Medicare contractor oversight and coordination of internal control policies. The CMS manages the evaluation of its Medicare contractors' (MC) performance using various means. A variety of reviews are used to evaluate Medicare contractor performance, including: · CFO financial or EDP audits · Statement of Auditing Standards No. 70 (SAS 70) reviews · Certification Package for Internal Controls (CPIC) submitted by



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Medicare contractors · Accounts receivable reviews · CMS 1522 Workgroup reviews · CMS CPIC Workgroup reviews · Other financial management audits and reviews performed by CMS, CPA firms, the Office of Inspector General (OIG) and the General Accounting Office (GAO). Contractors are required to have acceptable internal controls in place as stated in their contracts with the Government. In the contracts, they agree to cooperate with CMS in the development of procedures to ensure compliance with the Federal Managers Financial Integrity Act (FMFIA). The Comptroller General of the United States prescribes the standards to be followed in order to be in compliance with the intent of FMFIA. The Chief Financial Officer's (CFO) Act also requires financial management systems to comply with internal control standards which are reviewed as part of the annual CFO audit. The audits' goals are to achieve an unqualified opinion from the auditors indicating that CMS's financial statements are fairly presented in all material respects and to improve their internal controls and system. The CASR System tracks budgeted and incurred costs for the Part A contractor audit and settlement functions by type of activity and type of provider or reporting entity. CMS, Office of Financial Management, Program Integrity Group, Division of Methods and Strategy has developed the CERT program to produce national, contractor specific, and benefit category specific paid claim error rates. The project will have independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system at Medicare contractors. The independent reviewers will medically review claims that are paid; claims that are denied will be validated to ensure that the decision was appropriate. The sampled claim data and decisions of the independent reviewers will be entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. CERT will enhance our ability to take appropriate corrective actions and can be used to better manage Medicare contractor performance. Another byproduct of the CERT program is a large database of independently reviewed claims that we can use to test new software technologies such as data analysis tools or Commercial Off The Shelf (COTS) claims editing software. The Social Security Act amendments of 1965 authorize the system. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the



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performance of our Medicare fee-for-service claims administration contractors. The CPE application is a collection of information on Medicare fee-for-service contractor performance evaluation (CPE) review activities and review findings. Information is input to the system by CMS employees. The only personally identifiable information within the system is the names of the system users who are CMS employees. Section 1816 (f) and 1842 (b) of the Social Security Act. CROWD provides CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends. CROWD accomplishes the above by first providing the capability for Medicare Contractors to electronically enter workload data on a large variety of functional areas. Data is submitted either monthly, quarterly or yearly on thirty different reporting forms covering contractor functions such as processing claims, answering beneficiary and provider inquiries, processing appeals, Medicare Secondary Payer activities, fraud and abuse workloads, handling beneficiary overpayments, Comprehensive Limiting Charge Compliance Program activities, enrolling providers in total and for special programs such as PIP and Participating Providers, and demonstration workloads. CSAMS is a web-based application designed to collect Medicare contractor call center customer service information. The information falls under Beneficiary Inquiries, Activity Code 13005 - Telephone Inquiries and Provider Inquiries, Activity Code 33001 - Telephone Inquiries. The Demonstration Payment System is used to pay providers for Medicare demonstration services under the authority of section 402 of the Social Security Amendments of 1967 and section 222 of the Social Security Amendments of 1972. The Healthcare Cost Report Information System is an Oracle data base system containing cost report information from hospitals, SNFs, HHAs, hospice and renal providers. The reports are submitted by providers and updated on a daily flow basis. The MFSR System monitors the Focused Medical Review activities of its contractor, i.e., FIs, Carriers, and DMERCs. The system collects information on the sources and causes of inappropriate or unnecessary services billed to Medicare and what the contractor did about those problems. PIMR serves as the central repository used by the Program Integrity Group for budget and oversight responsibilities and congressional reporting of Medicare fraud, waste and abuse. The system provides the CMS Program Integrity Group, and Medicare contractors operating across the country with the necessary tools and reports to track Medicare fraud and abuse activities and subsequently aid in safeguarding the Medicare Trust Fund.



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PROTRAC is an internal funds control system used to track Quality Improvement Organization (QIO) and End Stage Renal Disease (ESRD) Funding. The Medicare Provider Statistical and Reimbursement (PS&R) System is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). The PS&R system is used by Fiscal Intermediaries (FIs) to accumulate the statistical and reimbursement data applicable to the Medicare claims processed. The PS&R system summarizes these data on reports that are used by providers and FIs to complete key elements of the Medicare cost report. The Medicare cost report has changed significantly due to the change in reimbursement methodologies from primarily a cost reimbursed system to a prospective payment system (PPS). The PS&R data are subsequently used by the FI to settle Medicare cost reports. The PS&R system permits the FIs and providers to utilize the system produced reports to accumulate statistical and payment data for hospitals, hospital complexes, skilled nursing homes, and home health agencies. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR is a DOS based system used by fiscal intermediaries (FI) to track providers' cost reports during the settlement process. Mutual of Omaha maintains the STAR program. Each FI operates their own STAR system to track providers' cost reports that they service. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The information in the ADR program is used to determine the amount and type of review that is necessary to settle the providers cost report. CMS is confident that the data collected are the minimum necessary to accomplish these purposes because these systems, and their associated processes, have been in existence for many years. They have been continually refined and streamlined for efficiency. CAFM - Data is collected from forty input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Seventy customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAFM II - Data is collected from eleven input forms and is maintained on direct on-line storage for fiscal years 1998 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAPTS: a. Name b. Phone Number c. Email Address Division of Financial Oversight (DFO) requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CASR - Data is collected from six input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Twenty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CERT - Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. We have developed statistical method based upon generally acceptable statistical standards to insure the volume and content of the data we collect will produce an estimates of errors in Medicare claims payment activities that have accurate. CMIS collects monthly data from the Contractor Reporting of Operational and Workload Data (CROWD) and the Daily Production Performance Monitoring System (PULSE) and the Contractor Administrative Budget and Financial Management System (CAFMI) data. These data are stored in a central repository of consolidate, validate, and cleansed Medicare contractor data that enables dynamic data analysis during contractor management. CMIS provides users with the ability to analyze the retrieved data online or to download the data to their desktops for further analysis. CPE - Information on audits conducted to evaluate the performance of Medicare fee-for-service contractors. Data collected is used in the formulation of annual RCPs (Report of Contractor Performance). Data may be used by CMS management in making contract management decisions. The data collected is the minimum



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necessary for the effective oversight of Medicare contractors. CROWD - Data is collected from thirty input forms and is maintained on direct on-line storage for fiscal years 1986 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CSAMS - CMS collects approximately 21 telephone inquiry related data points from each contractor operating a call center(s). The data includes, but is not limited to, the number of attempts, number of failed attempts, calls answered by Customer Service Representatives, call handled by IVR, etc. The data is used by CMS to determine if the contractor is providing the degree of customer service required to serve beneficiary and provider callers as determined by CMS. The data collected is the minimum amount of data required to evaluate how each call center is performing its telephone customer service requirements. DPS - The system collects the minimally necessary identifying, medical and demographic information needed to reimburse demonstration providers for the services rendered to Medicare beneficiaries. The data collection is based on the individual demonstration legislation and only that information needed to pay correctly is collected. HCRIS - The information pertains to the providers' cost of doing business and various medical expenses. The information is used by CMS and outside parties to do analysis, studies and research. MFSR - CMS collects information on the progress that Medicare contractors have made in identifying aberrant billing. CMS uses this information to determine if carriers have followed the procedures required for Focused Medical Review. PIMR collects, validates, and consolidates on a monthly basis, operational and workload data from 70 Medicare contractors across the country as well as contractor administrative budget and financial management data from CMS systems into a single reporting system at CMS. PROTRAC - No information will be collected. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. PULSE - On a nightly basis, Medicare contractors transmit their CMS-1565, CMs-1566, and CMS-1522 report



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files to the CMS data center via Connect: direct. Each CWF host site transmits their 207, and 0101 reports. While daily data provides the most timely metrics, those contractor that do not product daily reports submit the required reports on the days that they have a batch cycle. The Pulse system handles the reports accordingly. The data collection process extracts the defined claim metrics on a nightly basis from Medicare contractors that utilize the existing standard systems. STAR tracks dates, time and settlement amounts for all cost reports for the following activities: tentative settlements, desk reviews, audits, settlements, re-openings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor FIs workload and budgets. FIs budgets are based on their workload numbers and type of providers they service.



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11 Explain why the information is being collected.

The CAFM system is the main vehicle for tracking all benefit payments, banking issues, and CFO data. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. The CAFMII system is the main vehicle for planning, administering and monitoring the administrative expenses of the Medicare contractor community. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides, to call users and/or e-mail users when the need arises.

CAPTS - The Division of Financial Oversight (DFO) needs an efficient and effective method for tracking Corrective Action Plans related to audit findings as well as the most current status of those plans. Additionally, DFO requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CAPs are currently being tracked manually, in a variety of different formats.

CASR - This system is CO's instrument to develop a financial operating plan for audit related expenditures; to develop the cost effectiveness or savings of the audit and settlement function; to monitor the audit related expenditures and savings of each contractor; and to alert the appropriate regional office of potential problems with a particular fiscal intermediary's performance. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CERT - To estimate the amount of error in Medicare claims payment activities. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

CPE - To ensure that Medicare fee-for-



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service contractors meet their obligations to administer the Medicare program. CROWD - The collected data allows central office and regional office personnel to perform their duties as defined in item 1 above. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. CSAMS - Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers. DPS - The information is collected to make payments for Medicare services rendered to Medicare beneficiaries. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR - The information is being collected to meet CMS's obligation to manage contractors.



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12 Identify with whom the agency will share the collected information

CAFIM, CAFIM II, CASR, CROWD - All PII will never be shared with another system. CAPTS - CMS components CERT - Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly. CMIS, PULSE - Internal to CMS. CPE - It is not shared outside the agency. CSAMS - The data collected is provided monthly in numerous reports via the COGNOS reporting tool. All users of the system have access to the reports. The only users are a limited number of CMS staff and Medicare contractor staff. DPS - The information is generally not shared with the exception of demonstration evaluators under contract to CMS. It is only shared with the evaluators after a valid data use agreement, which restricts the usage, is signed. PS&R - This information is available to the responsible Fiscal Intermediary and to the provider itself. In rare instances, information may be shared with the software developers from CMS, in order to pinpoint and correct a perceived problem. Each FI maintains their own STAR database. FIs do not share these data with other FIs or individuals outside of CMS. CMS has access to STAR data through National STAR. CMS may furnish certain data to OIG and DOJ but only on and as needed basis.



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- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

CAFM- Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAFM II - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address, phone number and e-mail address. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAPTS: § Audits of Contractors are performed by outside auditors, with the report showing the results forwarded to both CMS and the Contractor § The Contractor has 45 days to submit a Corrective Action Plan (CAP) to CMS via email § Division of Financial Oversight personnel create a "Due-In" document that lists the CMS Finding Numbers that auditors have assigned to various Contractors in the latest audits. This "Due-In" document allows the Division of Financial Oversight to assign a due date; if the Contractor has not submitted a CAP for a particular CMS Finding Number by its due date, then that Contractor and that CMS Finding Number are added to a "Past 45 Days" report § The CAP comes in to CMS via email on an Excel spreadsheet; the format of the spreadsheet is specified by the Division of Financial Oversight § Division of Financial Oversight personnel will complete the data entry for CAPs after they arrive at CMS. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions § CMS has 45 days to reply to the Contractor once a CAP does arrive at CMS § The new CAP automated system should automatically send an email to the appropriate Business Owner in order to alert that Business Owner to review the CAP; the Business Owner either approves or rejects § The Regional Office can also comment on the CAP, but not approve or reject the CAP; the Regional Offices furthermore only comment on CAPs related to financial issues § Division of Financial Oversight personnel send the comments back to the Contractor CASR - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. CERT - We will obtain the information directly from Medicare contractors' claims processing



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systems. Medicare beneficiaries sign a privacy act notice when they become eligible for Medicare that informs them that information they provide to justify payments will be used to determine the appropriate of payment. The purpose of CERT is to determine the appropriateness of Medicare contactor claims payment activities. CERT does not share information outside of the system. CMIS - Information is being collected from existing M204 systems here at CMS. CPE - Information is obtained via CMS Intranet from CMS employees. Information concerns Medicare contractors, who will be issued reports on their individual performances. Collectors of the information (CMS employees) are kept apprised through email. Consent is not applicable in this situation, information is owned by CMS. CROWD - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CSAMS - Call center staff enter their call center data via the web front-end monthly. DPS - The information is obtained electronically and hardcopy in a HIPAA compliant format. The suppliers of the information have been informed about data usage through either a contract or an informed consent form. These signed agreements are obtained as the supplier or beneficiary enters the demonstration. PS&R - The information is present on the paid claims record, the format of which is specified by the FISS shared system. Claims, submitted by providers or billing houses, adjudicated by the Common Working File system, are placed into this paid claims format for input into PS&R. This information is not shared with individuals nor is consent given for the data to be shared with individuals. The data is available to providers who provide services to Medicare beneficiaries, and is available to providers in summary and detail form. PULSE - Information is being collected from existing CMS reports here at CMS. The information in STAR does contain personally identifiable information within the STAR database about Medicare providers (employee names and TIN for providers). The STAR time keeping system lists name of FI employees and an employee number. These data are used only by the FI to track employees' time when the individual is working on a provider cost report. Employee data are not share by the FI or included in the National STAR database.



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- 14 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- The information in these systems do not include personally identifiable information on children under age 13.
- 15 **Describe how the information will be secured.**
- CAFM, CAFM II, CASR, CROWD: Each user must be issued an HDC User ID with M204 privileges. Each user must be registered on the system user tables. These tables control access to system files. The system user files and tables are password protected and RACF protected. CAPTS - Web app is secured with a user id and password. Each user is assigned a role. Database is also secured with a user id and password. CERT - The information is stored on an internal network that operates in a building secure by electronic entry devices. CPE - Through RACF security procedures. Access to CSAMS is controlled via CMS UserID and password. All OIS security measures for CMS are in force since OIS hosts CSAMS. DPS - The information will be secured as described in the CMS Master Systems Security Plan. PS&R- Information is secured at each Fiscal Intermediary (FI) data center. Once in the PS&R system, access is restricted to the applicable FI, who has the responsibility for forwarding the detail and summary reports to its providers. In the future, providers will be required to sign onto the system, with an approved user-id and password, in order to request this information. STAR - At each FI location one or two individuals are assigned the task of system administrator. The administrator is responsible for giving access to employees. Access is limited based on the task to be performed by the FI employee, e.g. read only, entering time, data, etc.
- 16 **Describe plans for retention and destruction of data collected.**
- CAFM, CAFM II, CASR, CROWD - Whenever a user is no longer a certified HDC user, they are immediately removed from the HDC and system registry. CERT - Information is retained until all further action on payment decisions is concluded (usually less than 10 years) and then shredded. CPE - Data are retained indefinitely. No plans for destruction, since information is owned by CMS. CASMS - No current plans for destruction of data. DPS - Data collected for the demonstrations are retained in files on tape for seven years. At the end of that time period the files are deleted. PS&R - Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system. STAR - The STAR data are maintained by the FI in a single database and not destroyed.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CMIS-MFM&PS

- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. CERT - System of Records Number: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1) DPS - The records are maintained under two existing system of records notice. The Carrier Medicare Claims Records System 09-7- 501 and the Intermediary Medicare Claims Records System 09-70-503.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Thomas Scully
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CMS Data Center

Question:

Response:

- | | | |
|----|--|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | CMS Data Center |
| 4 | Is this system or information collection new or is an existing one being modified? | Existing being modified |
| 5 | Does this system collect, maintain, and/or disseminate information in identifiable form (IIF)? | N |
| 6 | Identify a point of contact to whom a member of the public can address questions concerning this information system and the privacy concerns associated with it. | Ronald Graham |
| 7 | Unique Project Identifier Number: | 009-38-02-00-01-1160-00-404-140;009-38-02-00-01-1170-00-404-140;009-38-02-00-01-1150-00-404-139;009-38-02-00-01-1180-00-404-139 |
| 8 | System of Records Number: | 09-70-0064 |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | This GSS provides compute platforms, telecommunications, electronic storage infrastructure, and operations support services for the collection, maintenance, and access of data and information to support the business functions of CMS. |
| 12 | Describe the information the agency will collect, maintain, or disseminate and how the agency will use the information. In this description, indicate whether the information contains IIF and whether submission is voluntary or mandatory. | This GSS does not directly collect, maintain, or disseminate information, but provides platform support infrastructure for other CMS MAs to perform these functions. |
| 13 | Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort. | N/A. See #2 |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CMS Data Center

