

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Debt Collection Sys-AFS

<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:	Administrative Finance Systems (A system family containing 7 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:	09-90-0024
7 OMB Information Collection Approval Number and Expiration Date :	N/A
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.

FACS is CMS's internal accounting system of record, which consists of four application modules: · the Core Module contains General Ledger information · the Accounts Payable subsystem Module · the Letter of Credit Subsystem and · the Accounts Receivable and Collections Subsystem The main purpose of FACS is to maintain the Agency's financial data that is used to generate CMS financial statements and other required financial reports, maintaining control of budgeted resources, to generate IRS 1099 forms, and to transmit payment data to treasury and grant award authorizations to HHS/PSC. MPES - Excel spreadsheet which projects future Medicare spending by type of provider. ATARS - This system tracks and produces reports on Internal and External audits from the Office of the Inspector General (OIG) and audits from the General Accounting Office (GAO) that are assigned to CMS. The system follows the audit resolution process from the audit's arrival at the Division of Audits Liaison (DAL) through the recommendations and corrective action plans generated by the appropriate components in CMS. The system was established as part of the reporting requirements mandated by the Inspector General Act of 1978 (Public Law 95-452; 5 U.S.C. App. 3) as amended by the Inspector General Act Amendments of 1988 (Public Law 100-504 Title I). BAAADS - The system is required to comply with appropriated law whereby there needs to be tight control of the allocation and tracking of the financial resources. BCT - Large Excel spreadsheet that projects Budget Formulation for CMS. Legislation N/A. BUCS is CMS's global budget execution system. Administrative staffs in CMS use BUCS to monitor their budget and their spending. DCS - The Debt Collection System collects all overpayment information (Debts) and refers that information to Treasury for Collection.



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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.

FACS - PII collected: Name, Address Phone Number Social Security Number Banking information including Bank Routing Number & Personal Account Numbers These records are an integral part of the accounting systems at CMS. The records are used to keep track of all payments to individuals, exclusive of salaries and wages, based upon prior entry into the systems of the official commitment and obligation of government funds. When an individual is to repay funds advanced, the records will be used to establish a receivable record and to track repayment status. In the event of an overpayment to an individual, the record is used to establish a receivable record for recovery of the amount claimed. When a receivable becomes delinquent, the records will be used to refer the delinquent debts to treasury. The records are also used internally to develop reports to the Internal Revenue Service. The information collected is the minimum necessary to accomplish the above activities. MPES - Collects aggregate spending data from claims by type of provider. Spending projections for 10 years used for budget and 75 year projections used for trust fund projections. ATARS- The agency collects information about the audit such as: audit number, title, description, what CMS program it belongs to (such as Medicare or Medicaid), the component or region responsible for the audit, monies collected or saved, tracking dates through the agency, and corrective action plan action steps with target and completion dates. CMS only collects information that they need for the audit resolution process and for reporting to Congress for the Semi-Annual and Annual reports. BAAADS - The information CMS collects is from the Office of Management and Budget based on the Congressional appropriation. BCT - Information collected is produced from formulating the President's Budget by instructions of OMB's A-11. BUCS maintains funding information by allowance number that is broken down into budget categories and components. BUCS also collects information on each administrative spending transaction. These spending transactions are for administrative purposes only such as printing, contracts, supplies, training or travel. Information on the spending transactions include: name, description, start & end dates, monies, object class, CAN, and budget identifying information. DCS - The information collected contains tin numbers and address information along with principle and interest owed to the government and will be transmitted to the Treasury Department for collection.

11 Explain why the information is being collected.

BUCS - For training and travel spending transactions the first and last name is collected on those transactions. The SSN is never displayed on the transaction but is used on the database to store the record. DCS - This information is being collected to account for all the overpayments owed to the government.



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| 12 Identify with whom the agency will share the collected information | BUCS - The agency does not share the collected information with anyone outside of CMS. DCS - This information is shared with private collection agencies contracted by the Federal Government to collect the outstanding debt. |
| 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. | BUCS - The first and last name is selected for a transaction from a drop down list that only displays the names of the employees in CMS. This reference list is maintained as a database table that is not updateable by anyone but the BUCS administrators. The BUCS administrators update this table based on the personnel file maintained by CMS. DCS - Contractors and Regional offices enter the data into an Online Mainframe system and notices are sent to the debtors that payment is due. |
| 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) | N/A |
| 15 Describe how the information will be secured. | BUCS - The data is secured by Oracle database security through the establishment of ids, roles, and table access. The data can not be viewed by the user unless through BUCS because their ids gives them connect rights only and no read or write access to any database table. BUCS also secures its application by the establishment of ids, roles, and application specific security. |
| 16 Describe plans for retention and destruction of data collected. | BUCS - The data is retained for 7 years. After that it will be archived to the archive database. At this time the system is only 4 years old so all the data is currently retained. |
| 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 : 09-90-0024 |
| 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: DESY-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

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OPDIV: CMS System Name: DESY-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 CWF MQA editing. Ø The CWF MQA 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



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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.

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.



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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.**
- 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.



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- 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: DPS-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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OPDIV: CMS System Name: DPS-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



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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 (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 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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OPDIV: CMS System Name: DPS-MFM&PS

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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: DPS-MFM&PS

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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OPDIV: CMS System Name: DPS-MFM&PS

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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OPDIV: CMS System Name: DPS-MFM&PS

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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: DPS-MFM&PS

- 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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OPDIV: CMS System Name: DPS-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.



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OPDIV: CMS System Name: DPS-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: DPS-MFM&PS

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| <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>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.</p> <p>J. Ned Burford</p> <p>Thomas Scully</p> <p>Timothy P. Love</p> |
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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: DSAF-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: DSAF-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): ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ MADS incorporates monthly summarized Part A and quarterly summarized Part B data. The monthly/quarterly summaries are loaded to relational tables for user access. ∅ 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. ∅ The NCHSTS system produces various utilization tables of Medicare services. There is no identifiable data on the reports created. ∅ 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). ∅ 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. ∅ The CMHS file records and reports individual and



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OPDIV: CMS System Name: DSAF-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.



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OPDIV: CMS System Name: DSAF-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: DSAF-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: Duplicate Payment-PQRS

<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:	Payment Quality Review System (A system family containing 11 systems)
4 Is this System or Information Collection new or is an existing one being modified?	Existing
5 Unique Project Identifier Number:	BPA 98-0222 □(DPP)
6 System of Records Number:	09-70-0527 (FID), 09-70-0534
7 OMB Information Collection Approval Number and Expiration Date :	OFM244 (DPP)
8 Other Identifying Number(s):	N/A

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Duplicate Payment-PQRS

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

CMPTS - This is a database that captures overview information on civil money penalties (CMPs) imposed by CMS and the respective monetary collections. No legislation authorized this activity (see 3 below). DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. The Fraud Investigation Database (FID) is a nationwide database directed to the accumulation of instances of potential and actual Medicare fraud and abuse cases, and the tracking of Medicare payment suspensions. IRP Tracking System - Download of complaints of fraud from the DHHS system. Loaded on the Metaframe server and distributed electronically to Medicare contractors and CMS Regional Office staff. The MRS collects costs and savings information on the Medical Review activities of Medicare carriers. It requires that Medicare carriers report quarterly and provides CMS and Medicare carriers with summaries of the cost and savings information reported. This system is authorized by the Social Security Act of 1965. The PORS System is an online, CICS based system that collects Medicare overpayment information. This information is entered, online by Medicare Contractors once an overpayment has been determined. PPRMS is a Congressionally mandated system that collects and analyzes physician/supplier and carrier claims data from the NCH SUM system in order to produce reports for trends analysis concerning physician access nationally. PSOR - Tracks Part B overpayment and collections. The RBS collects costs and savings information on the Medical Review activities of Medicare Fiscal Intermediaries (FIs). It requires that Medicare FIs report quarterly and provides CMS and Medicare FIs with summaries of the cost and savings information reported. This system is authorized by the Social Security Act of 1965. MPARTS - Information is collected to track the status of reimbursement for Medicare overpayment. HGTS - The HIPAA allowed for a reliable source of funding for Medicare anti fraud and abuse efforts. Among those efforts were the DHHS, AOA Harkin Grantee Senior Patrol Projects. The HGTS allows for effective tracking of Medicare complaints generated through the Projects. Summary reports based on results are distributed to the OIG and CMS.



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OPDIV: CMS System Name: Duplicate Payment-PQRS

- 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.

CMPTS - Explain how the data collected are the minimum necessary to accomplish the purpose for this effort. The agency collects the following information: provider identification, type and specific of violation, information on the CMP imposed including monetary amount imposed and collected. DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. Only the minimum (paid claim) data is requested to accomplish the analysis. FID - The agency accumulates information on cases of potential Medicare fee-for-service fraud and on payment suspensions. IRP Tracking System - Download of complaints of fraud from the DHHS system. Loaded on the Metaframe server and distributed electronically to Medicare contractors and CMS Regional Office staff. MRS - CMS will collect information concerning the costs and savings for Medicare carriers. The Agency will use the information to make management decisions regarding the Medicare MR program. CMS is confident that the data collect are the minimum necessary to accomplish this purpose because we have used the system for the past 10 years for those purposes and have found the system adequate for most purposes. We have reviewed the MRS and have determined it needs to be expanded to allow better management of the MR program at the contractor, Regional Office, and Central Office level. We plan to replace the MRS with the improved system, the Program Integrity Management Reporting system, in April 2004. PORS - The information collected includes the amount of the overpayment, the Medicare Contractor responsible for the overpayment, the date the overpayment was determined, the amount of recoupments, if any, and the remaining balance of the overpayment. PPRMS - The information analyzed is NCH SUM system RIC-M and RIC-O claims. The information is used to conducted detailed analyses on physician access and physician access trends in the US. Any data that is not necessary to this analysis is not saved for the output from the input SUM files. The data that is not used includes PII data. PSOR - This system collects Part B overpayment at collection (i.e., recovery) information. A minimal level of data is collected due to privacy consideration. RBS - CMS will collect information concerning the costs and savings for Medicare FIs. The Agency will use the information to make management decisions regarding the Medicare MR program. CMS is confident that the data collected are the minimum necessary to accomplish this purpose because we have used the system for the past 10 years for those purposes and have found the system adequate for most purposes. We have reviewed the RBS and have determined it needs to be expanded to allow better management of the MR program at the contractor, Regional Office, and Central Office level. We plan to replace the RBS with the improved system, the Program



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OPDIV: CMS System Name: Duplicate Payment-PQRS

11 Explain why the information is being collected.

Integrity Management Reporting system, in April 2004. MPARTS - Information collected pertains to claims paid by Medicare when a primary insurer should have paid the claim. Data collected is the minimum necessary. No identifiable data is present on the file. HGTS - Medicare contractors download results of pending/ closed cases and send reports to the OIG/CMS.

