

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: HOPS-P&PMS

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

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

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



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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.

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

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



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11 Explain why the information is being collected.

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

12 Identify with whom the agency will share the collected information

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



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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.

CMS Procurement System - The information is collected on those entities interested in contracting with CMS and provide information collected on the SF129 form. This data is entered into our contractor database. The information is provided voluntarily. There is nothing pertaining to the use of their information on the form or any consent opportunities. The information is collected because in is required in order to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. HOPS - Information is collected from CMS procurement documents and personal property inventory reports. Information collected does not contain any individual personal information and consent notification is not required. RMS - Information is obtained verbally or through e-mail from CMS customers when they require storage or access to records in the CMS Warehouse- Mezzanine. PPSM - Information is collected from CMS procurements and customer order request forms submitted by internal and external customers request for warehouse stored products. Information collected is for internal use only and customers are not provided usage consent notification. CWOS - Information entered by CMS Inventory Specialists is collected from customer order request forms submitted by internal and external customers request for warehouse stored products via phone and email. Other customers enter in their own shipping information and material request. Information collected is for internal use only and customers are not provided usage consent notification.

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

No information collected on persons under 13.

15 Describe how the information will be secured.

CMS Procurement System - The system is password protected; system administrators and database administrators can access the data. All transactions are encrypted. HOPS - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days. RMS - Data is secured using password protected restricted access levels. Passwords are required to be updated every 60 days. Hard copy documents are kept locked in the overhang at the Records Officer's workstation. PPSM - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days. CWOS - Data is secured for unauthorized use via password protected restricted access levels. Passwords are required to be updated every 60 days.



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- 16 Describe plans for retention and destruction of data collected.** CMS Procurement System - Information is required to be retained for seven years. It can be archived after that time. Backups are maintained at a secure location off site. HOPS property account information, description and acquisition cost of recorded assets remain indefinitely. However, no personal data is connected to these records. RMS - In accordance with the federal guidelines and NARA's General Record Schedule 20, data will be deleted/destroyed when no longer needed for administrative, legal, audit or other operational purposes. No personal data is contained in these records. PPSM - Some customer account information remains in PPSM, and some is purged after 180 days depending on how the customer was entered into the system. Order information is kept for 10 years. System contains no personal data. CWOS - Customer account information and order information remains in CWOS. System contains no personal data.
- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.** System of Records Number: 09-70-3002, 09-70-3004, 09-70-3001
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):** J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):** 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: HR Manage Website-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:	n/a
7 OMB Information Collection Approval Number and Expiration Date :	n/a
8 Other Identifying Number(s):	n/a
9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	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.
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.	Human Resource Manager Website - This is a static HTML system, no information is collected. Information is disseminated to management and human resources personnel types.
11 Explain why the information is being collected.	n/a
12 Identify with whom the agency will share the collected information .	n/a

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: HR Manage Website-HRMS

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| <p>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.</p> | <p>n/a</p> |
| <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>No information will be collected from children.</p> |
| <p>15 Describe how the information will be secured.</p> | <p>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.</p> |
| <p>16 Describe plans for retention and destruction of data collected.</p> | <p>Human Resource Manager Website - This website is updated at the request of the subject matter expert within the Human Resources Management.</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> | |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: HTS-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:	n/a
7 OMB Information Collection Approval Number and Expiration Date :	n/a
8 Other Identifying Number(s):	n/a
9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	HTS - The system is used to allow employees to process their travel documents electronically. A traveler must have a <input type="checkbox"/> traveler profile <input type="checkbox"/> 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 <input type="checkbox"/> traveler profile <input type="checkbox"/> , 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.



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OPDIV: CMS System Name: HTS-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.
- 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.
- 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.
- 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.
- 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.
- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)
- No information will be collected from children.
- 15 Describe how the information will be secured.
- 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.
- 16 Describe plans for retention and destruction of data collected.
- HTS - Travel documents must be kept for 6 years. The system is not yet 6 years old so all data is still being 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.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: HTS-HRMS

- 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: Human Resources Management Systems

Question:

Response:

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| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Human Resources Management Systems |
| 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)? | 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. | Tony Auld, Faraja Bryant-Ricketts |
| 7 | Unique Project Identifier Number: | 009-38-02-00-01-1150-00-404-139 |
| 8 | System of Records Number: | 09-70-3005 |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | HRMS MA is a collection of systems that include web based applications as well as client/server applications that support the Administration of Human Resources and related Business Entities within the Centers for Medicare and Medicaid Services. |
| 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 type of information maintained includes the employee personnel data, case numbers, and component information. |
| 13 | Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort. | |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Human Resources Management Systems

- 14 Explain why the IIF is being collected, maintained, or disseminated. The HRMS system enables Human Resources as well as its business counterparts to report on specific White House, OPM, DHHS initiatives as they relate to Administrative processes and programs.
- 15 Identify with whom the agency will share the IIF. CMS specific Administrators, Employees, Users.
- 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. The information is protected and used on an as needed basis by specific personnel that meet the authorized criteria to gain access to the HRMS systems.
- 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) No information will be collected from children.
- 18 Describe how the IIF will be secured. The information is stored in Access databases, Oracle databases in a secured directory on the CMS network. Access to the CMS network is restricted to CMS employees and contractors.
- 19 Describe plans for retention and destruction of IIF. The data will be stored indefinitely.
- 20 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. N/A
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IBNR-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: IBNR-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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OPDIV: CMS System Name: IBNR-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.