- | | | |
|----|--|---|
| 14 | Explain why the IIF is being collected, maintained, or disseminated. | N/A. See #2 |
| 15 | Identify with whom the agency will share the IIF. | N/A. See #2 |
| 16 | Describe how the IIF will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared. | N/A. See #2 |
| 17 | State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998) | N/A. See #2 |
| 18 | Describe how the IIF will be secured. | N/A. See #2 |
| 19 | Describe plans for retention and destruction of IIF. | N/A. See #2 |
| 20 | Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. | N/A. See #2 |
| 21 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): | Walter Stone, CMS Privacy Officer |
| 22 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): | Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services |
| 23 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): | D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: cms.hhs.gov Website-CSS

| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Customer Service Systems (A system family containing 15 systems (medicare.gov Website), MCSC Next Generation Desktop, and cms.hhs.gov Website) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | 09-70-0535, 09-70-4004, 09-70-0540, 09-70-9005, 09-70-0513, 09-70-0542, 09-70-0542, 09-70-5001, 09-70-4003 |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | N/A |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: cms.hhs.gov Website-CSS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The cms.hhs.gov is the official public Agency website of the Centers for Medicare & Medicaid Services, accessible at www.cms.hhs.gov. The cms.hhs.gov website was launched on September 13, 2001. This site was a replacement for the Agency's prior website, www.hcfa.gov. The Health Care Financing Administration launched the hcfa.gov website in early 1995. While the cms.hhs.gov contained much of the same content as hcfa.gov, it did feature a new design and organizational scheme.

medicare.gov - The applications that comprise CMS's Customer Service Systems and Medicare.gov Website enable the Agency to educate the public, specifically Medicare beneficiaries, on the Medicare program. Originally launched in 1998, as required by the Balanced Budget Act of 1997, Medicare.gov allows consumers to compare health plans, nursing homes, home health agencies, participating physicians, and more. The MCSC Next Generation Desktop (NGD) is the collection system used to provide Medicare Beneficiary and Provider information for the 1-800 MEDICARE HELPLINE, HHS/CMS/CBC system No. 09-70-0535. This system of record collects data under the authority of 41 CFR Chapter 101 §20.302, conduct on Federal Property, and OMB Circular A-123, Internal Control Systems and, Public Law 105-33, the Balanced Budget Act (BBA) of 1997. The primary purpose of the system of record is to provide information to beneficiaries and providers of both general and claim specific information. Information retrieved from this system of records will also be used to support regulatory and policy functions performed within the agency or by a contractor or consultant; constituent requests made to a congressional representative; and litigation involving the agency related to this system of records.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: cms.hhs.gov Website-CSS

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

cms.hhs.gov- Information is collected at several points in the site. Specifically, users can submit feedback and questions through our Feedback link. The only data element explicitly requested is email address. These feedback requests are triaged to the appropriate business component for response. Additionally, we have an online conference registration system available. This system captures contact information from registrants, including, name, business, address, phone, fax, and email. This information is sent to the conference coordinator and removed from the website. medicare.gov - The only information collected from users of Medicare.gov is in the form of voluntary feedback, which can be submitted via the Questions or Feedback links. The only data element explicitly requested is an email address. These feedback requests are triaged to the appropriate business component for response. MCSC Next Generation Desktop (NGD) - The collected information will contain name, address, telephone number, Health Insurance Claim Number (HIC), as well as background information relating to Medicare or Medicaid issues. A caller history will also be maintained in the system, for purposes of re-contacts by contractor customer service representatives or CMS. The information collected is the minimum necessary to identify the caller and his or her Medicare / Medicaid related information for the purposes of providing customer service assistance with Medicare Medicaid issues.

11 Explain why the information is being collected.

cms.hhs.gov - Data is collected to: improve the Agency's website; allow visitors to ask specific questions of Agency staff; and support conference registration for outreach and educational purposes. medicare.gov - The feedback is collected to improve the website, and allow visitors to ask specific questions of Agency staff. MCSC Next Generation Desktop (NGD) - The NGD provides centralized reporting capabilities for enhanced customer service. The reporting capabilities allow CMS to better understand what customers are inquiring about. It also provides Agency-wide information, identifies needs of customers for long-term planning, and provides reports generated consistently across call centers.

12 Identify with whom the agency will share the collected information

cms.hhs.gov - Information is shared with appropriate staff within the Agency. Subject matter experts are asked to respond to inquiries in their field of knowledge. medicare.gov - Information is shared with appropriate staff within the Agency. Subject matter experts are asked to respond to inquiries in their field of knowledge. MCSC Next Generation Desktop (NGD) - CMS does not currently plan on sharing collected information with any external agency.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: cms.hhs.gov Website-CSS

- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.
- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)
- 15 Describe how the information will be secured.
- 16 Describe plans for retention and destruction of data collected.
- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):
- cms.hhs.gov - At all data collection point, a link to the website privacy policy is provided (the privacy policy is linked from the website footer so that it is available on all pages). When a user submits feedback they get a response explaining how their data will be used. Similarly, conference registrants receive an email confirmation explaining the use of their data. medicare.gov - At all data collection points, a link to the Agency's websites privacy policy is provided. The Next Generation Desktop will not collect privacy act information. The Next Generation Desktop is designed as a front end to the current customer service systems of records.
- No information is collected from children under age 13.
- cms.hhs.gov - All PII is secured behind user Ids and passwords. PII collected through the website is not publicly accessible. In addition, the conference registration application, which collects more PII than the user feedback, is secured by SLL encryption. medicare.gov - All PII is secured behind user Ids and passwords. PII collected through the website is not publicly accessible. MCSC Next Generation Desktop (NGD) - The information will be secured using the CMS three-tier security architecture as defined by the Chief Technology Officer
- cms.hhs.gov - Data is retained only as long as it is needed to resolve the interaction with the user; e.g., to answer their question or register them for the conference. The data is then deleted from the public web/database servers. medicare.gov - Data is retained only as long as it is needed to resolve the interaction with the user; e.g., to answer their question. The data is then deleted from the public web/database servers. MCSC Next Generation Desktop (NGD) - There are no current plans for data retention and destruction of data collected for NGD. Personally Identifiable Information is cleared and destroyed on a daily basis.
- Privacy Act Systems of Records: 09-70-0535, 09-70-4004, 09-70-0540, 09-70-9005, 09-70-0513, 09-70-0542, 09-70-0542, 09-70-5001, 09-70-4003. MCSC Next Generation Desktop (NGD) - The System of Records for 1-800 Medicare is being updated to include the information stored in NGD.
- J. Ned Burford



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: cms.hhs.gov Website-CSS

19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):

Thomas Scully

20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):

Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Continuou Med His-MUDC&AS

| <u>Question:</u> | <u>Response:</u> |
|--|---|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | Centers for Medicare & Medicaid Services (CMS) |
| 3 Title of System or Information Collection: | Medicare Utilization Data Collection and Access Systems (A system family containing 16 active systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | The majority of the systems under this <input type="checkbox"/> family of systems <input type="checkbox"/> are existing systems. NMUD is currently <input type="checkbox"/> in development <input type="checkbox"/> . MDM is a system that is listed as <input type="checkbox"/> in development <input type="checkbox"/> but is no longer being developed. MBPRP, MANRLINE, MVPS and WFE are retired systems. |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | 09-70-0005 (NCH/NMUD System Number) & 09-70-0009 (MEDPAR System Number) |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | N/A |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Continuou Med His-MUDC&AS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The following systems are part of the Medicare Utilization Data Collection and Access Systems (A system family containing 21 systems): Ø The NCH 100% Nearline File is the repository of all common working file (CWF) processed Part A and Part B detailed claims transaction records, beginning with service year 1991. The NCH contains both institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and noninstitutional claims processed by local carriers (physician/supplier) and DMERCs. Ø NMUD is the new storage structure for the Medicare claims. NMUD is being developed to replace the sequential flat files NCH with a DB2 environment as the enterprise Medicare utilization repository. NMUD will house CWF-processed detail claims transactions, beginning with service year 1998. NMUD will contain the majority of data fields stored in the NCH, except patient name; some derived fields; and elements only required for front-end CWFMQA editing. Ø The CWFMQA system is the front-end receipt and control process that receives daily transmissions of claims data from the nine CWF host sites. These daily receipts are run through a variety of edits and are then stored in weekly batches for a monthly load to the NCH 100% Nearline File. Ø The MEDPAR file is a representation of a beneficiary stay in an Inpatient hospital or Skilled Nursing Facility (SNF), which may include one or more final action claims. Ø HCIS is a multi-dimensional software application that provides an easy-to-use access path for non-programmers to manipulate Medicare data into information. HCIS provides Graphical User Interface (GUI) interface forms (views) and reports on the different types of Medicare services. Ø The IBNR estimates represents the cost of services provided to Medicare beneficiaries, but not paid at the end of the fiscal year, and is needed as part of the CMS financial statements. Ø MADS incorporates monthly summarized Part A and quarterly summarized Part B data. The monthly/quarterly summaries are loaded to relational tables for user access. Ø The MBPRP system creates monthly and quarterly skeleton files that are used in a variety of other systems. Every input record processed has identifiable data but only select output files require identifiable data. Ø The NCHSTS system produces various utilization tables of Medicare services. There is no identifiable data on the reports created. Ø The NCHSUM system creates individual line item files for Medicare services and summarizes various pieces of information to feed to Part B Extract and Summary System (BESS). Ø The National Claims History Processing Reports (seven reports in the package) detail by type of service (e.g. Inpatient hospital, skilled nursing facility (SNF), home health and hospice) the monthly and cumulative year-to-date totals of the number of claims processed and dollar amounts of adjudicated claims. Ø The CMHS file records and reports individual and



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Continuou Med His-MUDC&AS

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

cumulative Medicare usage per year for a 30 year span for a sample of Medicare beneficiaries. Ø DESY is the extract system for the enterprise data. Ø DSAF is the legacy extract system for CMS data (is has been replaced by DESY) Ø FTAPE is the shipping & tracking and Data Use Agreement System The legislation authorizing this activity is OMB Circular A-130.

CMS collects billing and utilization data on Medicare beneficiaries enrolled in hospital insurance or medical insurance parts of the Medicare program, as well as provider specific information. The data collected for this □family of systems□ is the processed Part A and Part B detailed claims transaction records, beginning with service year 1991. There are both institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and non-institutional claims processed by local carriers (physician/supplier) and DMERCs. The individual identifiable pieces of data contained in the □family of systems□ are: Ø name of beneficiary Ø residence state/county and mailing zip code Ø health insurance claim account number Ø diagnosis and procedural codes Ø beneficiary□s race Ø beneficiary□s sex Ø date of birth Ø physician UPIN Ø physician name. There is also data collected from the Enrollment Database (EDB): Ø beneficiary□s SSN Ø date of death Other pieces of data (not PII) are also collected to carry out the agency□s mission of program assessment, research, program and policy development & evaluation and litigation purposes.

11 Explain why the information is being collected.

The primary purpose for collecting this information is to store and maintain billing and utilization data on Medicare beneficiaries enrolled in hospital insurance (Part A) or medical insurance (Part B) of the Medicare program for a variety of purposes. From this data, a variety of analytic files and summary tabulations are created that support a variety of CMS core data responsibilities; policy formation, program management, quality improvement organization program, actuarial projections, customer information and research. The data is used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and make recommendations for legislative changes to the Medicare program, as well as for litigation purposes.

12 Identify with whom the agency will share the collected information

The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; Quality Improvement Organizations; insurance companies; researchers; Members of Congress or congressional staff members; and DOJ.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Continuou Med His-MUDC&AS

- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**
- The Medicare claims information is obtained from the Common Working File (CWF) and some beneficiary data that is contained in our □family of systems□ are obtained from the Enrollment Database (EDB). The claims data is received nightly from the 9 CWF host sites and the Enrollment information is pulled from the EDB. The Privacy Act permits us to disclose information without an individual□s consent if the information is to be used for a purpose that is compatible with the purpose(s) for which it was collected. Any such disclosure of data is known as a □routine use□. The government will only release the information that can be associated with an individual as provided under □Section III□Proposed Routine Use Disclosures of Data in the System. Both identifiable and non-identifiable data may be disclosed under a routine use.
- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- Information will not be collected from children under age 13 on the Internet.
- 15 Describe how the information will be secured.**
- Access to the NCH Nearline/NMUD (primary source for Medicare claims data/some enrollment data) data is available to users through DESY. Only database maintainers have direct access to the NCH/NMUD. A DESY access form is required for all users. All users also sign a Data Use Agreement (DUA) that is approved and signed by our privacy officer and entered into our data release system (FTAPE). The FTAPE system links to DESY, and limits the user□s access to CMS data to the files/years in the DUA. DESY has an audit trail of every extract run against the NCH /NMUD. The other systems listed in the □family of systems□ have authorized users of the data. Authorized users having access to the data have been trained in Privacy Act and system security requirements. Employees and contractors who maintain records in the system are instructed not to release any data until the intended recipient agrees to implement appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the data and to prevent unauthorized access to the data. To assure the security of the data, the proper level of class user is assigned for each individual user as determined at the Agency level. Every user who requests access to a CMS system has to sign a RACF form, which contains □Security Requirements for Users of CMS □s Computer Systems□. Userids must be recertified each year. A users userid is granted access to data they are approved to have access to.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Continuou Med His-MUDC&AS

- 16 Describe plans for retention and destruction of data collected. Standards and procedures have been established for the maintenance and use of records containing personally identifiable information, to ensure that the integrity, availability, and confidentiality requirements are met. The policy addresses the disposition of records, to ensure that permanent records are preserved and that temporary records no longer of current use are promptly disposed of or retired.
- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. A SOR has been created and published in the Federal Register for the following systems in the □family of systems□: Ø 09-70-0005 (NCH/NMUD System Number) Ø 09-70-0009 (MEDPAR System Number)
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Thomas A. Scully
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CPE-MFM&PS

| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Medicare Financial Management & Payment Systems (A system family containing 18 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing, New-CAPTS |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | CERT: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1). DPS: 09-70 -501 and 09-70-503. |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | PIMR - OFM 255, STAR - CMS OFM 368 |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CPE-MFM&PS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

ADR - The system is used to compare cost report information between current and prior year cost reports to determine if established thresholds are exceeded. Section 1815 of the Social Security Act and 42CFR section 413.20 authorize this activity.

CAFM - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM system serves as the vehicle for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. The Contractor Administrative-Cost and Financial Management (CAFM) software system was implemented in 1989 as part of CMS's Project to Redesign Information Systems Management. In 1993 the system was enhanced to support the requirements dictated by the Chief Financial Officers (CFO) Act. Since then, the system has undergone numerous enhancements and modifications due to legislative and policy changes, new input forms and output reports, and new user requirements designed to increase productivity and efficiency.

CAFM II - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFMII system is the main vehicle for planning, funding, administering and monitoring the administrative expenses of the Medicare contractor community using separate allotments for Program Management and Medicare Integrity Program activities. The development of the Contractor Administrative Financial Management (CAFMI) system, which was implemented at the beginning of fiscal year 1998, was in response to a multitude of factors that changed the Medicare contractor environment. The advent of Program Safeguard and other specialty contractors, as well as new operating rules and regulations, changed the Medicare contractor world and caused the existing reporting forms to be inadequate. New forms were designed to be flexible enough to accommodate the new reporting requirements for the various types of contractors. New business requirements also drastically changed the design of the system.