CMPTS - This is an internal informational database for CMS use only and is used to keep track of the penalties imposed by CMS. DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. FID - The information is collected in order to track potential cases of Medicare fee-for-service fraud or abuse and payment suspensions imposed where an overpayment or fraud is suspected. The agency uses the information to track cases, trends, and outcomes. IRP Tracking System - To aid in fraud investigations by electronically recording complaints. PORS - Collection of this information will provide a means for both CMS and Medicare Contractors to monitor the number and amount of all current overpayments. PPRMS - The information is being collected in order to facilitate analyses of physician access and physician access trends in the US over time. PSOR - To track Part B overpayments and collections. MPARTS - Information is collected to track the status of reimbursement to Medicare by primary insurers. HGTS - To assist in determining Medicare fraud and abuse and assist the Medicare contractors in their fraud investigations.

12 Identify with whom the agency will share the collected information

DPP - Medicare contractors. FID - The agency will share the information with the Office of Inspector General, the Federal Bureau of Investigation, the Department of Justice, the Medicaid Program Integrity Directors, and the Medicaid Fraud Control Units. IRP Tracking System - Medicare contractors, OIG investigators, FBI. PORS - The information is shared by CMS, Medicare Contractors, and The Department of Justice. PPRMS - The information will be shared with Congress. PSOR - CMS Regional Offices and Medicare carriers. MPARTS - Information is shared with Medicare contractors and other federal agencies. HGTS - Other Medicare contractors, the OIG Investigations staff, the Federal Bureau of Investigations.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Duplicate Payment-PQRS

- 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.
- CMPTS - Information regarding CMPs are imputed by CMS Ros. Collections information is inputted by OFM in CO. All other questions are n/a. DPP receives paid claim data by tape from insurance companies to determine if duplicate payment has been made. If a duplicate payment is detected, the appropriate Medicare contractor will be notified and will initiate recovery. The FID information is entered by one of the following two groups: Medicare program safeguard contractors and Medicare Durable Medical Equipment Regional Carrier benefit integrity units. By its nature, the subjects of potential fraud investigations are not generally advised that they are under scrutiny. The information itself is information that a Medicare carrier or intermediary would maintain on a provider or supplier that has billed the Medicare program for reimbursement, and includes all available identifying pieces of information given by that provider or supplier on their enrollment application and/or their bill or claim for payment. Information in the FID could also include summary of findings from Medical or other review of submitted and/or paid claims. IRP Tracking System - Downloaded from 1-800-HHS-TIPS hotline complaints and transmitted to Medicare contractors for investigation development. The DHHS staff and contractors are responsible for notification to complainants and safeguarding the original complaint information. PORS - The information is collected online from Medicare Contractors. PPRMS - The information is obtained from the NCH SUM system. The administrators of this system are aware of this system's access through RACF permissions and profiles. PSOR - Information is obtained from post-payment review and is collected from providers. It is conveyed by written demand letter. MPARTS - Information is obtained from an approved Medicare contractor. HGTS- Information will be obtained from the Harkin Grantee Senior Patrol Projects and loaded into the HGTS by Medicare contractors.
- 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, this information is not being collected. DPP - Only if the child billed Medicare as the primary payer in error.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Duplicate Payment-PQRS

- 15 Describe how the information will be secured. CMPTS, FID - Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS. DPP - The incoming tapes are on housed on the CMS mainframe. IRP Tracking System - Systems server protection, user ID, RACF form submission for access. PORS - Information is secured though restricted access to the POR System, which only allows authorized users access to their own data. PPRMS - Information is secured through RACF. PSOR - ID and password are required to enter the system. Normal CMS Data Center physical security applies. MPARTS - Information is stored on the CMS mainframe in the CMS Data Center. HGTS - System server protection; user ID/ password, RACF for submission and approval for access.
- 16 Describe plans for retention and destruction of data collected. CMPTS, FID - There are specific retention and destruction plans. The system follows the standards set at the CMS datacenter. The incoming tapes are on housed on the CMS mainframe. There is currently no plan to destroy any DPP data. Ever. IRP Tracking System - Data is transferred to a holding CD on the server after 3 years. The CD is secured by lock and key. PORS - The current requirement for retention of this data is 10 years. After 10 years, the data is deleted from all files. PPRMS - Data produced through this system is maintained for the maximum lifespan duration in order to facilitate historical analyses and traceability of results. PSOR - Information is retained in VSAM files on the CMS mainframe and stored indefinitely. HGTS - The information in this system family do not contain personally identifiable information within any database(s), record(s), file(s) or Document(s) located on the system.
- 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 : 09-70-0534 and 09-70-0527
- 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: EMS-HRMS

<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
3 Title of System or Information Collection:	Human Resources Management Systems (A system family containing 12 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:	09-70-3005
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: EMS-HRMS

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

CMS inquiries Referral Search Website - This is not a legislative directed website. This website is an online, up to date restricted Subject Matter Expert Referral Guide.

Human Resource Manager Website - This is not a legislative directed website. This website is an online, up to date repository of guidance for management and human resource personnel type. It replaced the Personnel Management Handbook.

HTS - The system is used to allow employees to process their travel documents electronically. A traveler must have a □traveler profile□ which contains an HTS-defined set of personal and administrative information. The profile allows a person to create, modify, submit and view their own travel document and check the status of all their pending travel documents. Travelers can update some of the information in their □traveler profile□, but most changes must be done by their HTS coordinator. Travelers cannot create or view travel documents for other people. The Federal Travel Regulations require agencies that spend more than \$5 million per year to report this information to GSA as part of Federal Agencies Travel Survey. The system is the means that we use to process travel documents. Without it, we would process hard copy documents.

LERT is a client/server application written in Visual Basic. It tracks cases within HRMG related to labor and employment matters, including, but not limited to, demands to bargain, unfair labor practices, disciplinary and adverse actions, requests for information, grievances and negotiations.

Online Registration System - The online registration system is a database application on the CMSnet "intranet" which enables employees to register online for agency-sponsored training. The online registration automates a process that previously was paper-driven. The automated process is more efficient, saves time, and is very user friendly. Employees appreciate the ability to self-enroll online. Features: Systems administrator adds/maintains courses and sessions; and generates rosters. Users access the system using their email address as a user ID; view courses available; and self-register for courses. Email confirmations are sent to registrant and supervisor. Training history data is collected pursuant to the C.F.R. citations list in question 5

OEOCR - This system is no longer used by the Office of Equal Opportunity and Civil Rights. EEO Assistant□ was a menu-driven commercial-off-the-shelf (COTS) software package that allowed the user to analyze workforce profiles, track personnel actions, and monitor every aspect of discrimination complaints processing. The software package included an extensive set of reports and pre-formatted letters to meet EEOC and OPM requirements for complaints processing and affirmative employment planning and reporting.

Applicable Laws/Regulations/Statutes: The following laws, policies, and regulations govern the Federal EEO Program for discrimination complaints processing, statistical



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

monitoring and reporting: · Executive Order 11478 · Title VII of the Civil Rights Act of 1972, as amended · Civil Service Reform Act of 1987 · Title 5 of the Code of Federal Regulations (CFR) Section 720 · 29 C. F. R. § 1607 · 29 C. F. R. § 1614 · FPM Chapter 720 · EEOC Management Directive (MD) 110 · EEOC MD 715 Heirs contains an Employee Master File record for every current employee, and also historical data on current and former employees. Data is available in the following areas: Separations, Classified Position Information, Awards, Training, Suspense Actions, and Administrative and Nature of Action Titles. EMS - The system is used to manage the collection and tracking of OGE-450 forms. Managers designate OGE-450 filers in the system, and filers enter data into the system, and then print a hard copy of the OGE-450 form. The Agency uses the system to track the filing of forms by employees. The system is also used to identify and notify employees who are required to receive annual ethics training. The system is password protected; system administrators and database administrators can access all information entered by employees; managers can view data for their subordinate employees only; and filers can view only their own information. Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics (OGE) regulations require the reporting of this information. PARKING - The system is used at CMS as part of our building security plan. All CMS employees and other authorized individuals have been issued United States Government parking permits by CMS to provide regular or special parking based on specific needs. This includes: (1) Federal employees (full/part-time and temporary) working in CMS occupied buildings in Baltimore, Maryland; (2) Certain private individuals ("contractors") providing services at either locations; (3) private citizens with children in the Day Care Center, and (3) GSA employees and contract guards. The retrieval of this information is necessary to ensure that access to CMS buildings during regular and security hours is restricted and to guard against unauthorized entry. STS - The system tracks employee suggestions. Users are able to determine where the suggestion is in the evaluation and disposition process. There is no legislation authorizing this system. The VLTS system allows CMS employees to donate Annual Leave to employees that are on extended leave due to medical reasons, but who do not have sufficient hours accrued to cover their absence. The Workforce Planning System is being developed and does not yet exist in CMS. There is no legislation authorizing the activity.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