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OPDIV: CMS System Name: IBNR-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: Inquiries Referral-HRMS

Question:

Response:

- | | | |
|----|---|--|
| 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: | n/a |
| 7 | OMB Information Collection Approval Number and Expiration Date : | n/a |
| 8 | Other Identifying Number(s): | n/a |
| 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. |
| 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. |
| 11 | Explain why the information is being collected. | n/a |
| 12 | Identify with whom the agency will share the collected information | n/a |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Inquiries Referral-HRMS

- | | |
|--|--|
| <p>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.</p> | <p>n/a</p> |
| <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>No information will be collected from children.</p> |
| <p>15 Describe how the information will be secured.</p> | <p>CMS inquiries Referral Search Website - This website is a guide for CMS Employees</p> |
| <p>16 Describe plans for retention and destruction of data collected.</p> | <p>CMS inquiries Referral Search Website - This website is updated at the request of the subject matter expert within CMS.</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> | |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

<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:	: Provider Enrollment System (A system family containing 5 systems)
4 Is this System or Information Collection new or is an existing one being modified?	Existing,
5 Unique Project Identifier Number:	FMIB 246 <input type="checkbox"/> PECOS, BPA 98-0226 - MED
6 System of Records Number:	System No. 09-70-0525 <input type="checkbox"/> UPIN, 09-70-0532 <input type="checkbox"/> PECOS, 09-70-0524 <input type="checkbox"/> IRIS, 09-70-0517, 09-70-0008, 09-70-0530.
7 OMB Information Collection Approval Number and Expiration Date :	0938-0685- 01/01/2007 <input type="checkbox"/> UPIN,
8 Other Identifying Number(s):	Computer Match Agreement Between CMS and SSA (CMA# 2001-05) - PECOS

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

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

UPIN - Identify all physicians, non-practitioners and medical groups practices, defined by §§ 1124(A), 1861(r), 1842(b)(1)(ii)(iii)(iv)(v)(r), and 1877(h)(4) of The Act who request or receive Medicare reimbursement for medical services. PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be stored in the Provider Enrollment, Chain and Ownership System and used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)]. The OMB approval number for this information collection is 0938-0685, and is renewed each time changes are made to the information collected. MED receives excluded provider data from OIG each month. The data is formatted and verified, and then distributed to all CMS contractors in accordance with sections 1128A & B and 1162(e) of the Social Security Act. IRIS is comprised of both a mainframe subsystem and a mid-tier subsystem called IRISV3. Teaching hospitals use IRISV3 to log the time worked by interns and residents at their hospitals. This data is tied to the hospitals cost report and is used as a determining factor on how much reimbursement the hospitals get in lieu of care given to Medicare and Medicaid patients. CMS collects the data and produces a periodic duplicate report which points out intrastate overlaps in periods worked by an intern or resident between two or more hospitals. NPS - This initiative was mandated by the administrative simplification provisions of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA mandates the adoption of a standard health care provider identifier and its assignment to every health care provider that transacts electronically any of the transactions specified in that law.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

- 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 system contains a UPIN, tax identification, and social security number for each physician, non-physician practitioner and medical group. Also, the system contains information concerning a provider's birth, residence, medical education, and eligibility information necessary for Medicare reimbursement. CMS will collect only that information necessary to perform the system's functions. By uniquely identifying all Part B health professional and practitioners and groups, CMS believes we will eliminate the possibility of double payment. Medicare carriers currently identify physicians, non-physician practitioners and groups using their own systems of assigned numbers. PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. This information will also identify whether the provider is qualified to render health care services and/or furnish supplies to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the health care provider that is seeking billing privileges in the Medicare program. Medicare needs to know: (1) the type of health care provider enrolling, (2) what qualifies this provider as a health care related provider of services and/or supplies, (3) where this provider intends to render these services and/or furnish supplies, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the provider. MED - The only data taken from the OIG file is the data required to uniquely identify the provider in order to exclude the right guy (name, ssn, dob), as well as the pertinent exclusion data. IRIS - Information is collected on 3½ inch floppy disks which are mailed to IRIS system maintainer. The information is used to create a periodic duplicate report and is released for research purposes. The minimum amount of data is collected to facilitate production of reports. NPS - The system contains a unique identifier for each health care provider (the NPI, which is assigned by the NPS) along with other information about the provider. This information includes other identifiers, name(s), demographic, educational/professional data, and business address data. Only information required for establishing the identity of the health care provider will be collected. The information to be collected was issued in a Notice of Proposed Rulemaking in 1998, and unnecessary data was eliminated in response to comments.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

11 Explain why the information is being collected.

This national system or Registry of Unique Physician/Practitioner Identification Number will enable CMS to more readily identify all physicians, non-physician practitioners and groups deemed ineligible for Medicare payments and maintain more comprehensive data on physician credentials. PECOS - The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as optional on the form. Without this information, the ability to make payments will be delayed or denied. MED - Paying providers that are excluded is bad. IRIS - The information is collected in order to produce the duplicate report. NPS - The information is being collected to comply with the requirements of HIPAA in order to assign a unique identifier to every health care provider in the country.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

12 Identify with whom the agency will share the collected information

The government will only release UPIN information that can be associated with each physician, non-physician practitioner and medical group practices as provided for under Section III. Routine Use Disclosures of Data in the System. Both identifiable and non-identifiable data may be disclosed under a routine use. Identifiable data includes individual records with UPIN information and identifiers. Non-identifiable data includes individual records with UPIN information and masked identifiers or UPIN information with identifiers stripped out of the file. Information from these systems may be disclosed under specific circumstances to:

- MS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
- A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
- The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
- Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
- To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
- To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
- To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
- An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
- Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
- State Licensing Boards for review of unethical practices or non-professional conduct;
- States for the purpose of administration of health care programs; and/or
- Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider/suppliers health care claims.