CAPTS - The Centers for Medicare and Medicaid Services (CMS) has contracted with Blue Cross Blue Shield and commercial insurance companies to provide various services required to administer the Medicare program under Title XVIII of the Social Security Act. The Division of Financial Oversight in CMS's Office of Financial Management, Accounting Management Group is responsible for Medicare contractor oversight and coordination of internal control policies. The CMS manages the evaluation of its Medicare contractors' (MC) performance using various means. A variety of reviews are used to evaluate Medicare contractor performance, including: · CFO financial or EDP audits · Statement of Auditing Standards No. 70 (SAS 70) reviews · Certification Package for Internal Controls (CPIC) submitted by



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CPE-MFM&PS

Medicare contractors · Accounts receivable reviews · CMS 1522 Workgroup reviews · CMS CPIC Workgroup reviews · Other financial management audits and reviews performed by CMS, CPA firms, the Office of Inspector General (OIG) and the General Accounting Office (GAO). Contractors are required to have acceptable internal controls in place as stated in their contracts with the Government. In the contracts, they agree to cooperate with CMS in the development of procedures to ensure compliance with the Federal Managers Financial Integrity Act (FMFIA). The Comptroller General of the United States prescribes the standards to be followed in order to be in compliance with the intent of FMFIA. The Chief Financial Officer's (CFO) Act also requires financial management systems to comply with internal control standards which are reviewed as part of the annual CFO audit. The audits' goals are to achieve an unqualified opinion from the auditors indicating that CMS's financial statements are fairly presented in all material respects and to improve their internal controls and system. The CASR System tracks budgeted and incurred costs for the Part A contractor audit and settlement functions by type of activity and type of provider or reporting entity. CMS, Office of Financial Management, Program Integrity Group, Division of Methods and Strategy has developed the CERT program to produce national, contractor specific, and benefit category specific paid claim error rates. The project will have independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system at Medicare contractors. The independent reviewers will medically review claims that are paid; claims that are denied will be validated to ensure that the decision was appropriate. The sampled claim data and decisions of the independent reviewers will be entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. CERT will enhance our ability to take appropriate corrective actions and can be used to better manage Medicare contractor performance. Another byproduct of the CERT program is a large database of independently reviewed claims that we can use to test new software technologies such as data analysis tools or Commercial Off The Shelf (COTS) claims editing software. The Social Security Act amendments of 1965 authorize the system. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CPE-MFM&PS

performance of our Medicare fee-for-service claims administration contractors. The CPE application is a collection of information on Medicare fee-for-service contractor performance evaluation (CPE) review activities and review findings. Information is input to the system by CMS employees. The only personally identifiable information within the system is the names of the system users who are CMS employees. Section 1816 (f) and 1842 (b) of the Social Security Act. CROWD provides CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends. CROWD accomplishes the above by first providing the capability for Medicare Contractors to electronically enter workload data on a large variety of functional areas. Data is submitted either monthly, quarterly or yearly on thirty different reporting forms covering contractor functions such as processing claims, answering beneficiary and provider inquiries, processing appeals, Medicare Secondary Payer activities, fraud and abuse workloads, handling beneficiary overpayments, Comprehensive Limiting Charge Compliance Program activities, enrolling providers in total and for special programs such as PIP and Participating Providers, and demonstration workloads. CSAMS is a web-based application designed to collect Medicare contractor call center customer service information. The information falls under Beneficiary Inquiries, Activity Code 13005 - Telephone Inquiries and Provider Inquiries, Activity Code 33001 - Telephone Inquiries. The Demonstration Payment System is used to pay providers for Medicare demonstration services under the authority of section 402 of the Social Security Amendments of 1967 and section 222 of the Social Security Amendments of 1972. The Healthcare Cost Report Information System is an Oracle data base system containing cost report information from hospitals, SNFs, HHAs, hospice and renal providers. The reports are submitted by providers and updated on a daily flow basis. The MFSR System monitors the Focused Medical Review activities of its contractor, i.e., FIs, Carriers, and DMERCs. The system collects information on the sources and causes of inappropriate or unnecessary services billed to Medicare and what the contractor did about those problems. PIMR serves as the central repository used by the Program Integrity Group for budget and oversight responsibilities and congressional reporting of Medicare fraud, waste and abuse. The system provides the CMS Program Integrity Group, and Medicare contractors operating across the country with the necessary tools and reports to track Medicare fraud and abuse activities and subsequently aid in safeguarding the Medicare Trust Fund.



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PROTRAC is an internal funds control system used to track Quality Improvement Organization (QIO) and End Stage Renal Disease (ESRD) Funding. The Medicare Provider Statistical and Reimbursement (PS&R) System is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). The PS&R system is used by Fiscal Intermediaries (FIs) to accumulate the statistical and reimbursement data applicable to the Medicare claims processed. The PS&R system summarizes these data on reports that are used by providers and FIs to complete key elements of the Medicare cost report. The Medicare cost report has changed significantly due to the change in reimbursement methodologies from primarily a cost reimbursed system to a prospective payment system (PPS). The PS&R data are subsequently used by the FI to settle Medicare cost reports. The PS&R system permits the FIs and providers to utilize the system produced reports to accumulate statistical and payment data for hospitals, hospital complexes, skilled nursing homes, and home health agencies. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR is a DOS based system used by fiscal intermediaries (FI) to track providers' cost reports during the settlement process. Mutual of Omaha maintains the STAR program. Each FI operates their own STAR system to track providers' cost reports that they service. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The information in the ADR program is used to determine the amount and type of review that is necessary to settle the providers cost report. CMS is confident that the data collected are the minimum necessary to accomplish these purposes because these systems, and their associated processes, have been in existence for many years. They have been continually refined and streamlined for efficiency. CAFM - Data is collected from forty input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Seventy customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAFM II - Data is collected from eleven input forms and is maintained on direct on-line storage for fiscal years 1998 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAPTS: a. Name b. Phone Number c. Email Address Division of Financial Oversight (DFO) requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CASR - Data is collected from six input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Twenty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CERT - Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. We have developed statistical method based upon generally acceptable statistical standards to insure the volume and content of the data we collect will produce an estimates of errors in Medicare claims payment activities that have accurate. CMIS collects monthly data from the Contractor Reporting of Operational and Workload Data (CROWD) and the Daily Production Performance Monitoring System (PULSE) and the Contractor Administrative Budget and Financial Management System (CAFMI) data. These data are stored in a central repository of consolidate, validate, and cleansed Medicare contractor data that enables dynamic data analysis during contractor management. CMIS provides users with the ability to analyze the retrieved data online or to download the data to their desktops for further analysis. CPE - Information on audits conducted to evaluate the performance of Medicare fee-for-service contractors. Data collected is used in the formulation of annual RCPs (Report of Contractor Performance). Data may be used by CMS management in making contract management decisions. The data collected is the minimum



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necessary for the effective oversight of Medicare contractors. CROWD - Data is collected from thirty input forms and is maintained on direct on-line storage for fiscal years 1986 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CSAMS - CMS collects approximately 21 telephone inquiry related data points from each contractor operating a call center(s). The data includes, but is not limited to, the number of attempts, number of failed attempts, calls answered by Customer Service Representatives, call handled by IVR, etc. The data is used by CMS to determine if the contractor is providing the degree of customer service required to serve beneficiary and provider callers as determined by CMS. The data collected is the minimum amount of data required to evaluate how each call center is performing its telephone customer service requirements. DPS - The system collects the minimally necessary identifying, medical and demographic information needed to reimburse demonstration providers for the services rendered to Medicare beneficiaries. The data collection is based on the individual demonstration legislation and only that information needed to pay correctly is collected. HCRIS - The information pertains to the providers' cost of doing business and various medical expenses. The information is used by CMS and outside parties to do analysis, studies and research. MFSR - CMS collects information on the progress that Medicare contractors have made in identifying aberrant billing. CMS uses this information to determine if carriers have followed the procedures required for Focused Medical Review. PIMR collects, validates, and consolidates on a monthly basis, operational and workload data from 70 Medicare contractors across the country as well as contractor administrative budget and financial management data from CMS systems into a single reporting system at CMS. PROTRAC - No information will be collected. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. PULSE - On a nightly basis, Medicare contractors transmit their CMS-1565, CMS-1566, and CMS-1522 report



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files to the CMS data center via Connect: direct. Each CWF host site transmits their 207, and 0101 reports. While daily data provides the most timely metrics, those contractor that do not product daily reports submit the required reports on the days that they have a batch cycle. The Pulse system handles the reports accordingly. The data collection process extracts the defined claim metrics on a nightly basis from Medicare contractors that utilize the existing standard systems. STAR tracks dates, time and settlement amounts for all cost reports for the following activities: tentative settlements, desk reviews, audits, settlements, re-openings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor FIs workload and budgets. FIs budgets are based on their workload numbers and type of providers they service.



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11 Explain why the information is being collected.

The CAFM system is the main vehicle for tracking all benefit payments, banking issues, and CFO data. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. The CAFMII system is the main vehicle for planning, administering and monitoring the administrative expenses of the Medicare contractor community. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides, to call users and/or e-mail users when the need arises.

CAPTS - The Division of Financial Oversight (DFO) needs an efficient and effective method for tracking Corrective Action Plans related to audit findings as well as the most current status of those plans. Additionally, DFO requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CAPs are currently being tracked manually, in a variety of different formats.

CASR - This system is CO's instrument to develop a financial operating plan for audit related expenditures; to develop the cost effectiveness or savings of the audit and settlement function; to monitor the audit related expenditures and savings of each contractor; and to alert the appropriate regional office of potential problems with a particular fiscal intermediary's performance. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CERT - To estimate the amount of error in Medicare claims payment activities. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

CPE - To ensure that Medicare fee-for-



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service contractors meet their obligations to administer the Medicare program. CROWD - The collected data allows central office and regional office personnel to perform their duties as defined in item 1 above. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. CSAMS - Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers. DPS - The information is collected to make payments for Medicare services rendered to Medicare beneficiaries. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR - The information is being collected to meet CMS's obligation to manage contractors.



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12 Identify with whom the agency will share the collected information

CAFIM, CAFIM II, CASR, CROWD - All PII will never be shared with another system. CAPTS - CMS components CERT - Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly. CMIS, PULSE - Internal to CMS. CPE - It is not shared outside the agency. CSAMS - The data collected is provided monthly in numerous reports via the COGNOS reporting tool. All users of the system have access to the reports. The only users are a limited number of CMS staff and Medicare contractor staff. DPS - The information is generally not shared with the exception of demonstration evaluators under contract to CMS. It is only shared with the evaluators after a valid data use agreement, which restricts the usage, is signed. PS&R - This information is available to the responsible Fiscal Intermediary and to the provider itself. In rare instances, information may be shared with the software developers from CMS, in order to pinpoint and correct a perceived problem. Each FI maintains their own STAR database. FIs do not share these data with other FIs or individuals outside of CMS. CMS has access to STAR data through National STAR. CMS may furnish certain data to OIG and DOJ but only on and as needed basis.



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- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

CAFM- Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAFM II - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address, phone number and e-mail address. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAPTS: § Audits of Contractors are performed by outside auditors, with the report showing the results forwarded to both CMS and the Contractor § The Contractor has 45 days to submit a Corrective Action Plan (CAP) to CMS via email § Division of Financial Oversight personnel create a □Due-In□ document that lists the CMS Finding Numbers that auditors have assigned to various Contractors in the latest audits. This □Due-In□ document allows the Division of Financial Oversight to assign a due date; if the Contractor has not submitted a CAP for a particular CMS Finding Number by its due date, then that Contractor and that CMS Finding Number are added to a □Past 45 Days□ report § The CAP comes in to CMS via email on an Excel spreadsheet; the format of the spreadsheet is specified by the Division of Financial Oversight § Division of Financial Oversight personnel will complete the data entry for CAPs after they arrive at CMS. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions § CMS has 45 days to reply to the Contractor once a CAP does arrive at CMS § The new CAP automated system should automatically send an email to the appropriate Business Owner in order to alert that Business Owner to review the CAP; the Business Owner either approves or rejects § The Regional Office can also comment on the CAP, but not approve or reject the CAP; the Regional Offices furthermore only comment on CAPs related to financial issues § Division of Financial Oversight personnel send the comments back to the Contractor CASR - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. CERT - We will obtain the information directly from Medicare contractors' claims processing



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systems. Medicare beneficiaries sign a privacy act notice when they become eligible for Medicare that informs them that information they provide to justify payments will be used to determine the appropriate of payment. The purpose of CERT is to determine the appropriateness of Medicare contactor claims payment activities. CERT does not share information outside of the system. CMIS - Information is being collected from existing M204 systems here at CMS. CPE - Information is obtained via CMS Intranet from CMS employees. Information concerns Medicare contractors, who will be issued reports on their individual performances. Collectors of the information (CMS employees) are kept apprised through email. Consent is not applicable in this situation, information is owned by CMS. CROWD - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CSAMS - Call center staff enter their call center data via the web front-end monthly. DPS - The information is obtained electronically and hardcopy in a HIPAA compliant format. The suppliers of the information have been informed about data usage through either a contract or an informed consent form. These signed agreements are obtained as the supplier or beneficiary enters the demonstration. PS&R - The information is present on the paid claims record, the format of which is specified by the FISS shared system. Claims, submitted by providers or billing houses, adjudicated by the Common Working File system, are placed into this paid claims format for input into PS&R. This information is not shared with individuals nor is consent given for the data to be shared with individuals. The data is available to providers who provide services to Medicare beneficiaries, and is available to providers in summary and detail form. PULSE - Information is being collected from existing CMS reports here at CMS. The information in STAR does contain personally identifiable information within the STAR database about Medicare providers (employee names and TIN for providers). The STAR time keeping system lists name of FI employees and an employee number. These data are used only by the FI to track employees' time when the individual is working on a provider cost report. Employee data are not share by the FI or included in the National STAR database.



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- 14 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- The information in these systems do not include personally identifiable information on children under age 13.
- 15 **Describe how the information will be secured.**
- CAFM, CAFM II, CASR, CROWD: Each user must be issued an HDC User ID with M204 privileges. Each user must be registered on the system user tables. These tables control access to system files. The system user files and tables are password protected and RACF protected. CAPTS - Web app is secured with a user id and password. Each user is assigned a role. Database is also secured with a user id and password. CERT - The information is stored on an internal network that operates in a building secure by electronic entry devices. CPE - Through RACF security procedures. Access to CSAMS is controlled via CMS UserID and password. All OIS security measures for CMS are in force since OIS hosts CSAMS. DPS - The information will be secured as described in the CMS Master Systems Security Plan. PS&R- Information is secured at each Fiscal Intermediary (FI) data center. Once in the PS&R system, access is restricted to the applicable FI, who has the responsibility for forwarding the detail and summary reports to its providers. In the future, providers will be required to sign onto the system, with an approved user-id and password, in order to request this information. STAR - At each FI location one or two individuals are assigned the task of system administrator. The administrator is responsible for giving access to employees. Access is limited based on the task to be performed by the FI employee, e.g. read only, entering time, data, etc.
- 16 **Describe plans for retention and destruction of data collected.**
- CAFM, CAFM II, CASR, CROWD - Whenever a user is no longer a certified HDC user, they are immediately removed from the HDC and system registry. CERT - Information is retained until all further action on payment decisions is concluded (usually less than 10 years) and then shredded. CPE - Data are retained indefinitely. No plans for destruction, since information is owned by CMS. CASMS - No current plans for destruction of data. DPS - Data collected for the demonstrations are retained in files on tape for seven years. At the end of that time period the files are deleted. PS&R - Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system. STAR - The STAR data are maintained by the FI in a single database and not destroyed.



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- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. CERT - System of Records Number: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1) DPS - The records are maintained under two existing system of records notice. The Carrier Medicare Claims Records System 09-7- 501 and the Intermediary Medicare Claims Records System 09-70-503.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Thomas Scully
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Timothy P. Love



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| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Medicare Financial Management & Payment Systems (A system family containing 18 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing, New-CAPTS |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | CERT: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1). DPS: 09-70 -501 and 09-70-503. |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | PIMR - OFM 255, STAR - CMS OFM 368 |

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- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

ADR - The system is used to compare cost report information between current and prior year cost reports to determine if established thresholds are exceeded. Section 1815 of the Social Security Act and 42CFR section 413.20 authorize this activity.

CAFM - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM system serves as the vehicle for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. The Contractor Administrative-Cost and Financial Management (CAFM) software system was implemented in 1989 as part of CMS's Project to Redesign Information Systems Management. In 1993 the system was enhanced to support the requirements dictated by the Chief Financial Officers (CFO) Act. Since then, the system has undergone numerous enhancements and modifications due to legislative and policy changes, new input forms and output reports, and new user requirements designed to increase productivity and efficiency.