- 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 inquiries Referral Search Website - This is a static HTML system, no information is collected. Information is disseminated to CMS employees. Human Resource Manager Website - This is a static HTML system, no information is collected. Information is disseminated to management and human resources personnel types. HTS - The information collected pertains to travel documents; travel orders and travel vouchers. The information of the travel documents is sent to the Financial Accounting Core System (FACS) for final processing. FACS obligates money for upcoming trips when a travel order is received and initiates the traveler's reimbursement when a travel voucher or local voucher is received. LERT - The type of information maintained includes the type of case, case number, component, union representative, agency representative, and status of the case. Online Registration System - Employee Data Elements are: first name, last name, phone number, organization, email address, and supervisor's email. This is the minimum information needed by the database system to enable employees to self-enroll, and for the administrator to track completion for rosters and training history. No SSN data or other identifier information is collected. OEOCR - The system collected agency personnel data for tracking and analytical purposes. The data was required pursuant to the laws and regulations set forth in item 1 above. HEIRS - The data collected is Personnel Information on each CMS employee. The type of information is mentioned above. The data is used to aid Human Resource employees in performing their daily tasks. The data includes employee name, ssn, grade, series, pay plan, admin, service comp date, career start date, date of birth, HHS entrance on duty date, fegli code, salary, noa code and date, patco code, position number, position title, position indicator, race & national origin code, smsa code, sex, type of position, type of appointment, etc. EMS - The agency will collect information on employees' financial interests, such as investments and other assets, employment (other than Federal), liabilities, outside activities, etc. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. PARKING - Facilities Management Personnel establishes a record for the individual containing name, SSN, contractor and company name, organization, location, grade, issue date, expiration date, permit number, type of permit, tag number, parking lot information, reserved space information, parking violations Etc. STS - Information collected: - Suggestion number - Suggestor's SSN - Title of suggestion - Suggestor's office address - Suggestor's name - Suggestor's telephone number - Suggestor's position title - Suggestor's e-mail address - Suggestor's agency - Description of Suggestion - Suggestor's pay plan/series/grade - Who suggestion is assigned to - Suggestor's timekeeper number - Evaluation result - Suggestor's



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

component VLTS - Recipient and Donor information is collected by Human Resource employees. A recipient record is established when the CMS employee requests donated annual leave. Donor records are established when the CMS employee donates annual leave. The data contains personnel information on employees donating and receiving annual leave. The data includes donor name, donor user id, donor ssn, donor grade, donor supervisor, donor timekeeper, hours donated, hours posted, pay period donated, recipient name, recipient user id, recipient ssn, recipient grade, recipient supervisor, recipient timekeeper, recipient position title, recipient work location, hours requested, hours used, hours remaining, etc. Workforce Planning System - The Agency will be collecting data on employees related to knowledge and skills existing in the workforce, measuring closure of critical skill gaps. Knowledge and skills will be linked to business functions performed by the agency. Retirement projections will be used in our human capital management and workforce restructuring initiatives.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

11 Explain why the information is being collected.

HTS - Information is collected to support transactions which are forwarded to FACS and ultimately appear on the financial accounting reports. LERT - A review of the system enables HRMG to determine the status of issues and allows the generating of accurate reports as requested by Congress, the Department of Health and Human Services, CMS Management, etc. Online Registration System - The information is being collected to enable employees to self-enroll and produce rosters for agency-sponsored courses in the headquarters office and to a limited degree, courses sponsored by some regional offices. OEOCR - The mission of the Office of Equal Opportunity and Civil Rights (OEOCR) is to facilitate and ensure the fair and equitable treatment of the Centers for Medicare and Medicaid Services (CMS) internal and external customers through compliance with applicable laws and the effective management of the agency's Equal Opportunity and Civil Rights Programs. To this end, OEOCR manages all complaints of alleged discrimination against CMS. HEIRS - As mentioned above, the data is collected to establish a Personnel System for Human Resources. EMS - The primary use of the information in this system is for review by Government officials of the Agency, to determine compliance with applicable Federal conflict of interest laws and regulations. PARKING - As mentioned above, the data is collected to establish a Parking record for the individual. STS - Suggestions were previously tracked manually. This electronic system was developed to enable better tracking of suggestions. VLTS - As mentioned above, the data is collected to help CMS employees in need of donated annual leave. Workforce Planning System - The data are collected so that CMS will be better able to prepare our workforce for the future, to plan for attrition and adjust the skill mix in the agency. Retirement projections and retention analyses are used to develop annual recruitment, hiring, learning and succession planning.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

12 Identify with whom the agency will share the collected information

HTS - The information is summarized and shared with GSA, the Department and the various CMS components as part of monthly financial reports. Online Registration System - To our knowledge, this information is not shared with anyone other than appropriate CMS staff. OEOCR - This information was not shared outside of the OEOCR. The Heirs Personnel Data is not shared outside of CMS. The Heirs system is used by Human Resource Employees, Admin officers, and Managers. EMS - The information will be used by Agency ethics officials and will not be shared with any other person except as provided for under the Privacy Act. 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; and (9) to contractors and other non-Government employees working for the Federal Government to accomplish a function related to an OGE Government-wide system of records. This confidential report will not be disclosed to any requesting person unless authorized by law. PARKING - The parking data is for Facilities Management Personnel. STS - The system is for in-house purposes only; only CMS staff has access to the information. VLTS - The VLTS Data is not shared outside of CMS. The system is used by Human Resource employees Workforce Planning System - The collected information will be aggregated and shared with senior leaders and their designees. The information will also be shared with oversight agencies and HHS when requested.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

- 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.

HTS - Each HTS user is required to sign an application for access to HCFA computer systems which contains privacy disclosure information. In addition, privacy act information is printed on HTS travel documents, including the effects of not providing the required information. Online Registration System - Training law and regulations require agencies to maintain information concerning the general conduct of agency training activities for internal management purposes and for the President and Congress to discharge effectively their respective responsibilities for supervision, control, and review of these training activities. Agencies should maintain, in the form and manner that the agency head considers appropriate, records of the following. a. agency training plans (5 C.F.R. subsection: 410.302(d)); b. training activities funded and individual employees trained (including) training of Presidential appointees, academic degree training to relieve retention and recruitment problems, training to place an employee in another agency, and employees subject to continued service agreements) (5 C.F.R. subsection: 410.311); c. payments made for travel, tuition, fees and other necessary training expenses (5 C.F.R. subsection: 410.406) d. each contribution, award, or payment made and accepted by a Federal employee from a non-Government source (5 C.F.R. subsection 410.503); and e. evaluations of the results of training and how well agency training activities met short and long-range program needs by occupations, organizations, or other appropriate groups (5 C.F.R. subsection 410.602). OEOCR - The EEO Assistant system manager uploaded agency personnel data information from the CMS Mainframe onto PC as an ASCII text file via the CMS TN3270 connection. This text file was then transferred from PC into the application. After data transfer the temporary subdirectory where personnel data was temporarily housed was deleted from the PC (see Management Controls 2.1). HEIRS - The Personnel Data is collected on each CMS employee by Human Resource employees. A Personnel record is established on the employee at EOD time. The Award, Training, data etc is collected throughout the employee's career. EMS - The information will be obtained from employees. Only employees who have been designated to file an OGE-450 form are required to provide the information. Filers are told that the law requires the collection of the information for conflict of interest analysis. Filers are provided with Privacy Act information, and informed of the penalties for failing and for falsification of information. The system generates an e-mail list of OGE-450- filers, and an e-mail notice is sent to each employee who is required to file. Provision of the information is mandated by law and is not optional; therefore, employees do not have an opportunity to consent or to refuse to file. The Parking Record is established when the individual begins working at CMS or uses



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

CMS Facilities. STS - The suggestor provides information on themselves and the suggestion. The suggestion coordinator provides information on the evaluation of the suggestion. The VLTS data is collected when a CMS employee applies to have annual leave donated, and when a CMS employee donates annual leave.

Workforce Planning System - Baseline data already exists. The baseline will be updated this summer depending on the development of a system to support the process. Employees will be informed in advance of the data collection. Employees will voluntarily update their own skill profile; therefore, no consent is requested.

No information will be collected from children.