MED - Medicare contractors. IRIS - Other government agencies, academic institutions, CMS contractors. NPS - Disclosure may be made, according to the System of Records: 1. To Federal and Medicaid health plans that are enumerators, their agents, and the NPS registry for the purpose



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

of uniquely identifying and assigning NPIs to providers. 2. To entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act. 3. To a congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual. 4. To another Federal agency for use in processing research and statistical data directly related to the administration of its programs. 5. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when (a) HHS, or any component thereof, or (b) Any HHS employee in his or her official capacity; or (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.. To an individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided. 7. To an Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated information systems (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system. 8. To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State. 9. To another Federal or State agency: (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds. (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act of 1997.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

- 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.**

UPIN information on individuals is completed by contractor personnel and submitted to CMS through standard systems located at different locations. CMS will utilize a variety of onsite and offsite edits and audits to increase the accuracy of UPIN data. These individualized systems allow for Physician Identification Numbers (PIN) ranging from 4 to 16 alphabetic and or numeric characters. Without the written consent of the physician, health care practitioner or group practice information in the system of records can only be released if at least 1 of 10 disclosure provisions for routine use is cited. CMS will only disclose the minimum personal data necessary to achieve the purpose of UPIN. CMS will monitor the collection and reporting of UPIN data. UPINs are published in an annual directory. CMS has policies and procedures concerning disclosures of information that will be maintained in the system. In general, disclosure of information from the system of records will be approved only for the minimum information necessary to accomplish the purpose of the disclosure.

PECOS - The information will be collected from all health care providers and suppliers who render services or supplies to Medicare beneficiaries and bill the Medicare program for those services and supplies. This information will be collected via the completion of the CMS 855, Provider/Supplier Enrollment Application. All of this information is conveyed to the providers of the information in writing directly on the CMS 855 and in the certification signature page of the form. In addition, the supplier of the information is informed of the following: Computer Data Matching Policy The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching. Protection of Proprietary Information Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600. Protection of Confidential Commercial and/or Sensitive Personal Information If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

MED - All our data and information comes from OIG. They provide us with a file, and Team MED pulls of the data we require to identify an excluded provider.

IRIS - The information is obtained from Fiscal Intermediaries on 3 ½ inch floppy disks who in turn receive the information from teaching hospitals.

NPS -



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

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 be obtained through submittal of an application, either through the web or on paper, by providers of health care. There will be a Privacy Act notice on the application describing how the information will be shared.

No information will be collected from children under age 13 on the Internet.

15 **Describe how the information will be secured.**

UPIN □ CMS has safeguards for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and systems security requirements. Employees 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. In addition, CMS has physical safeguards in place to reduce the exposure of computer equipment and thus achieve an optimum level of protection and security for the UPIN system. For computerized records, safeguards have been established in accordance with the Department of Health and Human Services (HHS) standards and National Institute of Standards and Technology guidelines, e.g., security codes will be used, limiting access to authorized personnel. System securities are established in accordance with HHS, Information Resource Management (IRM) Circular #10, Automated Information Systems Security Program; HCFA Automated Information Systems (AIS) Guide, Systems Securities Policies, and OMB Circular No. A-130 (revised), Appendix III. PECOS - Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS. MED, IRIS - The data is housed on the CMS mainframe.

16 **Describe plans for retention and destruction of data collected.**

CMS and the repository of the National Archive and Records Administration (NARA) will retain identifiable UPIN assessment data for a total period not to exceed fifteen (15) years. PECOS - There are specific retention and destruction plans. The system follows the standards set at the CMS data center. MED - The data is housed on the CMS mainframe. There is currently no plan to destroy any MED data. Ever. IRIS - The information is currently stored for an indefinite period of time on the CMS mainframe.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRIS-PES

- 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.
- In accordance with the requirements of the Privacy Act of 1974, a SOR, Unique Physician/Practitioner Identification Number (UPIN) (formerly known as the Medicare Physician Identification and Eligibility System), System No. 09-70-0525 was last published in the Federal Register, July 2003. PECOS - This information collection is maintained under SOR 09-70-0532, which was specifically written for this collection. System of Records No: 09-70-0524 IRIS, 09-70-0517, 09-70-0008, 09-70-0530.
- 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):
- J. Ned Burford
- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):
- Timothy P. Love
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):
- Thomas Scully



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IRP Tracking Sys-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 <input type="checkbox"/> (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: IRP Tracking Sys-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: IRP Tracking Sys-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: IRP Tracking Sys-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: IRP Tracking Sys-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: IRP Tracking Sys-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): Timothy P. Love
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Thomas Scully