CAFM II - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFMII system is the main vehicle for planning, funding, administering and monitoring the administrative expenses of the Medicare contractor community using separate allotments for Program Management and Medicare Integrity Program activities. The development of the Contractor Administrative Financial Management (CAFMI) system, which was implemented at the beginning of fiscal year 1998, was in response to a multitude of factors that changed the Medicare contractor environment. The advent of Program Safeguard and other specialty contractors, as well as new operating rules and regulations, changed the Medicare contractor world and caused the existing reporting forms to be inadequate. New forms were designed to be flexible enough to accommodate the new reporting requirements for the various types of contractors. New business requirements also drastically changed the design of the system.

CAPTS - The Centers for Medicare and Medicaid Services (CMS) has contracted with Blue Cross Blue Shield and commercial insurance companies to provide various services required to administer the Medicare program under Title XVIII of the Social Security Act. The Division of Financial Oversight in CMS's Office of Financial Management, Accounting Management Group is responsible for Medicare contractor oversight and coordination of internal control policies. The CMS manages the evaluation of its Medicare contractors' (MC) performance using various means. A variety of reviews are used to evaluate Medicare contractor performance, including: · CFO financial or EDP audits · Statement of Auditing Standards No. 70 (SAS 70) reviews · Certification Package for Internal Controls (CPIC) submitted by



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Medicare contractors · Accounts receivable reviews · CMS 1522 Workgroup reviews · CMS CPIC Workgroup reviews · Other financial management audits and reviews performed by CMS, CPA firms, the Office of Inspector General (OIG) and the General Accounting Office (GAO). Contractors are required to have acceptable internal controls in place as stated in their contracts with the Government. In the contracts, they agree to cooperate with CMS in the development of procedures to ensure compliance with the Federal Managers Financial Integrity Act (FMFIA). The Comptroller General of the United States prescribes the standards to be followed in order to be in compliance with the intent of FMFIA. The Chief Financial Officers (CFO) Act also requires financial management systems to comply with internal control standards which are reviewed as part of the annual CFO audit. The audits' goals are to achieve an unqualified opinion from the auditors indicating that CMS's financial statements are fairly presented in all material respects and to improve their internal controls and system. The CASR System tracks budgeted and incurred costs for the Part A contractor audit and settlement functions by type of activity and type of provider or reporting entity. CMS, Office of Financial Management, Program Integrity Group, Division of Methods and Strategy has developed the CERT program to produce national, contractor specific, and benefit category specific paid claim error rates. The project will have independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system at Medicare contractors. The independent reviewers will medically review claims that are paid; claims that are denied will be validated to ensure that the decision was appropriate. The sampled claim data and decisions of the independent reviewers will be entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. CERT will enhance our ability to take appropriate corrective actions and can be used to better manage Medicare contractor performance. Another byproduct of the CERT program is a large database of independently reviewed claims that we can use to test new software technologies such as data analysis tools or Commercial Off The Shelf (COTS) claims editing software. The Social Security Act amendments of 1965 authorize the system. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the



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performance of our Medicare fee-for-service claims administration contractors. The CPE application is a collection of information on Medicare fee-for-service contractor performance evaluation (CPE) review activities and review findings. Information is input to the system by CMS employees. The only personally identifiable information within the system is the names of the system users who are CMS employees. Section 1816 (f) and 1842 (b) of the Social Security Act. CROWD provides CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends. CROWD accomplishes the above by first providing the capability for Medicare Contractors to electronically enter workload data on a large variety of functional areas. Data is submitted either monthly, quarterly or yearly on thirty different reporting forms covering contractor functions such as processing claims, answering beneficiary and provider inquiries, processing appeals, Medicare Secondary Payer activities, fraud and abuse workloads, handling beneficiary overpayments, Comprehensive Limiting Charge Compliance Program activities, enrolling providers in total and for special programs such as PIP and Participating Providers, and demonstration workloads. CSAMS is a web-based application designed to collect Medicare contractor call center customer service information. The information falls under Beneficiary Inquiries, Activity Code 13005 - Telephone Inquiries and Provider Inquiries, Activity Code 33001 - Telephone Inquiries. The Demonstration Payment System is used to pay providers for Medicare demonstration services under the authority of section 402 of the Social Security Amendments of 1967 and section 222 of the Social Security Amendments of 1972. The Healthcare Cost Report Information System is an Oracle data base system containing cost report information from hospitals, SNFs, HHAs, hospice and renal providers. The reports are submitted by providers and updated on a daily flow basis. The MFSR System monitors the Focused Medical Review activities of its contractor, i.e., FIs, Carriers, and DMERCs. The system collects information on the sources and causes of inappropriate or unnecessary services billed to Medicare and what the contractor did about those problems. PIMR serves as the central repository used by the Program Integrity Group for budget and oversight responsibilities and congressional reporting of Medicare fraud, waste and abuse. The system provides the CMS Program Integrity Group, and Medicare contractors operating across the country with the necessary tools and reports to track Medicare fraud and abuse activities and subsequently aid in safeguarding the Medicare Trust Fund.



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PROTRAC is an internal funds control system used to track Quality Improvement Organization (QIO) and End Stage Renal Disease (ESRD) Funding. The Medicare Provider Statistical and Reimbursement (PS&R) System is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). The PS&R system is used by Fiscal Intermediaries (FIs) to accumulate the statistical and reimbursement data applicable to the Medicare claims processed. The PS&R system summarizes these data on reports that are used by providers and FIs to complete key elements of the Medicare cost report. The Medicare cost report has changed significantly due to the change in reimbursement methodologies from primarily a cost reimbursed system to a prospective payment system (PPS). The PS&R data are subsequently used by the FI to settle Medicare cost reports. The PS&R system permits the FIs and providers to utilize the system produced reports to accumulate statistical and payment data for hospitals, hospital complexes, skilled nursing homes, and home health agencies. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR is a DOS based system used by fiscal intermediaries (FI) to track providers' cost reports during the settlement process. Mutual of Omaha maintains the STAR program. Each FI operates their own STAR system to track providers' cost reports that they service. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The information in the ADR program is used to determine the amount and type of review that is necessary to settle the providers cost report. CMS is confident that the data collected are the minimum necessary to accomplish these purposes because these systems, and their associated processes, have been in existence for many years. They have been continually refined and streamlined for efficiency. CAFM - Data is collected from forty input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Seventy customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAFM II - Data is collected from eleven input forms and is maintained on direct on-line storage for fiscal years 1998 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAPTS: a. Name b. Phone Number c. Email Address Division of Financial Oversight (DFO) requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CASR - Data is collected from six input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Twenty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CERT - Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. We have developed statistical method based upon generally acceptable statistical standards to insure the volume and content of the data we collect will produce an estimates of errors in Medicare claims payment activities that have accurate. CMIS collects monthly data from the Contractor Reporting of Operational and Workload Data (CROWD) and the Daily Production Performance Monitoring System (PULSE) and the Contractor Administrative Budget and Financial Management System (CAFMI) data. These data are stored in a central repository of consolidate, validate, and cleansed Medicare contractor data that enables dynamic data analysis during contractor management. CMIS provides users with the ability to analyze the retrieved data online or to download the data to their desktops for further analysis. CPE - Information on audits conducted to evaluate the performance of Medicare fee-for-service contractors. Data collected is used in the formulation of annual RCPs (Report of Contractor Performance). Data may be used by CMS management in making contract management decisions. The data collected is the minimum



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necessary for the effective oversight of Medicare contractors. CROWD - Data is collected from thirty input forms and is maintained on direct on-line storage for fiscal years 1986 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CSAMS - CMS collects approximately 21 telephone inquiry related data points from each contractor operating a call center(s). The data includes, but is not limited to, the number of attempts, number of failed attempts, calls answered by Customer Service Representatives, call handled by IVR, etc. The data is used by CMS to determine if the contractor is providing the degree of customer service required to serve beneficiary and provider callers as determined by CMS. The data collected is the minimum amount of data required to evaluate how each call center is performing its telephone customer service requirements. DPS - The system collects the minimally necessary identifying, medical and demographic information needed to reimburse demonstration providers for the services rendered to Medicare beneficiaries. The data collection is based on the individual demonstration legislation and only that information needed to pay correctly is collected. HCRIS - The information pertains to the providers' cost of doing business and various medical expenses. The information is used by CMS and outside parties to do analysis, studies and research. MFSR - CMS collects information on the progress that Medicare contractors have made in identifying aberrant billing. CMS uses this information to determine if carriers have followed the procedures required for Focused Medical Review. PIMR collects, validates, and consolidates on a monthly basis, operational and workload data from 70 Medicare contractors across the country as well as contractor administrative budget and financial management data from CMS systems into a single reporting system at CMS. PROTRAC - No information will be collected. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. PULSE - On a nightly basis, Medicare contractors transmit their CMS-1565, CMS-1566, and CMS-1522 report



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files to the CMS data center via Connect: direct. Each CWF host site transmits their 207, and 0101 reports. While daily data provides the most timely metrics, those contractor that do not product daily reports submit the required reports on the days that they have a batch cycle. The Pulse system handles the reports accordingly. The data collection process extracts the defined claim metrics on a nightly basis from Medicare contractors that utilize the existing standard systems. STAR tracks dates, time and settlement amounts for all cost reports for the following activities: tentative settlements, desk reviews, audits, settlements, re-openings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor FIs workload and budgets. FIs budgets are based on their workload numbers and type of providers they service.



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11 Explain why the information is being collected.

The CAFM system is the main vehicle for tracking all benefit payments, banking issues, and CFO data. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. The CAFMII system is the main vehicle for planning, administering and monitoring the administrative expenses of the Medicare contractor community. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides, to call users and/or e-mail users when the need arises.

CAPTS - The Division of Financial Oversight (DFO) needs an efficient and effective method for tracking Corrective Action Plans related to audit findings as well as the most current status of those plans. Additionally, DFO requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CAPs are currently being tracked manually, in a variety of different formats.

CASR - This system is CO's instrument to develop a financial operating plan for audit related expenditures; to develop the cost effectiveness or savings of the audit and settlement function; to monitor the audit related expenditures and savings of each contractor; and to alert the appropriate regional office of potential problems with a particular fiscal intermediary's performance. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CERT - To estimate the amount of error in Medicare claims payment activities. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

CPE - To ensure that Medicare fee-for-



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service contractors meet their obligations to administer the Medicare program. CROWD - The collected data allows central office and regional office personnel to perform their duties as defined in item 1 above. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. CSAMS - Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers. DPS - The information is collected to make payments for Medicare services rendered to Medicare beneficiaries. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR - The information is being collected to meet CMS's obligation to manage contractors.



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12 Identify with whom the agency will share the collected information

CAFIM, CAFIM II, CASR, CROWD - All PII will never be shared with another system. CAPTS - CMS components CERT - Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly. CMIS, PULSE - Internal to CMS. CPE - It is not shared outside the agency. CSAMS - The data collected is provided monthly in numerous reports via the COGNOS reporting tool. All users of the system have access to the reports. The only users are a limited number of CMS staff and Medicare contractor staff. DPS - The information is generally not shared with the exception of demonstration evaluators under contract to CMS. It is only shared with the evaluators after a valid data use agreement, which restricts the usage, is signed. PS&R - This information is available to the responsible Fiscal Intermediary and to the provider itself. In rare instances, information may be shared with the software developers from CMS, in order to pinpoint and correct a perceived problem. Each FI maintains their own STAR database. FIs do not share these data with other FIs or individuals outside of CMS. CMS has access to STAR data through National STAR. CMS may furnish certain data to OIG and DOJ but only on and as needed basis.



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- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

CAFM- Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAFM II - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address, phone number and e-mail address. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAPTS: § Audits of Contractors are performed by outside auditors, with the report showing the results forwarded to both CMS and the Contractor § The Contractor has 45 days to submit a Corrective Action Plan (CAP) to CMS via email § Division of Financial Oversight personnel create a □Due-In□ document that lists the CMS Finding Numbers that auditors have assigned to various Contractors in the latest audits. This □Due-In□ document allows the Division of Financial Oversight to assign a due date; if the Contractor has not submitted a CAP for a particular CMS Finding Number by its due date, then that Contractor and that CMS Finding Number are added to a □Past 45 Days□ report § The CAP comes in to CMS via email on an Excel spreadsheet; the format of the spreadsheet is specified by the Division of Financial Oversight § Division of Financial Oversight personnel will complete the data entry for CAPs after they arrive at CMS. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions § CMS has 45 days to reply to the Contractor once a CAP does arrive at CMS § The new CAP automated system should automatically send an email to the appropriate Business Owner in order to alert that Business Owner to review the CAP; the Business Owner either approves or rejects § The Regional Office can also comment on the CAP, but not approve or reject the CAP; the Regional Offices furthermore only comment on CAPs related to financial issues § Division of Financial Oversight personnel send the comments back to the Contractor CASR - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. CERT - We will obtain the information directly from Medicare contractors' claims processing



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systems. Medicare beneficiaries sign a privacy act notice when they become eligible for Medicare that informs them that information they provide to justify payments will be used to determine the appropriate of payment. The purpose of CERT is to determine the appropriateness of Medicare contactor claims payment activities. CERT does not share information outside of the system. CMIS - Information is being collected from existing M204 systems here at CMS. CPE - Information is obtained via CMS Intranet from CMS employees. Information concerns Medicare contractors, who will be issued reports on their individual performances. Collectors of the information (CMS employees) are kept apprised through email. Consent is not applicable in this situation, information is owned by CMS. CROWD - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CSAMS - Call center staff enter their call center data via the web front-end monthly. DPS - The information is obtained electronically and hardcopy in a HIPAA compliant format. The suppliers of the information have been informed about data usage through either a contract or an informed consent form. These signed agreements are obtained as the supplier or beneficiary enters the demonstration. PS&R - The information is present on the paid claims record, the format of which is specified by the FISS shared system. Claims, submitted by providers or billing houses, adjudicated by the Common Working File system, are placed into this paid claims format for input into PS&R. This information is not shared with individuals nor is consent given for the data to be shared with individuals. The data is available to providers who provide services to Medicare beneficiaries, and is available to providers in summary and detail form. PULSE - Information is being collected from existing CMS reports here at CMS. The information in STAR does contain personally identifiable information within the STAR database about Medicare providers (employee names and TIN for providers). The STAR time keeping system lists name of FI employees and an employee number. These data are used only by the FI to track employees' time when the individual is working on a provider cost report. Employee data are not share by the FI or included in the National STAR database.



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14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

The information in these systems do not include personally identifiable information on children under age 13.

15 Describe how the information will be secured.

CAFM, CAFM II, CASR, CROWD: Each user must be issued an HDC User ID with M204 privileges. Each user must be registered on the system user tables. These tables control access to system files. The system user files and tables are password protected and RACF protected. CAPTS - Web app is secured with a user id and password. Each user is assigned a role. Database is also secured with a user id and password. CERT - The information is stored on an internal network that operates in a building secure by electronic entry devices. CPE - Through RACF security procedures. Access to CSAMS is controlled via CMS UserID and password. All OIS security measures for CMS are in force since OIS hosts CSAMS. DPS - The information will be secured as described in the CMS Master Systems Security Plan. PS&R- Information is secured at each Fiscal Intermediary (FI) data center. Once in the PS&R system, access is restricted to the applicable FI, who has the responsibility for forwarding the detail and summary reports to its providers. In the future, providers will be required to sign onto the system, with an approved user-id and password, in order to request this information. STAR - At each FI location one or two individuals are assigned the task of system administrator. The administrator is responsible for giving access to employees. Access is limited based on the task to be performed by the FI employee, e.g. read only, entering time, data, etc.

16 Describe plans for retention and destruction of data collected.

CAFM, CAFM II, CASR, CROWD - Whenever a user is no longer a certified HDC user, they are immediately removed from the HDC and system registry. CERT - Information is retained until all further action on payment decisions is concluded (usually less than 10 years) and then shredded. CPE - Data are retained indefinitely. No plans for destruction, since information is owned by CMS. CASMS - No current plans for destruction of data. DPS - Data collected for the demonstrations are retained in files on tape for seven years. At the end of that time period the files are deleted. PS&R - Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system. STAR - The STAR data are maintained by the FI in a single database and not destroyed.