- 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)**



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

15 Describe how the information will be secured.

CMS inquiries Referral Search Website - This website is a guide for CMS Employees. Human Resource Manager Website - This website is a guide for management and human resource personnel types; therefore it is password restricted. This is a portal for disseminating human resources guides, no personal identification data exists within this website. HTS - Data is secured through the application which requires an authorized userid and password to log into the system. The data is also secured through the use of roles within the application which allows only authorized persons to view and modify data. Users cannot access the data outside of the application. LERT - The information is stored in an Access database in a secured directory on the CMS network. Access to the CMS network is restricted to CMS employees and contractors. Access to LERT is restricted to CMS employees specified by the LERT system administrators. Online Registration System - Information is stored in an access-restricted SQL Server database on the secured CMS intranet. OEOCR - EEO Assistant processed, maintained, and transmitted data in a secure environment. Access to the application was password protected and user access privileges were limited to OEOCR staff. In order to access EEO Assistant OEOCR users were required to have a valid RACF user ID and password as well as an EEO Assistant user ID and password. EEO Assistant resides on a CMS LAN server stored in the LAN room and is protected by defined security controls. LAN room access controls include locked computer-room doors and accessibility only to LAN administrators and LAN support staff. HEIRS - The data is secured in a M204 Data Base with file, userid, and password protection. EMS - The information is stored in a secured Oracle database on the CMS intranet. Access to the intranet is restricted to CMS employees and contractors. Access to EMS is restricted to CMS employees and the type of access within EMS is specified by the system administrators. PARKING - The data is secured in a M204 Data Base with file, userid, and password protection. STS - Information is stored in an access-restricted Oracle database on the secured CMS intranet. VLTS - The data is secured in a M204 Data Base with file, userid, and password protection. Workforce Planning System - Information is stored in an access-restricted Oracle database on the secured CMS intranet.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: EMS-HRMS

- 16 Describe plans for retention and destruction of data collected. CMS inquiries Referral Search Website - This website is updated at the request of the subject matter expert within CMS. Human Resource Manager Website - This website is updated at the request of the subject matter expert within the Human Resources Management. HTS - Travel documents must be kept for 6 years. The system is not yet 6 years old so all data is still being retained. LERT, Online Registration System, EMS, STS Workforce Planning System - Data is stored indefinitely. OEOCR provides maintenance and disposition of EEO Complaint Files in accordance with National Archives and Records Administration General Record Schedule guidelines, GRS 1.25. HEIRS- The historical data is retained for a period of ten years. After this period the records are deleted. The Parking record is deleted when the individual no longer works at CMS or uses CMS Facilities. The VLTS data is being retained for an indefinite period of time (since 1991).
- 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. OEOCR - These records fall under GRS 1.25 Equal Employment Opportunity (EEO) Records. PARKING - Legislation Authority for this Activity: Systems #09-70-3005. Authority for Maintenance of the System: Section 486(c) of Title 40, U.S.C., Implementing regulation 41 CFR 101-20.302 (46 FR 3524) VLTS - 5 CFR Section 630.901 sets forth the procedures and requirements for the establishment of the VLTS System.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: FACS-AFS

<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:	Administrative Finance Systems (A system family containing 7 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:	09-90-0024
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: FACS-AFS

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

FACS is CMS's internal accounting system of record, which consists of four application modules: · the Core Module contains General Ledger information · the Accounts Payable subsystem Module · the Letter of Credit Subsystem and · the Accounts Receivable and Collections Subsystem. The main purpose of FACS is to maintain the Agency's financial data that is used to generate CMS financial statements and other required financial reports, maintaining control of budgeted resources, to generate IRS 1099 forms, and to transmit payment data to treasury and grant award authorizations to HHS/PSC. MPES - Excel spreadsheet which projects future Medicare spending by type of provider. ATARS - This system tracks and produces reports on Internal and External audits from the Office of the Inspector General (OIG) and audits from the General Accounting Office (GAO) that are assigned to CMS. The system follows the audit resolution process from the audit's arrival at the Division of Audits Liaison (DAL) through the recommendations and corrective action plans generated by the appropriate components in CMS. The system was established as part of the reporting requirements mandated by the Inspector General Act of 1978 (Public Law 95-452; 5 U.S.C. App. 3) as amended by the Inspector General Act Amendments of 1988 (Public Law 100-504 Title I). BAAADS - The system is required to comply with appropriated law whereby there needs to be tight control of the allocation and tracking of the financial resources. BCT - Large Excel spreadsheet that projects Budget Formulation for CMS. Legislation N/A. BUCS is CMS's global budget execution system. Administrative staffs in CMS use BUCS to monitor their budget and their spending. DCS - The Debt Collection System collects all overpayment information (Debts) and refers that information to Treasury for Collection.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: FACS-AFS

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.

FACS - PII collected: Name, Address Phone Number Social Security Number Banking information including Bank Routing Number & Personal Account Numbers These records are an integral part of the accounting systems at CMS. The records are used to keep track of all payments to individuals, exclusive of salaries and wages, based upon prior entry into the systems of the official commitment and obligation of government funds. When an individual is to repay funds advanced, the records will be used to establish a receivable record and to track repayment status. In the event of an overpayment to an individual, the record is used to establish a receivable record for recovery of the amount claimed. When a receivable becomes delinquent, the records will be used to refer the delinquent debts to treasury. The records are also used internally to develop reports to the Internal Revenue Service. The information collected is the minimum necessary to accomplish the above activities. MPES - Collects aggregate spending data from claims by type of provider. Spending projections for 10 years used for budget and 75 year projections used for trust fund projections. ATARS- The agency collects information about the audit such as: audit number, title, description, what CMS program it belongs to (such as Medicare or Medicaid), the component or region responsible for the audit, monies collected or saved, tracking dates through the agency, and corrective action plan action steps with target and completion dates. CMS only collects information that they need for the audit resolution process and for reporting to Congress for the Semi-Annual and Annual reports. BAAADS - The information CMS collects is from the Office of Management and Budget based on the Congressional appropriation. BCT - Information collected is produced from formulating the President's Budget by instructions of OMB's A-11. BUCS maintains funding information by allowance number that is broken down into budget categories and components. BUCS also collects information on each administrative spending transaction. These spending transactions are for administrative purposes only such as printing, contracts, supplies, training or travel. Information on the spending transactions include: name, description, start & end dates, monies, object class, CAN, and budget identifying information. DCS - The information collected contains tin numbers and address information along with principle and interest owed to the government and will be transmitted to the Treasury Department for collection.

11 Explain why the information is being collected.

BUCS - For training and travel spending transactions the first and last name is collected on those transactions. The SSN is never displayed on the transaction but is used on the database to store the record. DCS - This information is being collected to account for all the overpayments owed to the government.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: FACS-AFS

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| 12 Identify with whom the agency will share the collected information | BUCS - The agency does not share the collected information with anyone outside of CMS. DCS - This information is shared with private collection agencies contracted by the Federal Government to collect the outstanding debt. |
| 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. | BUCS - The first and last name is selected for a transaction from a drop down list that only displays the names of the employees in CMS. This reference list is maintained as a database table that is not updateable by anyone but the BUCS administrators. The BUCS administrators update this table based on the personnel file maintained by CMS. DCS - Contractors and Regional offices enter the data into an Online Mainframe system and notices are sent to the debtors that payment is due. |
| 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) | N/A |
| 15 Describe how the information will be secured. | BUCS - The data is secured by Oracle database security through the establishment of ids, roles, and table access. The data can not be viewed by the user unless through BUCS because their ids gives them connect rights only and no read or write access to any database table. BUCS also secures its application by the establishment of ids, roles, and application specific security. |
| 16 Describe plans for retention and destruction of data collected. | BUCS - The data is retained for 7 years. After that it will be archived to the archive database. At this time the system is only 4 years old so all the data is currently retained. |
| 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 : 09-90-0024 |
| 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: Fraud Investigat DB-PQRS

<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:	Payment Quality Review System (A system family containing 11 systems)
4 Is this System or Information Collection new or is an existing one being modified?	Existing
5 Unique Project Identifier Number:	BPA 98-0222 □(DPP)
6 System of Records Number:	09-70-0527 (FID), 09-70-0534
7 OMB Information Collection Approval Number and Expiration Date :	OFM244 (DPP)
8 Other Identifying Number(s):	N/A

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Fraud Investigat DB-PQRS

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

CMPTS - This is a database that captures overview information on civil money penalties (CMPs) imposed by CMS and the respective monetary collections. No legislation authorized this activity (see 3 below). DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. The Fraud Investigation Database (FID) is a nationwide database directed to the accumulation of instances of potential and actual Medicare fraud and abuse cases, and the tracking of Medicare payment suspensions. IRP Tracking System - Download of complaints of fraud from the DHHS system. Loaded on the Metaframe server and distributed electronically to Medicare contractors and CMS Regional Office staff. The MRS collects costs and savings information on the Medical Review activities of Medicare carriers. It requires that Medicare carriers report quarterly and provides CMS and Medicare carriers with summaries of the cost and savings information reported. This system is authorized by the Social Security Act of 1965. The PORS System is an online, CICS based system that collects Medicare overpayment information. This information is entered, online by Medicare Contractors once an overpayment has been determined. PPRMS is a Congressionally mandated system that collects and analyzes physician/supplier and carrier claims data from the NCH SUM system in order to produce reports for trends analysis concerning physician access nationally. PSOR - Tracks Part B overpayment and collections. The RBS collects costs and savings information on the Medical Review activities of Medicare Fiscal Intermediaries (FIs). It requires that Medicare FIs report quarterly and provides CMS and Medicare FIs with summaries of the cost and savings information reported. This system is authorized by the Social Security Act of 1965. MPARTS - Information is collected to track the status of reimbursement for Medicare overpayment. HGTS - The HIPAA allowed for a reliable source of funding for Medicare anti fraud and abuse efforts. Among those efforts were the DHHS, AOA Harkin Grantee Senior Patrol Projects. The HGTS allows for effective tracking of Medicare complaints generated through the Projects. Summary reports based on results are distributed to the OIG and CMS.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Fraud Investigat DB-PQRS

- 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.