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IT Management Sys

Question:

Response:

- | | | |
|----|--|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | IT Management 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. | Lisa Levine, Walter Stone, Charlene Flet |
| 7 | Unique Project Identifier Number: | 009-38-03-00-02-1010-00-304-102 |
| 8 | System of Records Number: | 09-70-0064 |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | FMIB#: OIS304, OIS 234, OIS 429, OIS 116 & OIS 92 |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | The CMS IT Management System sub-systems enable the OPDIV to ensure effective and efficient governance and control of its information technology resources. These sub-systems also help maintain the CMS data infrastructure by addressing areas such as IT investments, IT standards, change management, configuration management, data management, and IT User identification management. OMB Circular A-130 authorizes these activities. |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IT Management Sys

- 12 Describe the information the agency will collect, maintain, or disseminate and how the agency will use the information. In this description, indicate whether the information contains IIF and whether submission is voluntary or mandatory.
- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.
- 14 Explain why the IIF is being collected, maintained, or disseminated.
- 15 Identify with whom the agency will share the IIF.
- 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.
- 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)
- 18 Describe how the IIF will be secured.
- CMS will collect information pertinent to IT investments, IT standards, change management, configuration management, data management, and IT User identification management. The Agency will use the collected information to govern and control its information technology resources and help maintain its data infrastructure. 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. The Enterprise User Administration System is the only sub-system in the IT Management System that collects personally identifiable information. The information collected is name, SSN, mailing address, phone number and e-mail address of users, including both CMS employees and contractors who need access to various CMS platforms and applications. The submission of the IFF is voluntary.
- Aside from the information collected for the EAU sub-system, the information in the IT Management System does not contain personally identifiable information within any database(s), record(s), file(s) or document(s) located on the system. In the EUA, the user provides only that information necessary to request access to CMS systems and applications.
- IIF is being collected as part of the EUA sub-system by applications/systems owners who need to know who is accessing their applications/systems and why.
- The information is not and will not be shared with any other agency.
- Aside from information in the EUA, the information in the IT Management System does not contain personally identifiable information within any database(s), record(s), file(s) or Document(s) located on the system. Relative to the EUA, the information is collected from end users. The users have to fill out and sign the Application for Access to CMS Computer Systems forms. These forms contain the Privacy Act statement and the Security Requirements for Users of CMS Computer Systems statement.
- Information will not be collected from children under age 13.
- In the EUA sub-system, data resides on protected servers. There are restrictions based on user access rights. Also, limited information is available.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: IT Management Sys

- | | | |
|-----------|---|---|
| 19 | Describe plans for retention and destruction of IIF. | CMS is required to maintain EUA IIF for auditing purpose. |
| 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. | The EUA is System of Records # 09-70-0064 |
| 21 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): | Walter Stone CMS Privacy Officer |
| 22 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): | Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services |
| 23 | The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): | D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: LERT-HRMS

Question:

Response:

- | | | |
|----|---|---|
| 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: | n/a |
| 7 | OMB Information Collection Approval Number and Expiration Date : | n/a |
| 8 | Other Identifying Number(s): | n/a |
| 9 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | 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. |
| 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. | LERT - The type of information maintained includes the type of case, case number, component, union representative, agency representative, and status of the case. |
| 11 | Explain why the information is being collected. | 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. |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: LERT-HRMS

12 Identify with whom the agency will share the collected information

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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.

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

No information will be collected from children.

15 Describe how the information will be secured.

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.

16 Describe plans for retention and destruction of data collected.

Data is stored indefinitely.

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

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

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: MADS-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: MADS-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: MADS-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: MADS-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: MADS-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: Managed Care Systems

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2005-08-05
2 OPDIV:	CMS
3 Title of System or Information Collection:	Managed Care 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.	Marla Kilbourne & Lori Robinson
7 Unique Project Identifier Number:	009-38-01-04-02-1020-00-110-031; 009-38-01-04-01-1170-00-110-031
8 System of Records Number:	09-70-4001; 09-70-4004
9 OMB Information Collection Approval Number and Expiration Date :	
10 Other Identifying Number(s):	



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Managed Care Systems

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

GHP - APPLICABLE LAWS OR REGULATIONS AFFECTING THE SYSTEM. Refer to the Master Plan. In addition: Sections 1833, 1852, 1876, of the Social Security Laws, and Section 422 of the Regulations. The GHP was implemented in 1990 to assist CMS in calculating beneficiary-level payments and producing the aggregate MCO-level payment for use in the Automated Plan Payment System (APPS). The GHP System provides CMS Central Office, Regional Office and Managed Care Organizations (MCO) with access to Medicare beneficiary information. There are approximately 1500 users. The GHP system is comprised of five subsystems: Managed Care Option Information System (MCCOY), GHP Report Output User Communication Help (GROUCH), Plan Information Control System (PICS), Automated Payment Plan System (APPS), and Reconciliation System (RECON). GHP receives transmitted data, processes enrollments and payments, and creates reports for MCO. The GHP System also interacts with one CMS internal system, the Enrollment Database (EDB) for entitlement. Each MCO has the responsibility to conform to the minimum CMS standards for the transmission and encryption of data of all types of data.