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- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. CERT - System of Records Number: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1) DPS - The records are maintained under two existing system of records notice. The Carrier Medicare Claims Records System 09-7- 501 and the Intermediary Medicare Claims Records System 09-70-503.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Timothy P. Love
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):



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| <u>Question:</u> | <u>Response:</u> |
|--|---|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Health Care Quality Improvement Systems (A system family containing 5 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing |
| 5 Unique Project Identifier Number: | n/a |
| 6 System of Records Number: | 09-70-9002, 09-70-1517, 09-70-1518, 09-70-1519, 09-70-0520, 09-70-0531, 09-70-6002, 09-70-0067, 09-70-0036, 09-70-0068, 09-70-0045, 09-70-0049, 09-70-0063, 09-70-0051, 09-70-0050, 09-70-0057, 09-70-0039, 09-70-0058, 09-70-0040, 09-70-0046, 09-70-0069, 09-70-0059, 09-70-0053, 09-70-0042, 09-70-0048, 09-70-0022, 09-70-0030, 09-70-0033, 09-70-0052, 09-70-0066. |
| 7 OMB Information Collection Approval Number and Expiration Date : | 0938-0581, expires 09/30/2004 |
| 8 Other Identifying Number(s): | n/a |

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- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

CROWN is being developed to modernize the collection and retrieval of ESRD data in a secure, Web-enabled environment. The new capabilities will allow dialysis facilities to enter information electronically and transmit it to the appropriate ESRD Network, and CMS also will be able to send feedback to the Networks and the facilities through the new environment. CROWN consists of the following major modules:

- The Vital Information System to Improve Outcomes in Nephrology (VISION), which will support electronic data entry and encrypted transmission of ESRD patient and facility data from dialysis facilities.
- The ESRD Standard Information Management System (SIMS), supports the business processes of the ESRD Network Organizations.
- The Renal Management Information System (REMIS) which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information.

Significant Legislation and Regulation of the ESRD Network Program

The ESRD Program was established in 1972 pursuant to the provisions of 2991, Public Law 92-603. Notice of this system, ESRD/PMMIS was published in a Federal Register at 53 FR 62792 (Dec. 29, 1988), 61 FR 6645 (Feb. 21, 1996) (added unnumbered SSA use), 63 FR 38414 (July 16, 1998) (added three fraud and abuse uses), and 65 FR 50552 (Aug. 18, 2000) (deleted one and modified two fraud and abuse uses).

October 30, 1972 -Section 2991 of PL 92-603- Extended Medicare Coverage to individuals less than 65 years with permanent kidney failure- Limited reimbursement to treatment centers which meet requirements- Required minimal utilization rate- Established MRB to screen appropriateness for initiation of services

June 29, 1973 -Federal Regulation- Interim Regulations for implementing ESRD Program

June 3, 1976 -Federal Regulation- Patient eligibility and entitlement- Facility qualification or certification- Established ESRD Networks- Facility reimbursement- Home dialysis- Claims processing

June 13, 1978 -ESRD Amendments of PL 95-292- Amended Title XVIII of the Social Security Act, by adding Section 181 establishing ESRD Networks

October 19, 1978 -Federal Regulation- Added requirements related to self dialysis services

April 7, 1986 -PL 99-272, Consolidated Omnibus Reconciliation Act- Required Secretary to maintain Network Organizations- Permitted the Secretary to consolidate Network Organizations to 14

August 26, 1986 - Federal Regulation- Interim Regulations for implementing ESRD Program- Patient eligibility and entitlement- Facility qualification or certification- Facility reimbursement- Home dialysis- Claims processing

October 21, 1986 -PL 99-509, Omnibus Budget Reconciliation Act- Required the Secretary to establish no fewer than 17 Networks- Funded Networks at \$.50 per treatment performed- Revised Network responsibilities- Assess



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appropriateness of care- Develop criteria and standards- Evaluate/resolve patient grievances- Conduct on-site visits- Collect, validate, analyze data- Recommended sanctions October 2, 1987 -Federal Regulation- Reorganized Networks into 18 areas December 19, 1989 -PL 100-239, OBRA of 1989- Amended section 1881(c) of the Social Security Act to provide liability protection for Networks against disclosure of information. · Allowed Secretary to pool the \$.50 per treatment and distribute it among Networks rather than keeping it in the area where collected.



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The Consolidated Renal Operations in a Web-enabled Network (CROWN) will facilitate the collection and maintenance of information about the Medicare End Stage Renal Disease (ESRD) program, as follows: VISION provides a electronic data entry and reporting system for the nearly 4000-dialysis facilities in the United States. The information stored in VISION is collected by the ESRD dialysis facility or transplant unit and submitted to the ESRD Networks via Quality Net Exchange. The data collected via the VISION tool is mostly patient registry data to track the patients through their dialysis treatments and transplants. The VISION system also collects some Quality Improvement data via the Clinical Performance Measures tool that will be rolled out this spring. Currently, there are about 135 facilities out of 4600 facilities nationally that are using this system. ESRD Forms and Data Available for Submission with VISION consists of the following:

- Facility information
 - o □ Facility Master □ data including location, number of stations, dialysis services offered, as well as personnel names, credentials, and job titles.
 - Patient related information
 - o □ Patient Master □ data including current address and demographics.
 - o "Patient Events" such as New Patient, Transfer In, Restart, etc.
 - o CMS-2728 form: End Stage Renal Disease Medical Evidence Report, Medicare Entitlement and/or Patient Registration.
 - o CMS-2746 form: ESRD Death Notification.
 - o CMS-820 and CMS-821 Clinical Performance Measures Data Surveys.

SIMS focuses on the mission critical operations of the ESRD Networks. These operations have been categorized into 5 major areas.

- Form Entry/Submission and Tracking
- Reporting
- Administration
- Database Utilities
- Other SIMS Features

Data from VISION is uploaded via Quality Net Exchange to the ESRD Networks. The ESRD Networks import this data into their local SIMS System and perform additional validation and edit checks on the integrity of the data. SIMS, in addition to the patient registry data, also houses clinical data such as vascular access information, and in the near future, electronic laboratory data. Currently, SIMS is used by all employees at every ESRD Network to which all 4600 dialysis facilities and transplant facilities report. More specifically SIMS provides for:

- 2728/2746 - Data entry, validation and queuing of CMS-2728 and CMS-2746 forms for electronic submission to CMS.
- 2744 - Automatic generation of CMS-2744 forms based on the patient event tracking data. The preliminary CMS-2744, with accompanying reports, can be sent to facilities for verification before the final CMS-2744 forms are submitted to CMS electronically.
- CMS-820 and CMS-821 Clinical Performance Measures Data Surveys.
- Patient Demographics - Data entry and reporting of patient demographics for annual incidence and prevalence reporting and ability to produce mailing labels for all patients.
- Patient Events - Data entry and reporting of a database for tracking



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significant patient events, including transfers in and out as well as other losses and gains to the patient populations of facilities, and changes in patient modality and transplant status. · Facility Information - Data entry, management and reporting of facility information, including physical and mailing addresses, phone and fax numbers, services offered, etc. of facilities in the Network. SIMS will also provide for data entry, management and reporting of key staff members of the facilities in the Network, including alternate address (e.g. for people preferring to receive mail at home), job category, kinds of mailings to be sent. · Grievances/Contacts - ESRD patients and/or their representative contact the Network seeking assistance with several issues such as quality of care problems, request for information, personnel issues, treatment options, and communication difficulties. A method of tracking and categorizing these beneficiary concerns will be defined and uniformly tabulated. · Quality Improvement Projects - A revolutionary new system will be introduced for the tracking of QIP projects among internal staff, CMS staff and regional CMS project officers. Users will be able to design their QIP project and establish a "workflow" that includes approval processes and the ability to attach documents that can be modified. Users will be alerted of QIP work that has been assigned to them via use of an "inbox", and the program tracks the progress of the project. Users that are not part of the workflow will be allowed to run reports and see work in progress. · SIMS will provide a flexible query facility, allowing SIMS users to view, report on or export a subset of the SIMS data, for example, patients having specified age, gender, race, diabetic/non-diabetic status, dialysis modality, regional or other characteristics. · SIMS will also provide data-quality management and reporting at the national level as well as the Network level. When Network data is submitted to CMS and aggregated into a national data image, inter-Network discrepancies (for example discrepancies in patient transfer data for patients who leave one Network and enter another) will be detected, corrected if possible, and reported with minimal effort. · Ability to import data dumps from several other programs including PMMIS, USRDS, and UNOS. Exported data examples would include data dumps to CMS for 2728/2746 submissions and Core Indicator data. On imported data, extensive internal error and consistency checks with multiple levels of exception reporting will be addressed. And, in certain cases, automatic resolution of contradictions will be performed. · Ability to export/extract patient information from SIMS for special projects into SIMS at another Network site. The REMIS (Renal Management Information System) is a web-based interactive database of ESRD patient and provider information located at CMS Data Center in Baltimore, MD. It is used by CMS and the renal community to perform their duties and responsibilities in



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monitoring Medicare status, transplant activities, dialysis activities, and Medicare utilization (inpatient and physician supplier bills) of ESRD patients and their Medicare providers. REMIS provides a central database for CMS ESRD information. The primary function of REMIS is to determine the Medicare-covered periods of ESRD for Beneficiaries. REMIS also serves as the primary mechanism to access information housed in the Program Management and Medical Information System (PMMIS), the legislatively mandated data repository for the ESRD program. REMIS will support and improve data collection, validation, and analysis of the ESRD patient population over its predecessor system, REBUS. It will provide timely and accurate analysis information to the ESRD Network organizations, dialysis facilities, transplant centers, and research organizations. This will be accomplished via a Web-based data administration facility and decision support system. REMIS will provide improved support for ESRD program analysis, policy development, and epidemiological research. REMIS will allow users to view ESRD beneficiary and provider information from the eighteen ESRD Network organizations housed in the Standard Information Management System (SIMS) Central Repository. The Networks provide Beneficiary, Provider, Medical Evidence, Death Notice, and Patient Event data. This information, along with information from CMS systems of record (Medicare Enrollment Data Base, the Common Working File, and the National Claims History, and from the United Network for Organ Sharing (UNOS), is integrated via REMIS.

11 Explain why the information is being collected.

Consolidated Renal Operations in a Web-Enabled Environment (CROWN) is a Major Application (MA) whose purpose is to facilitate the collection and maintenance of information about the Medicare ESRD program, its beneficiaries, and the services provided to beneficiaries. The major CROWN applications provide support for CMS organizational business processes by conducting activities that meet the following CMS goals for the ESRD program:

- Improve the quality of health care service and quality of life for ESRD beneficiaries;
- Improve data reliability, validity, and reporting among ESRD providers/facilities, Networks and CMS (or other appropriate agency).
- Establish and improve partnerships and cooperative activities among and between the ESRD Networks, Quality Improvements Organization (QIOs), State survey agencies, ESRD providers/facilities, ESRD facility owners, professional groups, and patient organizations.



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12 Identify with whom the agency will share the collected information

CROWN users include both internal and external entities. Each participating ESRD facility and network will be required to have a workstation with a minimum system configuration as specified by QualityNet Exchange. QualityNet Exchange will provide the ability for ESRD Networks to securely exchange multiple types of data files such as MSWord, Excel, Text, and PowerPoint, in real-time via the Internet. These files could be used for letters, static reports, comparative clinical data, and general information. Additionally, QualityNet Exchange will provide an interactive, secure web site that will allow End Stage Renal Disease (ESRD) Facilities to transmit electronic patient data to their corresponding ESRD Network. ESRD Networks will use the QualityNet Exchange to transmit "seed" patient databases to Facilities, receive electronic patient data files from Facilities, and provide feedback to Facilities regarding data transmission. QualityNet Exchange will be responsible for routing files to/from the appropriate ESRD Facilities and Networks and ensuring that each Facility and Network can only access their data files. REMIS will allow users to view ESRD beneficiary and provider information from the eighteen ESRD Network organizations housed in the Standard Information Management System (SIMS) Central Repository. Internal users: · ESRD Networks · CMS OCSQ staff (i.e., the Analysts) · Application Administrators (i.e., Supervisors, etc.) · System Administrators (i.e., DBA's) · Other CMS users (i.e., Actuaries) · Developers (i.e., Programmers). External users: · ESRD Facilities · National Institutes of Health (NIH) · Health Insurance Companies (Medicare Secondary Payers) Information is shared with CMS on a patient level basis for all patient registry information. Key identifiers are shared so that they can be matched appropriately for Medicare coverage. The Networks provide University of Michigan and the United States Renal Data Systems a file dump of the patient information on a quarterly basis for analysis and reporting purposes. The SIMS data is shared between the ESRD Networks that treats a patient in their facility so that duplication of data is not needed. This data is electronically downloaded via the SIMS system by the receiving Network. The systems interfacing with CROWN are identified along with their inputs and outputs in the following table:

| System Description | Inputs | Outputs |
|---|---|---|
| EDB Enrollment Database | REMIS receives beneficiary specific information, patient status, and entitlement coverage data. | The EDB is the source for master patient details for Medicare Beneficiaries. REMIS provides Dialysis information, Transplant information, and ESRD Coverage and Patient Status Information. |
| CWF Common Working Files | CMS 382 Beneficiary Selection Form | No output from REMIS. |
| NCH National Claims History Billing | Dialysis, Transplant and Inpatient data. | No output from REMIS. |
| SIMS Standard Information Management System | 2728 Medical Evidence Form | 2746 Death |



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- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

Notice Form2744 Annual Facility SurveyPatient Events.REMIS will use SIMS views for Medical Evidence, Death Notice, Patient Status, and Facility Survey, Facility Certification, Address and related reference code information SIMS Notifications OSP Office of Strategic Planning None Ad-Hoc Queries OCSQ Office of Clinical Standards and Quality None Ad-Hoc Queries PUFs CMS public Use Files None ESRD Renal Provider FileESRD Facility Survey File UNOS Unified Network for Organ Sharing Transplant and transplant follow-up data UNOS Notifications

For CROWN, collection of information begins at the Facility level. The two main methods of collection are hard copy and the utilization of VISION to capture information. Presently, only a small number facilities are using the VISION software to electronically enter the data that is then sent to the Networks. The ESRD Networks still collect information from the facilities by hard copy format and then enter the information into the SIMS system at the local ESRD Network level. The CMS 2728 form is used to establish a new patient in the ESRD system. The patient must sign this form on which the following Privacy statement is made. The collection of this information is authorized by Section 226A of the Social Security Act . The information provided will be used to determine if an individual is entitled to Medicare under the End Stage Renal Disease provisions of the law. The information will be maintained in system No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Federal Register, Vol. 67, No. 116, June 17, 2002, pages 41244- 1250 or as updated and republished. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in denial of Medicare benefits. Information from the ESRD PMMIS may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual; an individual or organization for research, demonstration, evaluation, or epidemiologic project related to the prevention of disease or disability, or the restoration or maintenance of health. Additional disclosures may be found in the Federal Register notice cited above. You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.



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- 14 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- The CROWN systems do not collect data over the Internet. Children under the age of 13 do participate in the ESRD program. The End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration form HCFA-2728-U3 (6-97) requires the signature for the Physician Attestation and the signature from the Patient. There is no reference to the Children's Online Privacy Protection Act of 1998.
- 15 **Describe how the information will be secured.**
- The CROWN/ESRD information is secured in several different layers. Physical layer - the hard copy data that comes into the ESRD Networks is secured at the local levels behind locked doors and is stored in locked file cabinets. Hardware layer
□ All machines that store data have a login required, have an electronic screen saver password and all the application data is protected again behind a login to the software using a secure token. Communication layer □ the entire SIMS system relies on QualityNet (QNet) network infrastructure.
- 16 **Describe plans for retention and destruction of data collected.**
- CMS Information Systems Security Policy, Standards and Guidelines Handbook, Version 1, February 19, 2002, Chapter 16 establishes policy for the security of electronic mail, facsimile, and other media. It serves as the primary source of Information Technology (IT) systems security information for all CMS IT users. The policies, standards and guidelines described therein apply to all users of CMS hardware, software, information, and data. The CMS AIS Security Program ensures the existence of adequate safeguards to protect personal, proprietary, and other sensitive data in automated systems and ensures the physical protection of all CMS General Support Systems (GSSs) and Major Applications (MAs) that maintain and process sensitive data. <http://www.cms.hhs.gov/it/security/docs/handbook.pdf>
- 17 **Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.**
- The Consolidated Renal Operations in a Web-enabled Network (CROWN) Medicare End Stage Renal Disease (ESRD) Program System of Records No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Federal Register, Vol. 67, No. 116, June 17, 2002, pages 41244- 1250 or as updated and republished.
- 18 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):**
- J. Ned Burford
- 19 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):**
- Thomas A. Scully
- 20 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):**
- Timothy P. Love

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CSAMS-MFM&PS

| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Medicare Financial Management & Payment Systems (A system family containing 18 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing, New-CAPTS |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | CERT: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1). DPS: 09-70 -501 and 09-70-503. |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | PIMR - OFM 255, STAR - CMS OFM 368 |



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- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

ADR - The system is used to compare cost report information between current and prior year cost reports to determine if established thresholds are exceeded. Section 1815 of the Social Security Act and 42CFR section 413.20 authorize this activity.