CMPTS - Explain how the data collected are the minimum necessary to accomplish the purpose for this effort. The agency collects the following information: provider identification, type and specific of violation, information on the CMP imposed including monetary amount imposed and collected. DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. Only the minimum (paid claim) data is requested to accomplish the analysis. FID - The agency accumulates information on cases of potential Medicare fee-for-service fraud and on payment suspensions. IRP Tracking System - Download of complaints of fraud from the DHHS system. Loaded on the Metaframe server and distributed electronically to Medicare contractors and CMS Regional Office staff. MRS - CMS will collect information concerning the costs and savings for Medicare carriers. The Agency will use the information to make management decisions regarding the Medicare MR program. CMS is confident that the data collect are the minimum necessary to accomplish this purpose because we have used the system for the past 10 years for those purposes and have found the system adequate for most purposes. We have reviewed the MRS and have determined it needs to be expanded to allow better management of the MR program at the contractor, Regional Office, and Central Office level. We plan to replace the MRS with the improved system, the Program Integrity Management Reporting system, in April 2004. PORS - The information collected includes the amount of the overpayment, the Medicare Contractor responsible for the overpayment, the date the overpayment was determined, the amount of recoupments, if any, and the remaining balance of the overpayment. PPRMS - The information analyzed is NCH SUM system RIC-M and RIC-O claims. The information is used to conducted detailed analyses on physician access and physician access trends in the US. Any data that is not necessary to this analysis is not saved for the output from the input SUM files. The data that is not used includes PII data. PSOR - This system collects Part B overpayment at collection (i.e., recovery) information. A minimal level of data is collected due to privacy consideration. RBS - CMS will collect information concerning the costs and savings for Medicare FIs. The Agency will use the information to make management decisions regarding the Medicare MR program. CMS is confident that the data collected are the minimum necessary to accomplish this purpose because we have used the system for the past 10 years for those purposes and have found the system adequate for most purposes. We have reviewed the RBS and have determined it needs to be expanded to allow better management of the MR program at the contractor, Regional Office, and Central Office level. We plan to replace the RBS with the improved system, the Program



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Fraud Investigat DB-PQRS

11 Explain why the information is being collected.

Integrity Management Reporting system, in April 2004. MPARTS - Information collected pertains to claims paid by Medicare when a primary insurer should have paid the claim. Data collected is the minimum necessary. No identifiable data is present on the file. HGTS - Medicare contractors download results of pending/closed cases and send reports to the OIG/CMS.

CMPTS - This is an internal informational database for CMS use only and is used to keep track of the penalties imposed by CMS. DPP receives paid claim data from insurance companies to determine if duplicate payment has been made. FID - The information is collected in order to track potential cases of Medicare fee-for-service fraud or abuse and payment suspensions imposed where an overpayment or fraud is suspected. The agency uses the information to track cases, trends, and outcomes. IRP Tracking System - To aid in fraud investigations by electronically recording complaints. PORS - Collection of this information will provide a means for both CMS and Medicare Contractors to monitor the number and amount of all current overpayments. PPRMS - The information is being collected in order to facilitate analyses of physician access and physician access trends in the US over time. PSOR - To track Part B overpayments and collections. MPARTS - Information is collected to track the status of reimbursement to Medicare by primary insurers. HGTS - To assist in determining Medicare fraud and abuse and assist the Medicare contractors in their fraud investigations.

12 Identify with whom the agency will share the collected information

DPP - Medicare contractors. FID - The agency will share the information with the Office of Inspector General, the Federal Bureau of Investigation, the Department of Justice, the Medicaid Program Integrity Directors, and the Medicaid Fraud Control Units. IRP Tracking System - Medicare contractors, OIG investigators, FBI. PORS - The information is shared by CMS, Medicare Contractors, and The Department of Justice. PPRMS - The information will be shared with Congress. PSOR - CMS Regional Offices and Medicare carriers. MPARTS - Information is shared with Medicare contractors and other federal agencies. HGTS - Other Medicare contractors, the OIG Investigations staff, the Federal Bureau of Investigations.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Fraud Investigat DB-PQRS

- 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.
- CMPTS - Information regarding CMPs are imputed by CMS Ros. Collections information is inputted by OFM in CO. All other questions are n/a. DPP receives paid claim data by tape from insurance companies to determine if duplicate payment has been made. If a duplicate payment is detected, the appropriate Medicare contractor will be notified and will initiate recovery. The FID information is entered by one of the following two groups: Medicare program safeguard contractors and Medicare Durable Medical Equipment Regional Carrier benefit integrity units. By its nature, the subjects of potential fraud investigations are not generally advised that they are under scrutiny. The information itself is information that a Medicare carrier or intermediary would maintain on a provider or supplier that has billed the Medicare program for reimbursement, and includes all available identifying pieces of information given by that provider or supplier on their enrollment application and/or their bill or claim for payment. Information in the FID could also include summary of findings from Medical or other review of submitted and/or paid claims. IRP Tracking System - Downloaded from 1-800-HHS-TIPS hotline complaints and transmitted to Medicare contractors for investigation development. The DHHS staff and contractors are responsible for notification to complainants and safeguarding the original complaint information. PORS - The information is collected online from Medicare Contractors. PPRMS - The information is obtained from the NCH SUM system. The administrators of this system are aware of this system's access through RACF permissions and profiles. PSOR - Information is obtained from post-payment review and is collected from providers. It is conveyed by written demand letter. MPARTS - Information is obtained from an approved Medicare contractor. HGTS- Information will be obtained from the Harkin Grantee Senior Patrol Projects and loaded into the HGTS by Medicare contractors.
- 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, this information is not being collected. DPP - Only if the child billed Medicare as the primary payer in error.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Fraud Investigat DB-PQRS

- 15 Describe how the information will be secured. CMPTS, FID - Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS. DPP - The incoming tapes are on housed on the CMS mainframe. IRP Tracking System - Systems server protection, user ID, RACF form submission for access. PORS - Information is secured though restricted access to the POR System, which only allows authorized users access to their own data. PPRMS - Information is secured through RACF. PSOR - ID and password are required to enter the system. Normal CMS Data Center physical security applies. MPARTS - Information is stored on the CMS mainframe in the CMS Data Center. HGTS - System server protection; user ID/ password, RACF for submission and approval for access.
- 16 Describe plans for retention and destruction of data collected. CMPTS, FID - There are specific retention and destruction plans. The system follows the standards set at the CMS datacenter. The incoming tapes are on housed on the CMS mainframe. There is currently no plan to destroy any DPP data. Ever. IRP Tracking System - Data is transferred to a holding CD on the server after 3 years. The CD is secured by lock and key. PORS - The current requirement for retention of this data is 10 years. After 10 years, the data is deleted from all files. PPRMS - Data produced through this system is maintained for the maximum lifespan duration in order to facilitate historical analyses and traceability of results. PSOR - Information is retained in VSAM files on the CMS mainframe and stored indefinitely. HGTS - The information in this system family do not contain personally identifiable information within any database(s), record(s), file(s) or Document(s) located on the system.
- 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 : 09-70-0534 and 09-70-0527
- 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: FTAPE-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: FTAPE-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: FTAPE-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: FTAPE-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: FTAPE-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: Harkin Grantee-PQRS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-17
2 OPDIV:	Centers for Medicare & Medicaid Services, Division of Benefits Integrity and Law Enforcement Liaison
3 Title of System or Information Collection:	Harkin Grantee Tracking System (HGTS)
4 Is this system or information collection new or is an existing one being modified?	Existing
5 Does this system collect, maintain, and/or disseminate information in identifiable form (IIF)?	
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.	
7 Unique Project Identifier Number:	N/A
8 System of Records Number:	N/A
9 OMB Information Collection Approval Number and Expiration Date:	N/A
10 Other Identifying Number(s):	N/A
11 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	The HIPAA allowed for a reliable source of funding for Medicare anti fraud and abuse efforts. Among those efforts were the DHHS, AOA Harkin Grantee Senior Patrol Projects. The HGTS allows for effective tracking of Medicare complaints generated through the Projects. Summary reports based on results are distributed to the OIG and CMS.

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Harkin Grantee-PQRS

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| <p>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.</p> | Medicare contractors download results of pending/closed cases and send reports to the OIG/CMS. |
| <p>13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.</p> | To assist in determining Medicare fraud and abuse and assist the Medicare contractors in their fraud investigations. |
| <p>14 Explain why the IIF is being collected, maintained, or disseminated.</p> | |
| <p>15 Identify with whom the agency will share the IIF.</p> | Other Medicare contractors, the OIG Investigations staff, the Federal Bureau of Investigations. |
| <p>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.</p> | Information will be obtained from the Harkin Grantee Senior Patrol Projects and loaded into the HGTS by Medicare contractors. |
| <p>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)</p> | N/A |
| <p>18 Describe how the IIF will be secured.</p> | System server protection; user ID/ password, RACF for submission and approval for access. |
| <p>19 Describe plans for retention and destruction of IIF.</p> | The information in this system family do not contain personally identifiable information within any database(s), record(s), file(s) or Document(s) located on the system. |
| <p>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.</p> | N/A |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Harkin Grantee-PQRS

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| 21 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): | J. Ned Burford |
| 22 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): | Thomas Scully |
| 23 | 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: HCIS/HCISMod-MUDC&AS

Question:

Response:

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|---|---|---|
| 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: HCIS/HCISMod-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): ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ 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. ∅ MADS incorporates monthly summarized Part A and quarterly summarized Part B data. The monthly/quarterly summaries are loaded to relational tables for user access. ∅ 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. ∅ The NCHSTS system produces various utilization tables of Medicare services. There is no identifiable data on the reports created. ∅ 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). ∅ 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. ∅ The CMHS file records and reports individual and



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: HCIS/HCISMod-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.



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OPDIV: CMS System Name: HCIS/HCISMod-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: HCIS/HCISMod-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: HCRIS-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: HCRIS-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



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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 (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 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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OPDIV: CMS System Name: HCRIS-MFM&PS

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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OPDIV: CMS System Name: HCRIS-MFM&PS

- 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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OPDIV: CMS System Name: HCRIS-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.