MMCS - APPLICABLE LAWS OR REGULATIONS AFFECTING THE SYSTEM. Refer to the Master Plan. In addition: Sections 1833, 1852, 1876, of the Social Security Laws, and Section 422 of the Regulations. The MMCS was implemented in 2005 to assist CMS in calculating beneficiary-level payments and producing the aggregate MCO-level payment for use in the Automated Plan Payment System (APPS). The MMCS System provides CMS Central Office, Regional Office and Managed Care Organizations (MCO) with access to Medicare beneficiary information. HPMS - HPMS collects and reports organization and plan level data related to Medicare Advantage (MA) plans, Prescription Drug Plans (PDP), and drug card sponsors. The Medicare Modernization Act (MMA) provides authorization for this activity.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Managed Care Systems

- 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.

GHP - The GHP application handles and stores Privacy Act sensitive information, to include individually identifiable beneficiary data. The GHP application mission is to calculate beneficiary-level payments and produce the aggregate MCO-level payments. This application is critical to CMS. Failure of this application to function could have severe impact on beneficiaries, or could provide a high potential for fraud, waste or abuse. The information processed by the GHP application is sensitive and requires safeguarding against disclosure to unauthorized personnel. Therefore, the confidentiality of the MCS-MA is rated to be High. If personnel, authorized or unauthorized, modified applications, medical or financial information, the potential is great for major delays and inaccurate information being reported. Therefore, the integrity of the MCS-MA is rated to be High. The GHP application must be available on a daily basis in order for CMS and MCO users to perform daily job requirements. Denial of service to the GHP application would jeopardize the ability of CMS and MCO users to perform the mission of the agency. Therefore, the availability of the MCS-MA is rated to be High. MMCS - The MMCS application handles and stores Privacy Act sensitive information, to include individually identifiable beneficiary data. The MMCS application mission is to calculate beneficiary-level payments and produce the aggregate MCO-level payments. This application is critical to CMS. Failure of this application to function could have severe impact on beneficiaries, or could provide a high potential for fraud, waste or abuse. The information processed by the MMCS application is sensitive and requires safeguarding against disclosure to unauthorized personnel. Therefore, the confidentiality of the MCS-MA is rated to be High. If personnel, authorized or unauthorized, modified applications, medical or financial information, the potential is great for major delays and inaccurate information being reported. Therefore, the integrity of the MCS-MA is rated to be High. The MMCS application must be available on a daily basis in order for CMS and MCO users to perform daily job requirements. Denial of service to the MMCS application would jeopardize the ability of CMS and MCO users to perform the mission of the agency. Therefore, the availability of the MCS-MA is rated to be High. HPMS - CMS collects information related to complaints concerning the MA, PDP, and drug card programs. When collecting information for a complaint, the individual making the complaint may voluntarily choose to supply certain IIF data, including name, mailing address, phone number, and/or e-mail address. Authorized CMS staff may use this information to gather additional supporting information about the complaint in order to investigate further. These complaints data are used for plan monitoring purposes.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Managed Care Systems

- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort. GHP NA MMCS - The beneficiary data collected is the minimal set of data needed as input to the various medical status and demographic information needed to execute payment calculations. HPMS - If the individual reporting a complaint voluntarily chooses to supply their name, address, phone number, and/or e-mail address, CMS staff will enter the data into HPMS. HPMS utilizes a strict user access protocol to ensure that only authorized CMS staff are able to view these data in online HPMS reports.
- 14 Explain why the IIF is being collected, maintained, or disseminated. GHP NA MMCS - The beneficiary data collected is the minimal set of data needed as input to the various medical status and demographic information needed to execute payment calculations. HPMS - HPMS collects these data in a voluntary fashion in order to provide agency staff with a mechanism for gathering more information on the complaint, which would be used to monitor plan performance.
- 15 Identify with whom the agency will share the IIF. GHP NA MMCS - SSA & MCOs (Managed Care Organizations - Plans) HPMS - The agency will only share these data with authorized CMS staff who are responsible for monitoring plan performance related to the MA, PDP, and drug card sponsor programs.
- 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. GHP NA MMCS - Beneficiary information is collected from SSA through the Medicare Beneficiary Database (MBD) and through the MCO submittals. HPMS - These data will be obtained either when the individual calls the 1-800-Medicare phone line or via a follow-up call from CMS in response to written correspondence. The individual will be told that they may voluntarily provide this information to CMS, but that it is not required.
- 17 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998) N/A
- 18 Describe how the IIF will be secured. MMCS - MMCS beneficiary data is maintained in the CMS data Center and is subject to all applicable security and privacy constraints. HPMS - CMS utilizes several mechanisms to secure IIF data, including, but not limited to, user IDs, passwords, firewalls, and Virtual Private Network technology.
- 19 Describe plans for retention and destruction of IIF. MMCS - MMCS beneficiary data is retained indefinitely. HPMS - CMS is in the process of developing a plan for determining the number of years of HPMS IIF data that must be retained online.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Managed Care Systems

- 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. GHP 09-70-4001 MMCS - SOR in progress. MMCS became SOR in Feb 2005. HPMS - This activity is covered under the existing HPMS system of record - 09-70-4004.
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MBES\CBES-M&SCHIS

<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 Beneficiary Enrollment Systems (MBES)
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:	09-70-600109-70-0502, 09-70-0536
7 OMB Information Collection Approval Number and Expiration Date :	N/A
8 Other Identifying Number(s):	N/A
9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	A collection of automated systems that support the collection and maintenance of information (e.g., demographics, enrollment, insurance, premium payments) about Medicare Program beneficiaries. Authority for maintenance of the system is given under sections 226, 226A, 1811, 1818, 1818A, 1831, 1836, 1837, 1838, 1843, 1876, and 1881 of the Act and Title 42 Code of Federal Regulations parts 406-408 and 411 and 424.