CAFM - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM system serves as the vehicle for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. The Contractor Administrative-Cost and Financial Management (CAFM) software system was implemented in 1989 as part of CMS's Project to Redesign Information Systems Management. In 1993 the system was enhanced to support the requirements dictated by the Chief Financial Officers (CFO) Act. Since then, the system has undergone numerous enhancements and modifications due to legislative and policy changes, new input forms and output reports, and new user requirements designed to increase productivity and efficiency.

CAFM II - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFMII system is the main vehicle for planning, funding, administering and monitoring the administrative expenses of the Medicare contractor community using separate allotments for Program Management and Medicare Integrity Program activities. The development of the Contractor Administrative Financial Management (CAFMI) system, which was implemented at the beginning of fiscal year 1998, was in response to a multitude of factors that changed the Medicare contractor environment. The advent of Program Safeguard and other specialty contractors, as well as new operating rules and regulations, changed the Medicare contractor world and caused the existing reporting forms to be inadequate. New forms were designed to be flexible enough to accommodate the new reporting requirements for the various types of contractors. New business requirements also drastically changed the design of the system.

CAPTS - The Centers for Medicare and Medicaid Services (CMS) has contracted with Blue Cross Blue Shield and commercial insurance companies to provide various services required to administer the Medicare program under Title XVIII of the Social Security Act. The Division of Financial Oversight in CMS's Office of Financial Management, Accounting Management Group is responsible for Medicare contractor oversight and coordination of internal control policies. The CMS manages the evaluation of its Medicare contractors' (MC) performance using various means. A variety of reviews are used to evaluate Medicare contractor performance, including: · CFO financial or EDP audits · Statement of Auditing Standards No. 70 (SAS 70) reviews · Certification Package for Internal Controls (CPIC) submitted by



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Medicare contractors · Accounts receivable reviews · CMS 1522 Workgroup reviews · CMS CPIC Workgroup reviews · Other financial management audits and reviews performed by CMS, CPA firms, the Office of Inspector General (OIG) and the General Accounting Office (GAO). Contractors are required to have acceptable internal controls in place as stated in their contracts with the Government. In the contracts, they agree to cooperate with CMS in the development of procedures to ensure compliance with the Federal Managers Financial Integrity Act (FMFIA). The Comptroller General of the United States prescribes the standards to be followed in order to be in compliance with the intent of FMFIA. The Chief Financial Officer's (CFO) Act also requires financial management systems to comply with internal control standards which are reviewed as part of the annual CFO audit. The audits' goals are to achieve an unqualified opinion from the auditors indicating that CMS's financial statements are fairly presented in all material respects and to improve their internal controls and system. The CASR System tracks budgeted and incurred costs for the Part A contractor audit and settlement functions by type of activity and type of provider or reporting entity. CMS, Office of Financial Management, Program Integrity Group, Division of Methods and Strategy has developed the CERT program to produce national, contractor specific, and benefit category specific paid claim error rates. The project will have independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system at Medicare contractors. The independent reviewers will medically review claims that are paid; claims that are denied will be validated to ensure that the decision was appropriate. The sampled claim data and decisions of the independent reviewers will be entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. CERT will enhance our ability to take appropriate corrective actions and can be used to better manage Medicare contractor performance. Another byproduct of the CERT program is a large database of independently reviewed claims that we can use to test new software technologies such as data analysis tools or Commercial Off The Shelf (COTS) claims editing software. The Social Security Act amendments of 1965 authorize the system. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the



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performance of our Medicare fee-for-service claims administration contractors. The CPE application is a collection of information on Medicare fee-for-service contractor performance evaluation (CPE) review activities and review findings. Information is input to the system by CMS employees. The only personally identifiable information within the system is the names of the system users who are CMS employees. Section 1816 (f) and 1842 (b) of the Social Security Act. CROWD provides CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends. CROWD accomplishes the above by first providing the capability for Medicare Contractors to electronically enter workload data on a large variety of functional areas. Data is submitted either monthly, quarterly or yearly on thirty different reporting forms covering contractor functions such as processing claims, answering beneficiary and provider inquiries, processing appeals, Medicare Secondary Payer activities, fraud and abuse workloads, handling beneficiary overpayments, Comprehensive Limiting Charge Compliance Program activities, enrolling providers in total and for special programs such as PIP and Participating Providers, and demonstration workloads. CSAMS is a web-based application designed to collect Medicare contractor call center customer service information. The information falls under Beneficiary Inquiries, Activity Code 13005 - Telephone Inquiries and Provider Inquiries, Activity Code 33001 - Telephone Inquiries. The Demonstration Payment System is used to pay providers for Medicare demonstration services under the authority of section 402 of the Social Security Amendments of 1967 and section 222 of the Social Security Amendments of 1972. The Healthcare Cost Report Information System is an Oracle data base system containing cost report information from hospitals, SNFs, HHAs, hospice and renal providers. The reports are submitted by providers and updated on a daily flow basis. The MFSR System monitors the Focused Medical Review activities of its contractor, i.e., FIs, Carriers, and DMERCs. The system collects information on the sources and causes of inappropriate or unnecessary services billed to Medicare and what the contractor did about those problems. PIMR serves as the central repository used by the Program Integrity Group for budget and oversight responsibilities and congressional reporting of Medicare fraud, waste and abuse. The system provides the CMS Program Integrity Group, and Medicare contractors operating across the country with the necessary tools and reports to track Medicare fraud and abuse activities and subsequently aid in safeguarding the Medicare Trust Fund.



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PROTRAC is an internal funds control system used to track Quality Improvement Organization (QIO) and End Stage Renal Disease (ESRD) Funding. The Medicare Provider Statistical and Reimbursement (PS&R) System is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). The PS&R system is used by Fiscal Intermediaries (FIs) to accumulate the statistical and reimbursement data applicable to the Medicare claims processed. The PS&R system summarizes these data on reports that are used by providers and FIs to complete key elements of the Medicare cost report. The Medicare cost report has changed significantly due to the change in reimbursement methodologies from primarily a cost reimbursed system to a prospective payment system (PPS). The PS&R data are subsequently used by the FI to settle Medicare cost reports. The PS&R system permits the FIs and providers to utilize the system produced reports to accumulate statistical and payment data for hospitals, hospital complexes, skilled nursing homes, and home health agencies. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR is a DOS based system used by fiscal intermediaries (FI) to track providers' cost reports during the settlement process. Mutual of Omaha maintains the STAR program. Each FI operates their own STAR system to track providers' cost reports that they service. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.



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- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The information in the ADR program is used to determine the amount and type of review that is necessary to settle the providers cost report. CMS is confident that the data collected are the minimum necessary to accomplish these purposes because these systems, and their associated processes, have been in existence for many years. They have been continually refined and streamlined for efficiency. CAFM - Data is collected from forty input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Seventy customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAFM II - Data is collected from eleven input forms and is maintained on direct on-line storage for fiscal years 1998 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CAPTS: a. Name b. Phone Number c. Email Address Division of Financial Oversight (DFO) requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CASR - Data is collected from six input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Twenty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CERT - Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate . The tracking database will allow us to quickly identify emerging trends. We have developed statistical method based upon generally acceptable statistical standards to insure the volume and content of the data we collect will the produce an estimates of errors in Medicare claims payment activities that have accurate. CMIS collects monthly data from the Contractor Reporting of Operational and Workload Data (CROWD) and the Daily Production Performance Monitoring System (PULSE) and the Contractor Administrative Budget and Financial Management System (CAFMI) data. These data are stored in a central repository of consolidate, validate, and cleansed Medicare contractor data that enables dynamic data analysis during contractor management. CMIS provides users with the ability to analyze the retrieved data online or to download the data to their desktops for further analysis. CPE - Information on audits conducted to evaluate the performance of Medicare fee-for-service contractors. Data collected is used in the formulation of annual RCPs (Report of Contractor Performance). Data may be used by CMS management in making contract management decisions. The data collected is the minimum



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necessary for the effective oversight of Medicare contractors. CROWD - Data is collected from thirty input forms and is maintained on direct on-line storage for fiscal years 1986 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes. CSAMS - CMS collects approximately 21 telephone inquiry related data points from each contractor operating a call center(s). The data includes, but is not limited to, the number of attempts, number of failed attempts, calls answered by Customer Service Representatives, call handled by IVR, etc. The data is used by CMS to determine if the contractor is providing the degree of customer service required to serve beneficiary and provider callers as determined by CMS. The data collected is the minimum amount of data required to evaluate how each call center is performing its telephone customer service requirements. DPS - The system collects the minimally necessary identifying, medical and demographic information needed to reimburse demonstration providers for the services rendered to Medicare beneficiaries. The data collection is based on the individual demonstration legislation and only that information needed to pay correctly is collected. HCRIS - The information pertains to the providers' cost of doing business and various medical expenses. The information is used by CMS and outside parties to do analysis, studies and research. MFSR - CMS collects information on the progress that Medicare contractors have made in identifying aberrant billing. CMS uses this information to determine if carriers have followed the procedures required for Focused Medical Review. PIMR collects, validates, and consolidates on a monthly basis, operational and workload data from 70 Medicare contractors across the country as well as contractor administrative budget and financial management data from CMS systems into a single reporting system at CMS. PROTRAC - No information will be collected. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. PULSE - On a nightly basis, Medicare contractors transmit their CMS-1565, CMS-1566, and CMS-1522 report



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files to the CMS data center via Connect: direct. Each CWF host site transmits their 207, and 0101 reports. While daily data provides the most timely metrics, those contractor that do not product daily reports submit the required reports on the days that they have a batch cycle. The Pulse system handles the reports accordingly. The data collection process extracts the defined claim metrics on a nightly basis from Medicare contractors that utilize the existing standard systems. STAR tracks dates, time and settlement amounts for all cost reports for the following activities: tentative settlements, desk reviews, audits, settlements, re-openings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor FIs workload and budgets. FIs budgets are based on their workload numbers and type of providers they service.



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11 Explain why the information is being collected.

The CAFM system is the main vehicle for tracking all benefit payments, banking issues, and CFO data. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. The CAFMII system is the main vehicle for planning, administering and monitoring the administrative expenses of the Medicare contractor community. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides, to call users and/or e-mail users when the need arises.

CAPTS - The Division of Financial Oversight (DFO) needs an efficient and effective method for tracking Corrective Action Plans related to audit findings as well as the most current status of those plans. Additionally, DFO requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CAPs are currently being tracked manually, in a variety of different formats.

CASR - This system is CO's instrument to develop a financial operating plan for audit related expenditures; to develop the cost effectiveness or savings of the audit and settlement function; to monitor the audit related expenditures and savings of each contractor; and to alert the appropriate regional office of potential problems with a particular fiscal intermediary's performance. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CERT - To estimate the amount of error in Medicare claims payment activities. The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

CPE - To ensure that Medicare fee-for-



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service contractors meet their obligations to administer the Medicare program. CROWD - The collected data allows central office and regional office personnel to perform their duties as defined in item 1 above. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. CSAMS - Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers. DPS - The information is collected to make payments for Medicare services rendered to Medicare beneficiaries. PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records. The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Part A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system. STAR - The information is being collected to meet CMS's obligation to manage contractors.



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12 Identify with whom the agency will share the collected information

CAFMS, CAFMS II, CASR, CROWD - All PII will never be shared with another system. CAPTS - CMS components CERT - Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly. CMIS, PULSE - Internal to CMS. CPE - It is not shared outside the agency. CSAMS - The data collected is provided monthly in numerous reports via the COGNOS reporting tool. All users of the system have access to the reports. The only users are a limited number of CMS staff and Medicare contractor staff. DPS - The information is generally not shared with the exception of demonstration evaluators under contract to CMS. It is only shared with the evaluators after a valid data use agreement, which restricts the usage, is signed. PS&R - This information is available to the responsible Fiscal Intermediary and to the provider itself. In rare instances, information may be shared with the software developers from CMS, in order to pinpoint and correct a perceived problem. Each FI maintains their own STAR database. FIs do not share these data with other FIs or individuals outside of CMS. CMS has access to STAR data through National STAR. CMS may furnish certain data to OIG and DOJ but only on and as needed basis.



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- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

CAFM- Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAFM II - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address, phone number and e-mail address. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CAPTS: § Audits of Contractors are performed by outside auditors, with the report showing the results forwarded to both CMS and the Contractor § The Contractor has 45 days to submit a Corrective Action Plan (CAP) to CMS via email § Division of Financial Oversight personnel create a "Due-In" document that lists the CMS Finding Numbers that auditors have assigned to various Contractors in the latest audits. This "Due-In" document allows the Division of Financial Oversight to assign a due date; if the Contractor has not submitted a CAP for a particular CMS Finding Number by its due date, then that Contractor and that CMS Finding Number are added to a "Past 45 Days" report § The CAP comes in to CMS via email on an Excel spreadsheet; the format of the spreadsheet is specified by the Division of Financial Oversight § Division of Financial Oversight personnel will complete the data entry for CAPs after they arrive at CMS. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions § CMS has 45 days to reply to the Contractor once a CAP does arrive at CMS § The new CAP automated system should automatically send an email to the appropriate Business Owner in order to alert that Business Owner to review the CAP; the Business Owner either approves or rejects § The Regional Office can also comment on the CAP, but not approve or reject the CAP; the Regional Offices furthermore only comment on CAPs related to financial issues § Division of Financial Oversight personnel send the comments back to the Contractor CASR - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. CERT - We will obtain the information directly from Medicare contractors' claims processing



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CSAMS-MFM&PS

systems. Medicare beneficiaries sign a privacy act notice when they become eligible for Medicare that informs them that information they provide to justify payments will be used to determine the appropriate of payment. The purpose of CERT is to determine the appropriateness of Medicare contactor claims payment activities. CERT does not share information outside of the system. CMIS - Information is being collected from existing M204 systems here at CMS. CPE - Information is obtained via CMS Intranet from CMS employees. Information concerns Medicare contractors, who will be issued reports on their individual performances. Collectors of the information (CMS employees) are kept apprised through email. Consent is not applicable in this situation, information is owned by CMS. CROWD - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X. CSAMS - Call center staff enter their call center data via the web front-end monthly. DPS - The information is obtained electronically and hardcopy in a HIPAA compliant format. The suppliers of the information have been informed about data usage through either a contract or an informed consent form. These signed agreements are obtained as the supplier or beneficiary enters the demonstration. PS&R - The information is present on the paid claims record, the format of which is specified by the FISS shared system. Claims, submitted by providers or billing houses, adjudicated by the Common Working File system, are placed into this paid claims format for input into PS&R. This information is not shared with individuals nor is consent given for the data to be shared with individuals. The data is available to providers who provide services to Medicare beneficiaries, and is available to providers in summary and detail form. PULSE - Information is being collected from existing CMS reports here at CMS. The information in STAR does contain personally identifiable information within the STAR database about Medicare providers (employee names and TIN for providers). The STAR time keeping system lists name of FI employees and an employee number. These data are used only by the FI to track employees' time when the individual is working on a provider cost report. Employee data are not share by the FI or included in the National STAR database.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CSAMS-MFM&PS

14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

The information in these systems do not include personally identifiable information on children under age 13.

15 Describe how the information will be secured.

CAFM, CAFM II, CASR, CROWD: Each user must be issued an HDC User ID with M204 privileges. Each user must be registered on the system user tables. These tables control access to system files. The system user files and tables are password protected and RACF protected. CAPTS - Web app is secured with a user id and password. Each user is assigned a role. Database is also secured with a user id and password. CERT - The information is stored on an internal network that operates in a building secure by electronic entry devices. CPE - Through RACF security procedures. Access to CSAMS is controlled via CMS UserID and password. All OIS security measures for CMS are in force since OIS hosts CSAMS. DPS - The information will be secured as described in the CMS Master Systems Security Plan. PS&R- Information is secured at each Fiscal Intermediary (FI) data center. Once in the PS&R system, access is restricted to the applicable FI, who has the responsibility for forwarding the detail and summary reports to its providers. In the future, providers will be required to sign onto the system, with an approved user-id and password, in order to request this information. STAR - At each FI location one or two individuals are assigned the task of system administrator. The administrator is responsible for giving access to employees. Access is limited based on the task to be performed by the FI employee, e.g. read only, entering time, data, etc.