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OPDIV: CMS System Name: HCRIS-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: Health Care Quality Impro

Question:

Response:

- | | | |
|----|--|--|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Health Care Quality Improvement Systems |
| 4 | Is this system or information collection new or is an existing one being modified? | Existing one 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. | Dennis Stricker, Mike Blake, Pete Burdet |
| 7 | Unique Project Identifier Number: | 009-38-01-06-01-1010-00-110-032; 009-38-01-06-02-1030-00-110-031 |
| 8 | 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; 09-70-0051; 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 |
| 9 | OMB Information Collection Approval Number and Expiration Date
: | 0938-0581 12/2007 |
| 10 | Other Identifying Number(s): | |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Health Care Quality Impro

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

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. 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. 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). The Standard Data Processing System (SDPS) consists of many data and reporting requirements and was designed and developed in response to the ongoing information requirements of the Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. This system, which became operational in May 1997, interfaces with CMS Central Office, 53 QIOs and CDACs. This legislation is under Title XI of the Social Security Act, Part B, as amended by the Peer Review Improvement Act of 1982. Quality Improvement and Evaluation System (QIES) initiative establishes CMS's goals for the standardization of the Minimum Data Set/Outcome and Assessment Information Set (MDS/OASIS) systems. QIES will provide states with the ability to collect assessment data from providers and transmit that data to a central repository for analysis and support of prospective payment systems. The QIES data management system supports a suite of applications/tools designed to provide states and CMS with the ability to use performance information to enhance on-site inspection activities, monitor quality of care, and facilitate providers' efforts related to continuous quality improvement. OSCAR: Online Survey Certification and Reporting (OSCAR) is a national database used for maintaining and retrieving survey and certification data for providers and suppliers that are approved to participate in the Medicare, Medicaid, and CLIA programs. The database is comprised of information entered by the State



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survey agencies and/or CMS regional offices during periodic inspections and/or certifications of these providers and suppliers. OSCAR includes demographic information, compliance and deficiency information on 16 different categories of providers and suppliers, totaling approximately 244,000 providers and suppliers. Data is available through a series of standard reports, custom ad hoc reports and flat file extracts of the database. 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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OPDIV: CMS System Name: Health Care Quality Impro

- 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.

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. 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 The REMIS (Renal Management Information System) is a web-based interactive database of ESRD patient and provider information, used by CMS and the renal community to perform their duties and It is used by CMS and the renal community to perform their duties and responsibilities in 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 Standard Data Processing System (SDPS) consists of many information and reporting requirements and was designed and developed in immediate response to the ongoing ADP requirements of the various Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. Quality Improvement and Evaluation System (QIES) initiative comprises of the following applications and information collection activities: □ The ASPEN system, including ACTS, gathers data from RO, State regulatory agencies and their surveyors related to Survey & Certification activities for Medicare and Medicaid-certified Home Health Agencies (HHA) and Long Term Care (LTC) facilities, End Stage Renal Disease (ESRD) facilities, Portable X-ray Suppliers (XRAY), Outpatient Physical Therapy/Speech Pathology Services (OPT/SP), Rural Health Clinics (RHC), Comprehensive Outpatient Rehabilitation Facilities (CORF) and Hospitals. CMS Central and Regional Office and state agency staff members use ASPEN for approval of surveys and certifications. □ The DMS system allows review and reporting of MDS and OASIS assessments and resident and provider data by CMS Central and Regional Offices, state agencies and IFMC. □ The INTERMEDIARY EXTRACT system allows Rural Home Health and Fiscal Intermediaries to download information to reconcile assessments with claim data/bills. □ The IRF-PAI system gathers data from inpatient rehabilitation units and hospitals to determine the IRF PPS (Prospective Payment System) for each Medicare Part A fee-for-service patient admitted to an inpatient rehabilitation, swing bed or sub acute unit of another provider or a free standing rehabilitation facility. □ The SWING BED system gathers data from swing bed units of hospitals for PPS for Medicare Part A fee-for service patients admitted to a swing bed. □ The MDS system gathers information from Long Term Care (LTC) facilities for the purpose of electronic submission of data, reports, and



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responsibilities in monitoring Medicare status, transplant activities, dialysis activities, and Medicare utilization (inpatient and physician supplier bills) of ESRD patients and their Medicare providers. other information to their respective State Agencies to be used for PPS and quality of care. □ The OASIS system gathers information from Home Health Agencies (HHA) for the purpose of electronic submission of data, reports, and other information to their respective State Agencies to be used for PPS and quality of care. □ The QIES To SUCCESS website provides access to reporting and data extract capabilities. Users of the QIES applications include: CMS Central and Regional offices, State Agencies, Medicare and/or Medicaid certified LTC facilities, Home Health Agencies, Swing Bed Facilities, Inpatient Rehabilitation Facilities and Quality Improvement Organizations (QIOs) OSCAR: The database is comprised of information entered by the State survey agencies and/or CMS regional offices during periodic inspections and/or certifications of these providers and suppliers. OSCAR includes demographic information, compliance and deficiency information on 16 different categories of providers and suppliers, totaling approximately 244,000 providers and suppliers. Data is available through a series of standard reports, custom ad hoc reports and flat file extracts of the database. Clinical Laboratory Improvement Act (CLIA) subsystem, that involves billing information. CMS collects application (CMS-116) that contains the name of the laboratory director and the Tax ID of the lab. This information is mandatory. CMS must be able to identify the laboratory director.



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

3. Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort. CROWN: 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. 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. 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. SDPS: Patient and provider level information are collected into the following systems from the providers, vendors, and QIO users. □ Analytical Reports (OLAP): contains summarized data for payment error rates by state and nationally. The source of the data from which the summary rates are calculated is a combination of claims, case review, medical record abstractions, and payment information already stored within the SDPS data systems. □ Case Review Information System (CRIS): collects and stores data related to the tracking of medical records, case review information, helpline and beneficiary complaint information processed by QIOs as mandated, for identified beneficiary claims. Additional use of the tracking portion of the system supports project data collection for quality improvement work by QIOs as mandated by the QIO program. □ Claims Warehouse: contains both raw and rolled up Part A and Part B claims for



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beneficiaries. Claims are retained for a minimum of 42 months prior to being rolled off, except when connected to case review or a beneficiary complaint, which are retained indefinitely. □ Clinical Abstraction Tracking System (CATS): contains medical record identification information as well as tracking information for abstraction of surveillance data, ultimately measuring the success of the work of the QIOs in quality improvement work as mandated by the QIO program. □ Enrollment Data Base (EDB): contains beneficiary demographic information for all Medicare beneficiary enrollees, and acts as the central repository of information for all SDPS systems relating directly to beneficiaries. □ MedQIC: clearinghouse of information related to quality improvement information, tools, and techniques. Accessible via an Internet site to providers seeking assistance or information on improving quality of care for targeted topics within their facility. Contains no information specific to providers, beneficiaries, or claims. □ Online Access Request System (OARS): contains security access information for all users of the SDPS systems. Highly secure with role-based access only through an application. Controls the access to information across all SDPS data systems. □ Program Activity Reporting Tool (PARTner): contains information related to QIO activities for the 7th SoW. Each Task within the SoW tracks unique information as required, but includes provider specific activities performed by the QIOs in their quality improvement activities mandated by the QIO program. □ Program Resource System (PRS): contains reference data regarding providers from various healthcare settings, and acts as the central repository of information for all SDPS systems relating to providers. Additionally, information tracked by provider by QIOs as mandated, includes contact telephone and address information, and indicators for provider-vendor authorizations for QIO Clinical Data Warehouse data submissions and Public Reporting Initiative intentions. □ QIO Analytical Files: individual QIOs maintain data for analytical purposes to support quality improvement collaborative efforts with providers within their jurisdiction as mandated by the QIO program. This data resides on local database servers, securely contained within their SDPS local area network. □ QIO Clinical Data Warehouse: contains detailed abstracted medical record data related to both CMS-mandated data collection for surveillance, as well as data collected and submitted by providers or their authorized vendors for the purpose of voluntary Public Reporting of core measures or for provider-based quality improvement activities. Direct access to the warehouse is limited to QIO personnel only for providers in their state only, but secure, provider-specific reporting is available via the secure QNet Exchange web site for access by providers for local use, and for comparison to state and national rates. □ QIONet: contains information, training materials, memos, documentation related to the SDPS system in general, and links to the Program Progress Reports (PPR) application that provides predefined reports via secure, role-based access to



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data in the SDPS systems. The QIONet site sits on the closed SDPS wide area network, with its primary user base being the QIOs and CMS CO and ROs. □ QNet Exchange (QE): contains encrypted datasets transmitted via this CMS-approved secure transmission web application. Users include hospitals, vendors, and QIOs nationwide, transmitting data to national repositories such as the QIO Clinical Data Warehouse. □ QNet Quest: contains questions posed by end users of SDPS supported systems, and corresponding answers from qualified, authorized responders. Used as a resource of information for frequently asked questions as well as policy clarifications for information collected by or reported from SDPS systems. QIES: QIES is a standard nationwide system and provides the following functions: receipt, authentication, validation, storage and reporting of patient, provider and survey information from multiple providers and state agencies. QIES has two major functions. One is Survey and Certification and the second is Patient Assessment. To participate in the Medicare and/or Medicaid program, a provider must be certified and provider information is collected. Providers also agree to submit patient assessment information. The assessment portion of the system contains patient identifiable information (PII). Although the survey portion of the system contains provider information, it will also contain PII as surveyors will identify certain patient cases to be reviewed as part of the certification process. QIES comprises of the following applications: □ Data Collection Applications o Automated Survey Processing Environment (ASPEN) o Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI) o Minimum Data Set (MDS) o Outcome and Assessment Information Set (OASIS) o Assessment Information (SWINGBED) □ Data Reporting Applications o QIES to Success o Data Management System (DMS) o MDS Qis o Intermediary Extract (RHHI & FI) OSCAR: Data is available through a series of standard reports, custom ad hoc reports and flat file extracts of the database. CLIA: CMS must be able to identify the laboratory director to place their name on the CLIA license and as a contact point. The lab's Tax ID is needed under IRS rules because we bill and refund monies to the lab.