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MBES\CBES-M&SCHIS

- 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 system contains information related to Medicare enrollment and entitlement and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment. It contains hospice election, premium billing and collection, direct billing information, and group health plan enrollment data. It also contains the individual's health insurance numbers, name, geographic location, race/ethnicity, sex, and date of birth. Information is collected on individuals age 65 or over who have been, or currently are, entitled to health insurance benefits under Title XVIII of the Act or under provisions of the Railroad Retirement (RR) Act, individuals under age 65 who have been or currently are, entitled to such benefits on the basis of having been entitled for not less than 24 months to disability benefits under Title II of the Act or under the RR Act, individuals who have been, or currently are, entitled to such benefits because they have ESRD, individuals age 64 and 8 months or over who are likely to become entitled to health insurance benefits upon attaining age 65, and individuals under age 65 who have at least 21 months of disability benefits who are likely to become entitled to Medicare upon the 25th month of their being disabled.
- 11 Explain why the information is being collected.**
- See 2 above.
- 12 Identify with whom the agency will share the collected information**
- The government will only release this information that can be associated with an individual as provided under Section III. Proposed Routine Use Disclosures of Data in the System as outlined in the System of Records #09-70-0502 and 09-70-0502.
- 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 information is collected from Medicare beneficiaries (outlined above in 2) and obtained by CMS. The beneficiaries are told that informed that CMS will only disclose the minimum personal data necessary to achieve the purpose of the MBES and under what routine uses the information will be disclosed. By law, CMS is required to protect the privacy of individual's personal medical information. CMS is also required to give individuals notice telling them how CMS may use and disclose their personal medical information. Individuals are made aware in the Medicare and You Handbook published yearly that they can get a copy of any medical information held by CMS, have that information amended if they believe it is wrong or incomplete, get a listing of anyone we disclose their information to, and ask CMS to limit how their personal medical information is used and given out to pay claims and run the Medicare program.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MBES\CBES-M&SCHIS

- | | |
|--|--|
| 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998) | No information can be collected by any individual over the Internet. |
| 15 Describe how the information will be secured. | Disclosure of any MBES is controlled and outlined in the <input type="checkbox"/> MBES System Security Plan <input type="checkbox"/> . |
| 16 Describe plans for retention and destruction of data collected. | Disclosure of any MBES is controlled and outlined in the <input type="checkbox"/> MBES System Security Plan <input type="checkbox"/> . |
| 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. | Yes, SORs : 09-70-0502, 09-70-0536 |
| 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: MBPRP-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: MBPRP-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: MBPRP-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: MBPRP-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: MBPRP-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: MCSC Next Gen-CSS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MCSC Next Gen-CSS

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

The cms.hhs.gov is the official public Agency website of the Centers for Medicare & Medicaid Services, accessible at www.cms.hhs.gov. The cms.hhs.gov website was launched on September 13, 2001. This site was a replacement for the Agency's prior website, www.hcfa.gov. The Health Care Financing Administration launched the hcfa.gov website in early 1995. While the cms.hhs.gov contained much of the same content as hcfa.gov, it did feature a new design and organizational scheme. medicare.gov - The applications that comprise CMS's Customer Service Systems Medicare.gov Website enable the Agency to educate the public, specifically Medicare beneficiaries, on the Medicare program. Originally launched in 1998, as required by the Balanced Budget Act of 1997, Medicare.gov allows consumers to compare health plans, nursing homes, home health agencies, participating physicians, and more. The MCSC Next Generation Desktop (NGD) is the collection system used to provide Medicare Beneficiary and Provider information for the 1-800 MEDICARE HELPLINE, HHS/CMS/CBC system No. 09-70-0535. This system of record collects data under the authority of 41 CFR Chapter 101 §20.302, conduct on Federal Property, and OMB Circular A-123, Internal Control Systems and, Public Law 105-33, the Balanced Budget Act (BBA) of 1997. The primary purpose of the system of record is to provide information to beneficiaries and providers of both general and claim specific information. Information retrieved from this system of records will also be used to support regulatory and policy functions performed within the agency or by a contractor or consultant; constituent requests made to a congressional representative; and litigation involving the agency related to this system of records.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MCSC Next Gen-CSS

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

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

11 Explain why the information is being collected.

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

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MCSC Next Gen-CSS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MCSC Next Gen-CSS

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

Thomas Scully

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

Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

Question:

Response:

- | | | |
|----|--|--|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Medicaid State Children's Health Information Systems |
| 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)? | 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. | Cynthia Ruff, Gail Sexton, Dusty Kerhart |
| 7 | Unique Project Identifier Number: | 009-38-01-09-01-1120-00-110-031 |
| 8 | System of Records Number: | 09-70-6001 |
| 9 | OMB Information Collection Approval Number and Expiration Date : | EPSDT: CMS-416 OMB#0938-0354 Expiration Date: 09-30-2005; MBES/CBES: CMS-64 OMB# 0938-0067 Expiration Date: 06/30/2008; SCHIP/SEDS: OMB# 0938-0707, Expiration Date 05/31/2005;S&C/CLIA: OMB# 0938-0599, CMS-102 Expiration Date: 11/30/2007;MSIS/MAX: OMB # 0938-0345, Expiration Date: 07/31/2006;SARTS: OMB# 0938-0707, Expiration Date: 05/31/2005 |
| 10 | Other Identifying Number(s): | CMS-R-0284 |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

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

EPSDT: The CMS-416 collects data annually on services provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service. This data collection is required by section 1902(a)(43)(D) of the Social Security Act (the Act), added to the statute by the Omnibus Reconciliation Act of 1989 (OBRA 89). FULs: The Federal Upper Limit (FUL) program establishes upper limit reimbursement amounts for certain drugs that meet certain criteria to ensure that the government acts as a prudent buyer of drugs. The FUL program operates under the authority of Sections 1902(a)(30)(A) and 1927(f)(2) of the Social Security Act and the regulations in 42 CFR 447.332. 1. Provide an overview of the system or collection and indicate the legislation authorizing this activity. EPSDT: The CMS-416 collects data annually on services provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service. This data collection is required by section 1902(a)(43)(D) of the Social Security Act (the Act), added to the statute by the Omnibus Reconciliation Act of 1989 (OBRA 89). FULs: The Federal Upper Limit (FUL) program establishes upper limit reimbursement amounts for certain drugs that meet certain criteria to ensure that the government acts as a prudent buyer of drugs. The FUL program operates under the authority of Sections 1902(a)(30)(A) and 1927(f)(2) of the Social Security Act and the regulations in 42 CFR 447.332. SPW: SPW was developed as an information system to track State plan amendments (SPAs) and waivers on clocks from their initial submittal to their final determination. The legislative authority for waivers can be found at section 1915(b) and (c) of the Social Security Act. Regulations at section 42 CFR 430.16(a) provides authority for action to be taken by CMS on State plan amendments. MDR: The system collects product and (quarterly) pricing data pertaining to outpatient drugs sold by drug companies active in the drug rebate program. This data is used to establish (per dispensing unit) rebate amounts states may apply to the products covered under their Medicaid system in order to request a rebate from the drug companies. This system was established as part of Section 1927 of the Social Security Act (the Act) under OBRA '90. MBES/CBES: MBES/CBES collects and stores States Medicaid budget & expenditure information. The system is used by states to submit budget and expenditure data for the Medicaid and State Children's Health Insurance Program to CMS. CMS Regional Office personnel review the state submissions and enter analysis into the system. All activity is reviewed and certified by CMS Central Office personnel. Summarized data from this information is publicly available on the CMS Public web site. SCHIP/SEDS: State Children Health Insurance Program enrollment data is submitted by states in the Statistical Enrollment Data System (SEDS) and maintained by the Centers for Medicare & Medicaid Services (CMS). SEDS is the only national source of SCHIP enrollment data. Title XXI of the Social Security Act (section 2107) and 42 CFR 457.740 requires that states collect data on the number of



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

children enrolled in separate child health programs, Medicaid expansion programs, combination programs, and in Medicaid. S&C/CLIA: The Survey and Certification Group provides annual funding to State Agencies to perform Survey & Certification activities and CLIA activities on providers of services under Title XVII Medicare, Title XIX Medicaid, and Public Health Service Act, Title XIII, Section 353 entitled Clinical Laboratory Improvements Amendment of 1988 (CLIA). The Survey & Certification / CLIA System is a web-based application for use by the Centers for Medicare and Medicaid Services (CMS). State agencies submit forms that capture the expenses incurred for survey activities. These forms are reviewed and maintained by CMS Central Office and Regional Office personnel. Section 1864 of the Social Security Act allows use of state agencies to determine compliance by providers of services with conditions of participation. MSIS/MAX: The MSIS is a system of records to establish an accurate, current, and comprehensive database containing standardized eligibility, enrollment, and paid claims data elements of Medicaid eligibles. States are required to report to CMS under section 1903r of the Social Security Act (as amended by § 4753 of the Balanced Budget Act of 1997). MEDPOL: The Medicaid Eligibility Policy System is an intranet based solution that allows for the viewing of Medicaid Eligibility documents through a graphical interface. The system resides on the CMS Intranet and is for by Regional and Central Office personnel. TIPS: TIPS was designed to help with the integration of data from disparate systems within CMSO. The components within TIPS provide a user friendly interface that allows users to quickly search, sort, and manipulate data in and perform analysis. Currently, data from nine CMS critical systems are displayed in various formats within the system, including a color-coded map of the U .S., data cubes, and an ad-hoc query component SARTS: Section 2108 of the Social Security Act provides that the State must assess the operation of the State Child Health Program in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. Regulations at 42 CFR 457.750 implemented the statutory provision requiring assessment of the program and submission of an annual report.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

- 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.