16 Describe plans for retention and destruction of data collected.

CAFM, CAFM II, CASR, CROWD - Whenever a user is no longer a certified HDC user, they are immediately removed from the HDC and system registry. CERT - Information is retained until all further action on payment decisions is concluded (usually less than 10 years) and then shredded. CPE - Data are retained indefinitely. No plans for destruction, since information is owned by CMS. CASMS - No current plans for destruction of data. DPS - Data collected for the demonstrations are retained in files on tape for seven years. At the end of that time period the files are deleted. PS&R - Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system. STAR - The STAR data are maintained by the FI in a single database and not destroyed.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CSAMS-MFM&PS

- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. CERT - System of Records Number: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1) DPS - The records are maintained under two existing system of records notice. The Carrier Medicare Claims Records System 09-7- 501 and the Intermediary Medicare Claims Records System 09-70-503.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Timothy P. Love
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Thomas Scully



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 OPDIV: | CMS |
| 3 Title of System or Information Collection: | Customer Service Systems |
| 4 Is this system or information collection new or is an existing one being modified? | Existing being modified |
| 5 Does this system collect, maintain, and/or disseminate information in identifiable form (IIF)? | Y |
| 6 Identify a point of contact to whom a member of the public can address questions concerning this information system and the privacy concerns associated with it. | Carol Davis, Michael Crochunis, Aaron La |
| 7 Unique Project Identifier Number: | 009-38-02-00-01-1150-00-404-139; 009-38-01-09-01-1020-00-110-031 |
| 8 System of Records Number: | 09-70-0535, 09-70-4004, 09-70-0540, 09-70-9005, 09-70-0513, 09-70-0542, 09-70-5001, 09-70-4003 |
| 9 OMB Information Collection Approval Number and Expiration Date : | |
| 10 Other Identifying Number(s): | 3708, FMIB 0455, FMIB 3708 |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 11 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

NGD: The NGD is a customer relationship management (CRM) system implemented with Siebel technology (a commercial-off-the-shelf product). The Customer Service Representative desktop was developed to handle inquiries for the Medicare Helpline, Intermediary (Medicare Part A), Carrier (Medicare Part B), and Durable Medical Equipment Regional Carrier (DMERC) claims, and written correspondence. The MBP was developed to support customer service via the Internet. MBP provides an Internet portal for Beneficiaries to access their Medicare information electronically without CSR assistance. The NGD system was developed in support of the Medicare Modernization Act. MBP: The MBP provides Medicare beneficiaries with a browser-based graphical user interface (GUI) to retrieve relevant beneficiary information. MIRROR SITE: Backup Medicare Beneficiary/Provider Customer Service Application The legislation that is authorizing this activity is not applicable. MCI (IVR, ICR): The system is used to provide beneficiaries with automated responses related to Medicare /Health Care inquiries. The application design and implementation took place per the request of the Centers for Medicare & Medicaid Services (CMS). The legislation is in regards the Medicare Modernization Act (MMA). eMSN: The e-MSN system authorizes beneficiaries to use the system by collecting the beneficiary's last name, date of birth, gender, ZIP code and Medicare number. It matches these to CMS legacy mainframe data and if they match, the beneficiary is mailed a private key to their address on file with the Social Security Administration/CMS. Only the Medicare number is saved in the authorization database. Legislation??? MAS: The Medicare Appeals System allows both tracking of and reporting on the Medicare appeals process. This system is used to support the new Medicare process established by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and the Benefits Improvement and Protection Act of 2000 (BIPA). CMS.GOV: The cms.hhs.gov is the official public Agency website of the Centers for Medicare & Medicaid Services, accessible at www.cms.hhs.gov. The cms.hhs.gov website was launched on September 13, 2001. This site was a replacement for the Agency's prior website, www.hcfa.gov. The Health Care Financing Administration launched the hcfa.gov website in 1995. While the cms.hhs.gov contained much of the same content as hcfa.gov, it did feature a new design and organizational scheme. MEDICARE.GOV: The applications that comprise CMS's Customer Service Systems - Medicare.gov Website enable the Agency to educate the public, specifically Medicare beneficiaries, on the Medicare program. Originally launched in 1998, Medicare.gov allows consumers to compare health plans, nursing homes, home health agencies, prescription drug coverage, and participating physicians. 1-800 MEDICARE NDW: Provide toll-free Medicare information by responding to calls from Medicare beneficiaries via the 1-800 Medicare Helpline



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 12 Describe the information the agency will collect, maintain, or disseminate and how the agency will use the information. In this description, indicate whether the information contains IIF and whether submission is voluntary or mandatory.

NGD: There are NGD quarterly releases where updates to mainframe systems are reflected w/in NGD. As part of this process the Beta Team (Trailblazer Health Services Inc. check the validity and accuracy of the data w/in NGD against the Mainframe. MBP: General functionality and information that the MBP provides include : - Beneficiary demographics, enrollment, and entitlement information - Provider profile information (e.g. provider name, address and specialty) which is directly associated with specific beneficiary claims - Claim information - The ability to order a Medical Summary Notice (MSN) for a claim, Plan information - The Pilot MBP will only gather plan information for Medicare and Medicare + Choice. The information gathered will only include plan detail and information relating to costs and benefits. - General Medicare information - MBP Assistance (Help, Web Chat, Submit Feedback) The MBP is being treated as a component of Medicare.gov and will be accessed from the Medicare.gov website via a link. The MBP pilot will be limited in scope and will handle beneficiary inquiries via the web for the State of Indiana only. MIRROR SITE: The MCSC NGD Mirror Site receives all of its IIF from the MCSC NGD Production Site through database replication. In instances where the MCSC NGD Production Site is down, the MCSC NGD Mirror Site will collect and use IIF data in the same manner as the MCSC NGD Production Site. Please refer to the MCSC Next Generation Desktop PIA for details on how IIF is collected, and how the IIF information is used. MCI (IVR, ICR): The information requested and transferred through the systems are as follows: Health Insurance Card Number (HICN), Date of Birth, and Phone Number. The information will be used to identify the individual, obtain information related to the Medicare records, and provide them with an automated response. Presently, the only information reported to the beneficiary is whether or not they qualify for the limited income subsidy program currently being offered. Submission of their information and usage of the automated system is completely voluntary. eMSN: Beneficiaries voluntarily register to view their Medicare Summary Notices online. MAS: The Medicare Appeals System will collect and maintain beneficiary enrollment data, claim information, and contact information. This information will include Information in Identifiable Form (IIF) that will be held to the highest confidentiality. Submission of this information is mandatory for anyone requesting an appeal on their claim. CMS.GOV: Information is collected at several points in the site. Specifically, users can submit feedback and questions through our .Feedback. link. The only data element explicitly requested is an email address. This is a voluntary submission. These feedback requests are triaged automatically to the appropriate business component for response. Additionally, we have an online conference registration system available. This system captures contact information from registrants, including, name, business, address, phone, fax, and email. This information submission is voluntary and is automatically sent to the conference coordinator and removed from the website after



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.

60 days. MEDICARE.GOV: Information collected from users of Medicare.gov is collected during Publications Ordering. The only required data elements collected are user name (first and last) and address. Other information collected from users of Medicare.gov is in the form of voluntary feedback, which can be submitted via the "Questions" or "Feedback" links. The only data element explicitly requested is an email address. 1-800 MEDICARE NDW: The information collected, maintained, or disseminated contains IIF. Submission is voluntary. Information includes Privacy Act data elements which is used to access and provide information being requested by Medicare beneficiaries.

NGD: The Health Care Customer Number is the beneficiary identifier required to access beneficiary claim information. MBP: The MBP will collect Beneficiary Login information (Medicare Number and Password) for identification and authentication purposes. For registration, the MBP will collect the user's Medicare Number, Last Name, Date of Birth, Gender and Zip Code for identification and authentication, as well as a Shared Secret question and answer (and optional email address) to assist users who have forgotten their password. The MPB will store the Medicare Number, Password, Shared Secret information and optional email address in LDAP upon registration. MIRROR SITE: The Health Care Customer Number is the beneficiary identifier required to access beneficiary claim information. MCI (IVR, ICR): IIF is collected to both locate the appropriate records and to verify the identity of the beneficiary. eMSN: The five data elements used to authenticate users are for verification and are not saved in the e-MSN databases. Only the Medicare number is saved as it is the user ID for the beneficiary. MAS: This information is necessary in order to make a proper decision on the appeal. This information is also necessary to notify the beneficiary of the decision that is reached as well as their further appeal rights. CMS.GOV: Information is collected at several points in the site. Specifically, users can submit feedback and questions through our Feedback link. The only data element explicitly requested is an email address. This is a voluntary submission. These feedback requests are triaged automatically to the appropriate business component for response. Additionally, we have an online conference registration system available. This system captures contact information from registrants, including, name, business, address, phone, fax, and email. This information submission is voluntary and is automatically sent to the conference coordinator and removed from the website after 60 days. MEDICARE.GOV: Data collected during publication ordering is required to make certain that the user receives the material he/she has ordered. Data collected from feedback requests are triaged to the appropriate business component for response. 1-800 MEDICARE NDW: Business rules are written to adhere to the guidance provided by CMS to collect, maintain, and/or disseminate the minimum necessary IIF.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

14 Explain why the IIF is being collected, maintained, or disseminated.

NGD: Access to beneficiary Medicare information requires caller to submit identifying information. The Medicare Health Care Customer Number is utilized as required identifying information validated with additional IIF information such as (Name, address etc etc) MBP: For registration, it is necessary to collect this data in order to identify and authenticate the user against the record stored in CWF. Once identified, the Medicare Number and Password are required for a user to successfully login to the application. The shared secret question and answer is being collected to assist the user in the event that they have forgotten their password. MIRROR SITE: Access to beneficiary Medicare information requires caller to submit identifying information. The Medicare Health Care Customer Number is utilized as required identifying information validated with additional IIF information such as (Name, address etc etc) MCI (IVR, ICR): IIF is collected to both locate the appropriate records and to verify the identity of the beneficiary. eMSN: The IIF information is collected for user verification. Users voluntarily supply this information to verify that they can view e-MSNs online. The e-MSN is available upon user request only. MAS: This information is necessary in order to make a proper decision on the appeal. This information is also necessary to notify the beneficiary of the decision that is reached as well as their further appeal rights. CMS.GOV: Data is collected to: improve the Agency's website; allow visitors to ask specific questions of Agency staff; and support conference registration for outreach and educational purposes. MEDICARE.GOV: The data is collected to place publication orders and help improve the website, and allow visitors to ask specific questions of Agency staff. 1-800 MEDICARE NDW: IIF is collected, maintained, or disseminated to enable meeting the objective of responding to Medicare beneficiary questions and provide quality reporting to CMS.

15 Identify with whom the agency will share the IIF.

NGD: Social Security Administration - In order to order Medicare Cards and for Medicare Dis-enrollment MBP: The information collected will not be shared. MIRROR SITE: Social Security Administration - In order to order Medicare Cards and for Medicare Dis-enrollment MCI (IVR, ICR): No information will be shared outside of the organizations entered into the contracted services. eMSN: No agency will share this information. MAS: This information will be shared with providers who have a vested interest in the outcome of the appeal, and the entity who has jurisdiction over the appeal decision. CMS.GOV: Information is shared with appropriate staff within the Agency. Subject matter experts are asked to respond to inquiries in their field of knowledge. MEDICARE.GOV: Information is shared with appropriate staff within the Agency. Subject matter experts are asked to respond to inquiries in their field of knowledge. 1-800 MEDICARE NDW: We will share IIF with CMS and subcontractors.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 16 Describe how the IIF will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

NGD: The NGD will provide Medicare related general and claim information by Medicare beneficiaries in the form of phone calls and written requests. Future developments will include providing information to email inquiries. IIF information will be shared with the inquiring beneficiary or with an authorized representative. MBP: For registration, it is necessary to collect this data in order to identify and authenticate the user against the record stored in CWF. Once identified, the Medicare Number and Password are required for a user to successfully login to the application. The shared secret question and answer is being collected to assist the user in the event that they have forgotten their password. MIRROR SITE: The NGD will provide Medicare related general and claim information by Medicare beneficiaries in the form of phone calls and written requests. Future developments will include providing information to email inquiries. IIF information will be shared with the inquiring beneficiary or with an authorized representative. MCI (IVR, ICR): The MCI platforms are just a portal or pass-thru for the data. The data passes from the caller to the Datamart. The current phase does not require MCI to store or share CMS data, future requirements could potentially change. eMSN: The IIF information is obtained voluntarily from the beneficiary and at their demand. The privacy policy is posted on the e-MSN Web site and there are FAQ articles to further explain system security. MAS: The information will be obtained from the appellant (usually either the provider or the beneficiary) and from the Medicare Beneficiary Database (MBD). CMS.GOV: At all data collection points, a link to the website privacy policy is provided (the privacy policy is linked from the website footer so that it is available on all pages). When a user submits feedback they get a response explaining how their data will be used. Similarly, conference registrants receive an email confirmation explaining the use of their data. MEDICARE.GOV: At all data collection points, a link to the website privacy policy is provided (the privacy policy is linked from the website footer so that it is available on all pages). When a user submits feedback they get a response explaining how their data will be used. Similarly, users placing publication orders are informed that the information they are entering is for shipping purposes only. 1-800 MEDICARE NDW: IIF will be obtained by telephone interaction between Customer Service Representatives and Medicare Beneficiaries. This information will be entered into the NGD Desktop. IIF will exist in the system for Medicare beneficiaries. Federal Privacy Act is read t



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 17 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- NGD: No information will be collected from children under the age of 13. MBP: No information will be collected from children under the age of 13. MIRROR SITE: No information will be collected from children under the age of 13. MCI (IVR, ICR): No information will be collected from children under the age of 13. eMSN: No information will be collected from children under the age of 13. MAS: No information will be collected from children under the age of 13. CMS.GOV: No information will be collected from children under the age of 13. MEDICARE.GOV: No information will be collected from children under the age of 13. 1-800 MEDICARE NDW: No information will be collected from children under the age of 13.
- 18 **Describe how the IIF will be secured.**
- NGD: The NGD system secures IIF by implementing a multi-tiered architecture using multiple types and layers of firewall and intrusion detection technology. The Siebel infrastructure allows for strict role based user access control that restrict access on both the view and record level. MBP: The MBP system is designed to secure information while in transit on the network. MIRROR SITE: The MCSC NGD Mirror Site secures IIF data through administrative, technical, and physical security controls. The MCSC NGD Mirror Site administrative controls include the following; developing a system security plan, performing data backups, providing user manuals, providing security training and awareness to all users (users, administrators, contractors), implementing least privilege, and applying accountability. The MCSC NGD Mirror Site physical security controls include the implementation of the following; guards, identification badges, key cards, cipher locks, and Closed Circuit TV (CCTV). MCI (IVR, ICR): While on the MCI network, data is secured using MCI corporate security policies (including Minimum Security Baseline), facility security, and limiting access to IIF information (only authorized MCI personnel). eMSN: Passwords are encrypted and cannot be retrieved by Palmetto GBA or CMS personnel. MAS: The information will only be accessible by the entity that has jurisdiction over the appeal. Furthermore, only certain individuals within that specific entity will have access to the information since access to the system is granted by user roles with different levels of access. CMS.GOV: All IIF is secured behind user Ids and passwords. IIF collected through the website is not publicly accessible. MEDICARE.GOV: All IIF is secured behind user Ids and passwords. IIF collected through the website is not publicly accessible. 1-800 MEDICARE NDW: Not Applicable.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Customer Service Sys