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

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. The Standard Data Processing System (SDPS) is a Major Application (MA) whose purpose is to provide hardware and software tools to enable Quality Improvement Organization personnel to fulfill the requirements of the QIO programs. The primary purpose of the system is to aid in the administration and monitoring of the tasks mandated by the QIO program. These tasks include: □ Improving Beneficiary Safety and Health Through Clinical Quality Improvement □ in provider settings of: a. Nursing Home; b. Home Health; c. Hospital; d. Physician Office; e. Underserved and Rural Beneficiaries; and f. Medicare + Choice Organizations (M+COs). □ Improving Beneficiary Safety and Health Through Information and Communications □ by: a. Promoting the Use of Performance Data; b. Transitioning to Hospital-Generated Data; and c. Other Mandated Communications Activities. □ Improving Beneficiary Safety and Health Through Medicare Beneficiary Protection Activities □ through: a. Beneficiary Complaint Response Program; b. Hospital Payment Monitoring Review Program; and c. All Other Beneficiary Protection Activities. □ Improving Beneficiary Safety and Health Through Developmental Activities □ Quality Improvement & Evaluation System (QIES) is an information system that will collect provider and beneficiary-specific outcomes of care and performance data across a multitude of delivery sites (such as nursing homes, rehabilitation and long term care hospitals, etc.) for use to improve the quality and cost effectiveness of services provided by the Medicare and Medicaid programs. QIES encompasses both the evolving National/State system of patient outcome assessment data, and a redesigned and expanded Online, Survey, Certification, and Reporting (OSCAR) system, which is being rebuilt using newer technologies and functionality and expanded to include important information on Federal oversight surveys (FMS and FOSS), enforcement data, and to fully support the Administrator's Nursing Home initiative. QIES will provide: □ Data that will enable State Survey agencies to enhance on-site inspections as well as to monitor facility performance on an ongoing basis. □ Information to support provider quality improvement activities



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and for beneficiaries and their families, and purchasers, to use when making health care facility choices. □ Data necessary for developing and implementing case-mix based prospective payment systems for both Medicare and Medicaid. □ Data required for assessing the appropriateness of services provided under case mix payment systems. □ Critical information that will be needed in a post-acute care payment system. □ Information to facilitate the development of clinical best practices and the establishment of coverage policy. OSCAR: OSCAR is a national database used for maintaining and retrieving survey and certification data for providers and suppliers that are approved to participate in the Medicare, Medicaid, and CLIA programs. CLIA: CMS must be able to identify the laboratory director to place their name on the CLIA license and as a contact point. The lab's Tax ID is needed under IRS rules because we bill and refund monies to the lab.



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15 Identify with whom the agency will share the IIF.

CROWN: 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) SDPS: Users of the SDPS data systems include: CMS Central and Regional offices, QIOs, Medicare certified inpatient providers, and authorized PMS vendors. Any sharing of this information outside of the group mentioned above can only be approved by CMS. A Data Use Agreement is submitted to CMS for approval. QIES: Users of the QIES applications include: CMS Central and Regional offices, State Agencies, Medicare and/or Medicaid certified LTC Facilities, Home Health Agencies, Rehabilitation Facilities, Swing Bed Centers and QIOs. Any sharing of this information outside of the group mentioned above can only be approved by CMS. A Data Use Agreement is submitted to CMS for approval. OSCAR: Information is not shared externally. CLIA: Information is not shared externally.



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- 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.

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 SDPS PII information is received directly from CMS in the form of claims and EDB datasets for monthly updates to the Claims and EDB Warehouses. The original source of this information comes ultimately from providers through the submission of claims to the FIs for payment. PII information is also received from the providers. There is no contact or collection of information directly from Medicare and Medicaid patients. For QIES, collection of information begins at the Provider level. PII information is received from the providers. There is no contact or collection of information directly from Medicare and Medicaid patients. OSCAR: OSCAR is a national database used for maintaining and retrieving survey and certification data for providers and suppliers that are approved to participate in the Medicare, Medicaid, and CLIA programs. The database is comprised of information entered by the State survey agencies and/or CMS regional offices during periodic inspections and/or certifications of these providers and suppliers. OSCAR includes demographic information, compliance and deficiency information on 16 different categories of providers and suppliers, totaling approximately 244,000 providers and suppliers. Data is available through a series of standard reports, custom ad hoc reports and flat file extracts of the database. 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.



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- 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)**

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. The SDPS systems do not collect data over the Internet. Children under the age of 13 do participate in the QIO program. PII information is received from the providers. There is no contact with Medicare and Medicaid patients. The QIES systems do not collect data over the Internet. Children under the age of 13 do participate in the QIES program. PII information is received from the providers. There is no contact with Medicare and Medicaid patients. OSCAR: No information is collected from children under age 13. CLIA: No information is collected from children under age 13.



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18 Describe how the IIF 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 - Communication layer the entire SIMS system relies on QualityNet (QNet) network infrastructure. The IFMC corporate data center is a restricted area and has appropriate environmental security controls implemented, to include measures to mitigate damage to Automated Information Systems caused by fire, electricity, water and climate changes. For access to all applications, users must complete a QNet Access Request Form, which has been automated for all but CMS RO users in the OARS system. This form specifies which system(s) the user needs access to and the level of authority for that system. (Production, test, training or development, update or read only) The user.s security administrator must approve the request. If completed in paper form, as is needed by the CMS ROs, the form is forwarded to the appropriate CMS CO security administrator for user id setup into the OARS system. This same process is used also for changes and deletions from all SDPS applications. IFMC cannot address the physical and environmental protection actually afforded at any non-IFMC sites. The IFMC corporate data center is a restricted area and has appropriate environmental security controls implemented, to include measures to mitigate damage to Automated Information Systems caused by fire, electricity, water and climate changes. QIES Data Integrity/Validation Controls are as follows: QIES is not accessible via the Internet nor are email services installed on the servers. Therefore, QIES is minimally vulnerable to hackers, malicious programs and virus. Message Authentication . No email servers exist in this system, therefore this category does not apply. .Verification . ASPEN & ACTS. Field level edits are used in the online system. IRF-PAI, SWING BED, MDS and OASIS contain very detailed validation programs that include field level and relational edits to verify the accuracy of the data. QIES to Success is a reporting system only; therefore, no verification process is contained in this system. CMS guidelines require the state agencies to obtain permission from CMS to attach to other systems via a formal request procedure. Some ASPEN surveyors participating in pilot programs with CMS are able to download survey data via encrypted transmission files. Each state and facility is provided access to their data only. For IFMC Employee s. access to all applications except ASPEN & ACTS, users must complete a QNet Access Request Form. This form specifies which system(s) the user needs access to and the level of authority for that system. (Production, test, training or development) The user.s security manager must approve the request. Once approved, the form is forwarded to the appropriate administrator for user id setup. This same form is used for changes and deletions from these QIES applications. An IFMC system administrator grants development access for development servers. User access to the ASPEN system is controlled via



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the ASPEN coordinator at the state agency. OSCAR: User access to OSCAR is limited at the first level by RACF security for the CMS Data Center.



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19 Describe plans for retention and destruction of IIF.

CROWN: 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. QualityNet Security Policies Handbook, Version 1, July 1, 2004 QualityNet Guidelines for Destruction of Sensitive Information Version 1.1 September 20, 2004 This document defines guidelines for the destruction of Medicare sensitive information and establishes a minimum set of security controls that will apply for all QualityNet users. These QualityNet guidelines will be used by the 3 QualityNet Complexes, 53 QIO sites responsible for each US state, territory, and the District of Columbia; 1 Clinical Data Abstraction Center (CDAC); and 18 End Stage Renal Disease networks. These guidelines were established to provide a standard for QualityNet Functional Component users for the destruction of sensitive Medicare information. Users need to understand that taking personal responsibility for the handling, storage, and destruction of sensitive information is an essential part of their job. This policy document meets the requirements set forth by the Computer Security Act of 1987 (P.L. 100 235), the Health Insurance Portability and Accountability Act of 1997 (P.L. 104-191), Appendix III to OMB Circular No. A-130 (50 FR 52730; December 24, 1985), and CMS Information Systems Security Policy, Standards and Guidelines Handbook, (The Handbook), Version 1.0, February 19, 2002. SDPS: 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. QualityNet Security Policies Handbook, Version 1, July 1, 2004 QualityNet Guidelines for Destruction of Sensitive Information Version 1.1, September 20, 2004 This document defines guidelines for the destruction of Medicare sensitive information and establishes a minimum set of security controls that will apply for all QualityNet users. These QualityNet guidelines will be used by



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- 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.
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):
- data.
- CROWN: CMS has the authority to collect and use personally identifiable information that is relevant and necessary to accomplish the purpose of the agency (defined as the Department of Health and Human Services) under the provisions of the Privacy Act of 1974 (5 U.S.C. 552a). The Privacy Act requires that the agency maintain all records in system of records and inform the public of the establishment or revision of a system of record through publication in the Federal Register. 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. SDPS: No Systems of Records exists. QIES: Long Term Care Minimum Data Set - The System of Records number originally was 09-70-1516, but was changed to 09-70-1517 on February 13, 2002. The original number was a duplicate. Updates were made on 7-16-98, 8-18-00, 2-12-02. 09-70-1518 Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI). 09-70-9002 Home Health Agency Outcome and Assessment Information Set (HHA OASIS). 09-70-1519 ASPEN Complaints/ Incidents Tracking System (ACTS). OSCAR: 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. 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.
- Walter Stone CMS Privacy Officer
- Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services



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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):	Centers for Medicare & Medicaid Services
3 Title of System or Information Collection:	Human Resources Management Systems (A system family containing 12 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:	09-70-3005
7 OMB Information Collection Approval Number and Expiration Date :	n/a
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.