- 19 Describe plans for retention and destruction of IIF. NGD: Beneficiary contact information and call records will be archived in the NGD Data warehouse. MBP: Data is retained only as long as it is needed to resolve the interaction with the user; e.g., to answer their question. The Web Servers and Web Application Servers have memory caching disabled and consequently data associated with sessions will be discarded when the individual HTTPS session terminates. MIRROR SITE: The only IIF the MCSC NGD Mirror Site will contain will be stored on the MCSC NGD Mirror Site Database. Information such as claims are purged nightly from the NGD Database and refreshed from the mainframes as required. Beneficiary information, CSR scripts, etc, are stored in the Database for an indefinite amount of time. Currently, this data is never purged. The MCSC NGD Mirror Site Database is refreshed regularly via replication with MCSC NGD Production . MCI (IVR, ICR): No IIF is permanently stored inside the systems and services offered by MCI. Data is temporarily logged for troubleshooting purposes for a period of seven days and is permanently purged or overwritten by the system after that time. eMSN: Enrollment data is retained until the beneficiary requests removal from the system. MAS: The system will permanently store all information associated with the appeal. CMS.GOV: Data is retained only as long as it is needed to resolve the interaction with the user; e.g., to answer their question or register them for the conference. The data is then deleted from the public web database servers. MEDICARE.GOV: Data is retained only as long as it is needed to resolve the interaction with the user; e.g., to answer their question. The data is then deleted from the public web/database servers. 1-800 MEDICARE NDW: Individual application specific plans are written for the retention and destruction of IIF as needed.
- 20 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. NGD: Not Applicable MBP: Unknown MIRROR SITE: Not Applicable MCI (IVR, ICR): No SOR is being created by MCI, for this application. eMSN: Not Applicable MAS: The revision was published on December 16, 2004. The SOR# is 90-70-5001. CMS.GOV: Not Applicable MEDICARE.GOV: Unknown 1-800 MEDICARE NDW: Not Applicable
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWFMQA-MUDC&AS

Question:

Response:

- | | | |
|---|---|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 | HHS Agency (OPDIV): | Centers for Medicare & Medicaid Services (CMS) |
| 3 | Title of System or Information Collection: | Medicare Utilization Data Collection and Access Systems (A system family containing 16 active systems) |
| 4 | Is this System or Information Collection new or is an existing one being modified? | The majority of the systems under this <input type="checkbox"/> family of systems <input type="checkbox"/> are existing systems. NMUD is currently <input type="checkbox"/> in development <input type="checkbox"/> . MDM is a system that is listed as <input type="checkbox"/> in development <input type="checkbox"/> but is no longer being developed. MBPRP, MANRLINE, MVPS and WFE are retired systems. |
| 5 | Unique Project Identifier Number: | N/A |
| 6 | System of Records Number: | 09-70-0005 (NCH/NMUD System Number) & 09-70-0009 (MEDPAR System Number) |
| 7 | OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 | Other Identifying Number(s): | N/A |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWFMQA-MUDC&AS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The following systems are part of the Medicare Utilization Data Collection and Access Systems (A system family containing 21 systems): Ø The NCH 100% Nearline File is the repository of all common working file (CWF) processed Part A and Part B detailed claims transaction records, beginning with service year 1991. The NCH contains both institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and noninstitutional claims processed by local carriers (physician/supplier) and DMERCs. Ø NMUD is the new storage structure for the Medicare claims. NMUD is being developed to replace the sequential flat files NCH with a DB2 environment as the enterprise Medicare utilization repository. NMUD will house CWF-processed detail claims transactions, beginning with service year 1998. NMUD will contain the majority of data fields stored in the NCH, except patient name; some derived fields; and elements only required for front-end CWFMQA editing. Ø The CWFMQA system is the front-end receipt and control process that receives daily transmissions of claims data from the nine CWF host sites. These daily receipts are run through a variety of edits and are then stored in weekly batches for a monthly load to the NCH 100% Nearline File. Ø The MEDPAR file is a representation of a beneficiary stay in an Inpatient hospital or Skilled Nursing Facility (SNF), which may include one or more final action claims. Ø HCIS is a multi-dimensional software application that provides an easy-to-use access path for non-programmers to manipulate Medicare data into information. HCIS provides Graphical User Interface (GUI) interface forms (views) and reports on the different types of Medicare services. Ø The IBNR estimates represents the cost of services provided to Medicare beneficiaries, but not paid at the end of the fiscal year, and is needed as part of the CMS financial statements. Ø MADS incorporates monthly summarized Part A and quarterly summarized Part B data. The monthly/quarterly summaries are loaded to relational tables for user access. Ø The MBPRP system creates monthly and quarterly skeleton files that are used in a variety of other systems. Every input record processed has identifiable data but only select output files require identifiable data. Ø The NCHSTS system produces various utilization tables of Medicare services. There is no identifiable data on the reports created. Ø The NCHSUM system creates individual line item files for Medicare services and summarizes various pieces of information to feed to Part B Extract and Summary System (BESS). Ø The National Claims History Processing Reports (seven reports in the package) detail by type of service (e.g. Inpatient hospital, skilled nursing facility (SNF), home health and hospice) the monthly and cumulative year-to-date totals of the number of claims processed and dollar amounts of adjudicated claims. Ø The CMHS file records and reports individual and



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWFMQA-MUDC&AS

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

cumulative Medicare usage per year for a 30 year span for a sample of Medicare beneficiaries. Ø DESY is the extract system for the enterprise data. Ø DSAF is the legacy extract system for CMS data (is has been replaced by DESY) Ø FTAPE is the shipping & tracking and Data Use Agreement System The legislation authorizing this activity is OMB Circular A-130.

CMS collects billing and utilization data on Medicare beneficiaries enrolled in hospital insurance or medical insurance parts of the Medicare program, as well as provider specific information. The data collected for this □family of systems□ is the processed Part A and Part B detailed claims transaction records, beginning with service year 1991. There are both institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and non-institutional claims processed by local carriers (physician/supplier) and DMERCs. The individual identifiable pieces of data contained in the □family of systems□ are: Ø name of beneficiary Ø residence state/county and mailing zip code Ø health insurance claim account number Ø diagnosis and procedural codes Ø beneficiary□s race Ø beneficiary□s sex Ø date of birth Ø physician UPIN Ø physician name. There is also data collected from the Enrollment Database (EDB): Ø beneficiary□s SSN Ø date of death Other pieces of data (not PII) are also collected to carry out the agency□s mission of program assessment, research, program and policy development & evaluation and litigation purposes.

11 Explain why the information is being collected.

The primary purpose for collecting this information is to store and maintain billing and utilization data on Medicare beneficiaries enrolled in hospital insurance (Part A) or medical insurance (Part B) of the Medicare program for a variety of purposes. From this data, a variety of analytic files and summary tabulations are created that support a variety of CMS core data responsibilities; policy formation, program management, quality improvement organization program, actuarial projections, customer information and research. The data is used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and make recommendations for legislative changes to the Medicare program, as well as for litigation purposes.

12 Identify with whom the agency will share the collected information

The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; Quality Improvement Organizations; insurance companies; researchers; Members of Congress or congressional staff members; and DOJ.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWFMQA-MUDC&AS

- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**
- The Medicare claims information is obtained from the Common Working File (CWF) and some beneficiary data that is contained in our □family of systems□ are obtained from the Enrollment Database (EDB). The claims data is received nightly from the 9 CWF host sites and the Enrollment information is pulled from the EDB. The Privacy Act permits us to disclose information without an individual□s consent if the information is to be used for a purpose that is compatible with the purpose(s) for which it was collected. Any such disclosure of data is known as a □routine use□. The government will only release the information that can be associated with an individual as provided under □Section III□Proposed Routine Use Disclosures of Data in the System. Both identifiable and non-identifiable data may be disclosed under a routine use.
- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- Information will not be collected from children under age 13 on the Internet.
- 15 Describe how the information will be secured.**
- Access to the NCH Nearline/NMUD (primary source for Medicare claims data/some enrollment data) data is available to users through DESY. Only database maintainers have direct access to the NCH/NMUD. A DESY access form is required for all users. All users also sign a Data Use Agreement (DUA) that is approved and signed by our privacy officer and entered into our data release system (FTAPE). The FTAPE system links to DESY, and limits the user□s access to CMS data to the files/years in the DUA. DESY has an audit trail of every extract run against the NCH /NMUD. The other systems listed in the □family of systems□ have authorized users of the data. Authorized users having access to the data have been trained in Privacy Act and system security requirements. Employees and contractors who maintain records in the system are instructed not to release any data until the intended recipient agrees to implement appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the data and to prevent unauthorized access to the data. To assure the security of the data, the proper level of class user is assigned for each individual user as determined at the Agency level. Every user who requests access to a CMS system has to sign a RACF form, which contains □Security Requirements for Users of CMS □s Computer Systems□. Userids must be recertified each year. A users userid is granted access to data they are approved to have access to.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWFMQA-MUDC&AS

- 16 Describe plans for retention and destruction of data collected. Standards and procedures have been established for the maintenance and use of records containing personally identifiable information, to ensure that the integrity, availability, and confidentiality requirements are met. The policy addresses the disposition of records, to ensure that permanent records are preserved and that temporary records no longer of current use are promptly disposed of or retired.
- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. A SOR has been created and published in the Federal Register for the following systems in the □family of systems□: Ø 09-70-0005 (NCH/NMUD System Number) Ø 09-70-0009 (MEDPAR System Number)
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Thomas A. Scully
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

| <u>Question:</u> | <u>Response:</u> |
|--|--|
| 1 Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 HHS Agency (OPDIV): | CMS |
| 3 Title of System or Information Collection: | Procurement and Property Management Systems (A system family containing 5 systems) |
| 4 Is this System or Information Collection new or is an existing one being modified? | Existing |
| 5 Unique Project Identifier Number: | N/A |
| 6 System of Records Number: | 09-70-3002, 09-70-3004, 09-70-3001 |
| 7 OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 Other Identifying Number(s): | OICS223 OICS224 |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

CMS Procurement System - The system is a Web based automated Procurement Tracking and Reporting system used in the Acquisitions and Grants Group to process all of the Contracts and simplified acquisitions and Grants at CMS. The system is password protected; system administrators and database administrators can access all information entered by employees. The system also provides the method for FPDS reporting.. FARA is an electronic version of the Federal Acquisition Regulations, which is used to enable CMS to comply with these regulations in their contracting activity. Legislation authorizing this activity is as follows: 5 U.S.C. 301; Section 205© of the Federal Property Administrative Services Act of 1949, as amended (40 U.S.C. 468(c); and the Office of Federal Procurement Policy Act of 1974, as amended by P. L. 96-83. HOPS - The CMS Online Property System (HOPS) is an inventory and control system which tracks capitalized (cost \$25,000 or greater), accountable (cost between \$5,000 and \$24,999), and sensitive (cost less than \$5000) in-house and contractor property. The majority of the inventory is composed of ADP/mainframe hardware and software, FAX equipment, copiers, Fitness Center equipment, and CMS telephone system. HOPS tracks and reports on usage, depreciation, and disposal of this equipment. Authorizing legislative regulation for this activity is 41CFR Chapter 101-27. RMS tracks and reports on components' records management activities within CMS. The RMS storage area in the CMS warehouse houses boxes of payroll, freedom of information, and personnel records, contract files, Medicare regulations, Medicaid regulations, and various other agency files. RMS manages the storage and movement of these boxes of files. RMS provides the status of each box, as to whether it is in stock, or on loan to a component. It provides the location of materials, and maintains a CMS customer database. National Archives and Records Administration (NARA) Act of 1984 36 CFR Parts 1220-1236 □ NARA Records Management Regulations 41 CFR Parts 102-193 □ GSA Records Management Regulations The Printing and Paper Stock Management System (PPSM) is a combination of on-line applications and batch programs, communications software, and IBM software designed to improve the day-to-day business activities on which the Administrative Services Group (AGS) depends. The system tracks forms, manuals, publications, and commodities that are stored in the CMS warehouse. It maintains mailing lists, coordinates requests for printing services, distributes publications, and handles customer orders. Requests for materials are handled in the warehouse, and are mailed to customers, including providers, intermediaries, carriers, organizations, etc. Authorizing legislative regulation for this activity is 41CFR Chapter 101-27. CWOS is a Web-based front end to the current mainframe Model 204 PPSM (Printing and Paper Stock



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

- 10 **Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.**

Management) system. The system allows orders for CMS publications that are housed in the CMS warehouse, to be placed over the Internet. CMS business partners as well as CMS employees and organizations are the customers of the system. Authorizing legislative regulation for this activity is 41CFR Chapter 101-27.

CMS Procurement System - The agency will collect information on those entities interested in contracting with CMS and provide information collected on the SF129 form. This data is entered into our contractor database. The information is used to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. HOPS - System information is collected from CMS procurement documents and personal property physical inventory activities. Information is used to track and account for CMS capitalized and accountable assets, and provide detailed records for capitalization depreciation schedules and property location assignments. This information is the minimum necessary to meet legal requirements for the control and management of government assets. RMS collects accession numbers, a CMS customer's name-location-phone number-component, brief description of records stored, destroy date, number of boxes associated with each accession of record. The data collected is necessary in order to retrieve/return/dispose of records in storage. PPSM - System information is collected from CMS procurement documents and customer order request forms. Information is used to monitor stock levels and locations, trigger stock reorder activities, stock order request and customer ship to information. This information is the minimum necessary to ensure a smooth product storage and distribution operation and minimize out of stock situations. CWOS - The business customer or CMS Inventory Specialist keys information into the CWOS system. Data includes business name, address, contact person, phone number, email address, publication number, and quantity requested.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

11 Explain why the information is being collected.

CMS Procurement System - The information is collected on those entities interested in contracting with CMS and provide information collected on the SF129 form. This data is entered into our contractor database. The information is collected because in is required in order to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. HOPS - Information is collected to track and control CMS capitalized and accountable personal property assets. RMS - The information is collected to maintain a tracking system CMS onsite records management storage activities. PPSM - Information is collected to track and control ordering, issuing and shipment of paper stock products for CMS internal and external customers. CWOS - The agency uses this information to send orders of CMS printed materials to their business partners and employees.

12 Identify with whom the agency will share the collected information

CMS Procurement System - The information or portions thereof may be shared with the FPDS-NG (Federal Procurement Data Systems), Financial Systems for the purpose of making payments and government sponsored systems that monitor contractor performance. The information is used to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. Additional disclosure of the information on this report may be made: (1) to a Federal, State or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in record management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter; (7) to reviewing officials in a new office, department or agency when an employee transfers from one covered position to another; (8) to a Member of Congress or a congressional office in response to an inquiry made on behalf of an individual who is the subject of the record. HOPS - Information is for internal agency use with summary reports submitted to HHS LMM. The RMS information is for the sole purpose of the CMS Records Officer. The information is not shared. PPSM & CWOS - Information is for internal agency use only.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

- 13 **Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**
- CMS Procurement System - The information is collected on those entities interested in contracting with CMS and provide information collected on the SF129 form. This data is entered into our contractor database. The information is provided voluntarily. There is nothing pertaining to the use of their information on the form or any consent opportunities. The information is collected because in is required in order to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. HOPS - Information is collected from CMS procurement documents and personal property inventory reports. Information collected does not contain any individual personal information and consent notification is not required. RMS - Information is obtained verbally or through e-mail from CMS customers when they require storage or access to records in the CMS Warehouse- Mezzanine. PPSM - Information is collected from CMS procurements and customer order request forms submitted by internal and external customers□ request for warehouse stored products. Information collected is for internal use only and customers are not provided usage consent notification. CWOS - Information entered by CMS Inventory Specialists is collected from customer order request forms submitted by internal and external customers□ request for warehouse stored products via phone and email. Other customers enter in their own shipping information and material request. Information collected is for internal use only and customers are not provided usage consent notification.
- 14 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**
- No information collected on persons under 13.
- 15 **Describe how the information will be secured.**
- CMS Procurement System - The system is password protected; system administrators and database administrators can access the data. All transactions are encrypted. HOPS - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days. RMS - Data is secured using password protected restricted access levels. Passwords are required to be updated every 60 days. Hard copy documents are kept locked in the overhang at the Records Officer's workstation. PPSM - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days. CWOS - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: CWOS-P&PMS

16 Describe plans for retention and destruction of data collected.

CMS Procurement System - Information is required to be retained for seven years. It can be archived after that time. Backups are maintained at a secure location off site. HOPS property account information, description and acquisition cost of recorded assets remain indefinitely. However, no personal data is connected to these records. RMS - In accordance with the federal guidelines and NARA's General Record Schedule 20, data will be deleted/destroyed when no longer needed for administrative, legal, audit or other operational purposes. No personal data is contained in these records. PPSM - Some customer account information remains in PPSM, and some is purged after 180 days depending on how the customer was entered into the system. Order information is kept for 10 years. System contains no personal data. CWOS - Customer account information and order information remains in CWOS. System contains no personal data

17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.

System of Records Number: 09-70-3002, 09-70-3004, 09-70-3001

18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):

J. Ned Burford

19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):

Timothy P. Love

20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):

Thomas Scully