CMS inquiries Referral Search Website - This is not a legislative directed website. This website is an online, up to date restricted Subject Matter Expert Referral Guide.

Human Resource Manager Website - This is not a legislative directed website. This website is an online, up to date repository of guidance for management and human resource personnel type. It replaced the Personnel Management Handbook.

HTS - The system is used to allow employees to process their travel documents electronically. A traveler must have a □traveler profile□ which contains an HTS-defined set of personal and administrative information. The profile allows a person to create, modify, submit and view their own travel document and check the status of all their pending travel documents. Travelers can update some of the information in their □traveler profile□, but most changes must be done by their HTS coordinator. Travelers cannot create or view travel documents for other people. The Federal Travel Regulations require agencies that spend more than \$5 million per year to report this information to GSA as part of Federal Agencies Travel Survey. The system is the means that we use to process travel documents. Without it, we would process hard copy documents.

LERT is a client/server application written in Visual Basic. It tracks cases within HRMG related to labor and employment matters, including, but not limited to, demands to bargain, unfair labor practices, disciplinary and adverse actions, requests for information, grievances and negotiations.

Online Registration System - The online registration system is a database application on the CMSnet "intranet" which enables employees to register online for agency-sponsored training. The online registration automates a process that previously was paper-driven. The automated process is more efficient, saves time, and is very user friendly. Employees appreciate the ability to self-enroll online. Features: Systems administrator adds/maintains courses and sessions; and generates rosters. Users access the system using their email address as a user ID; view courses available; and self-register for courses. Email confirmations are sent to registrant and supervisor. Training history data is collected pursuant to the C.F.R. citations list in question 5

OEOCR - This system is no longer used by the Office of Equal Opportunity and Civil Rights. EEO Assistant□ was a menu-driven commercial-off-the-shelf (COTS) software package that allowed the user to analyze workforce profiles, track personnel actions, and monitor every aspect of discrimination complaints processing. The software package included an extensive set of reports and pre-formatted letters to meet EEOC and OPM requirements for complaints processing and affirmative employment planning and reporting.

Applicable Laws/Regulations/Statutes: The following laws, policies, and regulations govern the Federal EEO Program for discrimination complaints processing, statistical



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monitoring and reporting: · Executive Order 11478 · Title VII of the Civil Rights Act of 1972, as amended · Civil Service Reform Act of 1987 · Title 5 of the Code of Federal Regulations (CFR) Section 720 · 29 C. F. R. § 1607 · 29 C. F. R. § 1614 · FPM Chapter 720 · EEOC Management Directive (MD) 110 · EEOC MD 715 Heirs contains an Employee Master File record for every current employee, and also historical data on current and former employees. Data is available in the following areas: Separations, Classified Position Information, Awards, Training, Suspense Actions, and Administrative and Nature of Action Titles. EMS - The system is used to manage the collection and tracking of OGE-450 forms. Managers designate OGE-450 filers in the system, and filers enter data into the system, and then print a hard copy of the OGE-450 form. The Agency uses the system to track the filing of forms by employees. The system is also used to identify and notify employees who are required to receive annual ethics training. The system is password protected; system administrators and database administrators can access all information entered by employees; managers can view data for their subordinate employees only; and filers can view only their own information. Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics (OGE) regulations require the reporting of this information. PARKING - The system is used at CMS as part of our building security plan. All CMS employees and other authorized individuals have been issued United States Government parking permits by CMS to provide regular or special parking based on specific needs. This includes: (1) Federal employees (full/part-time and temporary) working in CMS occupied buildings in Baltimore, Maryland; (2) Certain private individuals ("contractors") providing services at either locations; (3) private citizens with children in the Day Care Center, and (3) GSA employees and contract guards. The retrieval of this information is necessary to ensure that access to CMS buildings during regular and security hours is restricted and to guard against unauthorized entry. STS - The system tracks employee suggestions. Users are able to determine where the suggestion is in the evaluation and disposition process. There is no legislation authorizing this system. The VLTS system allows CMS employees to donate Annual Leave to employees that are on extended leave due to medical reasons, but who do not have sufficient hours accrued to cover their absence. The Workforce Planning System is being developed and does not yet exist in CMS. There is no legislation authorizing the activity.



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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.

CMS inquiries Referral Search Website - This is a static HTML system, no information is collected. Information is disseminated to CMS employees. Human Resource Manager Website - This is a static HTML system, no information is collected. Information is disseminated to management and human resources personnel types. HTS - The information collected pertains to travel documents; travel orders and travel vouchers. The information of the travel documents is sent to the Financial Accounting Core System (FACS) for final processing. FACS obligates money for upcoming trips when a travel order is received and initiates the traveler's reimbursement when a travel voucher or local voucher is received. LERT - The type of information maintained includes the type of case, case number, component, union representative, agency representative, and status of the case. Online Registration System - Employee Data Elements are: first name, last name, phone number, organization, email address, and supervisor's email. This is the minimum information needed by the database system to enable employees to self-enroll, and for the administrator to track completion for rosters and training history. No SSN data or other identifier information is collected. OEOCR - The system collected agency personnel data for tracking and analytical purposes. The data was required pursuant to the laws and regulations set forth in item 1 above. HEIRS - The data collected is Personnel Information on each CMS employee. The type of information is mentioned above. The data is used to aid Human Resource employees in performing their daily tasks. The data includes employee name, ssn, grade, series, pay plan, admin, service comp date, career start date, date of birth, HHS entrance on duty date, fegli code, salary, noa code and date, patco code, position number, position title, position indicator, race & national origin code, smsa code, sex, type of position, type of appointment, etc. EMS - The agency will collect information on employees' financial interests, such as investments and other assets, employment (other than Federal), liabilities, outside activities, etc. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. PARKING - Facilities Management Personnel establishes a record for the individual containing name, SSN, contractor and company name, organization, location, grade, issue date, expiration date, permit number, type of permit, tag number, parking lot information, reserved space information, parking violations Etc. STS - Information collected: - Suggestion number - Suggestor's SSN - Title of suggestion - Suggestor's office address - Suggestor's name - Suggestor's telephone number - Suggestor's position title - Suggestor's e-mail address - Suggestor's agency - Description of Suggestion - Suggestor's pay plan/series/grade - Who suggestion is assigned to - Suggestor's timekeeper number - Evaluation result - Suggestor's



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component VLTS - Recipient and Donor information is collected by Human Resource employees. A recipient record is established when the CMS employee requests donated annual leave. Donor records are established when the CMS employee donates annual leave. The data contains personnel information on employees donating and receiving annual leave. The data includes donor name, donor user id, donor ssn, donor grade, donor supervisor, donor timekeeper, hours donated, hours posted, pay period donated, recipient name, recipient user id, recipient ssn, recipient grade, recipient supervisor, recipient timekeeper, recipient position title, recipient work location, hours requested, hours used, hours remaining, etc. Workforce Planning System - The Agency will be collecting data on employees related to knowledge and skills existing in the workforce, measuring closure of critical skill gaps. Knowledge and skills will be linked to business functions performed by the agency. Retirement projections will be used in our human capital management and workforce restructuring initiatives.



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- 11 **Explain why the information is being collected.**
- HTS - Information is collected to support transactions which are forwarded to FACS and ultimately appear on the financial accounting reports. LERT - A review of the system enables HRMG to determine the status of issues and allows the generating of accurate reports as requested by Congress, the Department of Health and Human Services, CMS Management, etc. Online Registration System - The information is being collected to enable employees to self-enroll and produce rosters for agency-sponsored courses in the headquarters office and to a limited degree, courses sponsored by some regional offices. OEOCR - The mission of the Office of Equal Opportunity and Civil Rights (OEOCR) is to facilitate and ensure the fair and equitable treatment of the Centers for Medicare and Medicaid Services (CMS) internal and external customers through compliance with applicable laws and the effective management of the agency's Equal Opportunity and Civil Rights Programs. To this end, OEOCR manages all complaints of alleged discrimination against CMS. HEIRS - As mentioned above, the data is collected to establish a Personnel System for Human Resources. EMS - The primary use of the information in this system is for review by Government officials of the Agency, to determine compliance with applicable Federal conflict of interest laws and regulations. PARKING - As mentioned above, the data is collected to establish a Parking record for the individual. STS - Suggestions were previously tracked manually. This electronic system was developed to enable better tracking of suggestions. VLTS - As mentioned above, the data is collected to help CMS employees in need of donated annual leave. Workforce Planning System - The data are collected so that CMS will be better able to prepare our workforce for the future, to plan for attrition and adjust the skill mix in the agency. Retirement projections and retention analyses are used to develop annual recruitment, hiring, learning and succession planning.
- 12 **Identify with whom the agency will share the collected information**
- The Heirs Personnel Data is not shared outside of CMS. The Heirs system is used by Human Resource Employees, Admin officers, and Managers.
- 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.**
- HEIRS - The Personnel Data is collected on each CMS employee by Human Resource employees. A Personnel record is established on the employee at EOD time. The Award, Training, data etc is collected throughout the employee's career.



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| <p>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)</p> <p>15 Describe how the information will be secured.</p> <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>No information will be collected from children.</p> <p>HEIRS - The data is secured in a M204 Data Base with file, userid, and password protection.</p> <p>HEIRS- The historical data is retained for a period of ten years. After this period the records are deleted.</p> |
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