EPSDT: The agency requires that each state submit the CMS-416 annually (due April 1 for the previous federal fiscal year). The agency uses the information in its analysis of the provision of EPSDT services. CMS, on behalf of the Secretary, set state participation goals, as required by section 1905(r) of the Act as part of OBRA 89 . The CMS-416 was developed to collect this data. In addition to the data required by the statute, the CMS-416 requires state to report some additional information in order to adjust the aggregate data to take into account state specific periodicity schedules and periods of eligibility that are less than one year. No IIF data is collected. FULs: As described in Section 1927(f)(2) of the Social Security Act and 42 CFR 447.332, CMS establishes a specific upper limit for multiple source drugs if the following requirements are met: All of the formulations of the drug approved by the Food and Drug Administrations (FDA) have been evaluated as therapeutically equivalent (category A) in the current edition of the publication, Approved Drug Products with Therapeutic Equivalence Evaluations (including supplements or successor publications); OR At least three of the formulations of the drug approved by the FDA have been evaluated as therapeutically and pharmaceutically equivalent (category A) in the most current edition of its publication Approved Drug Products with Therapeutic Equivalence Evaluations (including supplements or in successor publications), regardless of whether all additional formulations are rated as such; AND At least three suppliers list the drug in the current editions (or updates) of published compendia of cost information for drugs (e.g., Red Book, Blue Book (First Data Bank), Medi-Span). In order to evaluate whether a drug meets the abovementioned criteria, CMS receives data directly from the FDA, Red Book, First Data Bank, and Medi-Span. The FDA data is used to determine whether a drug has been rated as therapeutically and pharmaceutically equivalent, while the compendia data is used to determine the number of suppliers that a drug has. CMS also receives pricing data (Average Wholesale Prices, Wholesale Acquisition Costs, and Direct Prices) from the three compendia for use in establishing the actual FUL prices. No IIF data is collected. SPW: Each State submits requests for SPAs and/or waivers to be approved by CMS. Basic information from the State's submittal such as the date received, subject, etc., are entered in SPW for tracking. This tracking system is used to ensure timely processing of SPAs and waivers and to evaluate trends. No IIF data is collected. MDR: This information is collected quarterly (calendar quarter) from labelers active in the drug rebate program for all FDA-approved drug products that can be dispensed in an outpatient setting. When setting the system up, there were a series of meetings to discuss the minimum data fields needed to complete the task of this program. In order to develop a system to retrieve only those data elements needed, CMS central office, state and drug company personnel were all involved in a massive 2-day meeting. No IIF data is collected. MBES/CBES: The information



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

being collected is the estimate of expenditures for the upcoming quarter and the actual expenditures for the prior quarter. We need the estimate to advance the state funds to be used in its Medicaid operations. The actual expenditures are used to show the disposition of Medicaid grant funds for the quarter being reported and previous fiscal years, the recoupment made or refunds received, and income earned on grant funds. No IIF data is collected

SCHIP/SEDS: All states with title XXI programs collect program enrollment statistics and report them to CMS via the SEDS. There are four main forms used in the SEDS. The form each State submits is dependent upon the program in place in the State. These forms are contained within the SEDS and are completed and submitted totally online after connecting to the internet site and gaining access to the system.

• States report SCHIP separate child health program enrollment information by completing and submitting Form CMS-21E .

• States report SCHIP Medicaid expansion enrollment information by completing and submitting Form CMS-64.21E.

• States report title XIX Medicaid program enrollment for children by completing and submitting Form CMS-64EC.

• States report SCHIP adult waiver demonstration enrollment information by completing and submitting Form CMS-21waiver. States with combination programs would submit all three forms, and States with a separate child health program would only submit the CMS-21E and the CMS-64EC. States with an approved title XXI section 1115 demonstration project would report enrollment data for this expansion population on the CMS-21waiver. No IIF data is collected

S&C/ CLIA: The agency collects information from State Agencies regarding the Survey & Certification program and CLIA program. The system contains forms that capture financial information for each program as well as the survey workload associated with the expenditures. In addition, states provide a list of state agency personnel associated with each program, and a schedule of equipment purchases. The information is used to provide states with quarterly Medicaid Survey and Certification grant awards, annual Medicare Survey and Certification awards, and annual CLIA awards. The information collected in the system is the minimum required to accomplish the purpose of this effort. No IIF data is collected

MSIS/MAX: CMS obtains the MSIS identifying information from state Medicaid agencies, through extracts from the Medicaid Management Information Systems maintained by the individual states. These extracts contain the minimum required data elements necessary to support administration of the Medicaid program at the federal level, Medicaid-related research of policy issues, quality and effectiveness of care, and to combat fraud. These extracts are submitted on a quarterly basis in the form of magnetic tape/cartridges to the CMS tape library where they are copied and protected under the security safeguards in place at the CMS Data Center. States submit 5 quarterly extract files 1) enrollment, 2) inpatient, 3) long term care, 4) prescription



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

drugs, and 5) other claims. The original State submitted tapes/cartridges are then returned to the person designated by the State as responsible for the physical security of these files. MEDPOL: Information is being collected so that Central Office and Regional Office can look at Medicaid Eligibility issuances. No IIF data is collected. TIPS: TIPS was designed to help with the integration of data from disparate systems within CMSO. The components within TIPS provide a user friendly interface that allows users to quickly search, sort, and manipulate data in and perform analysis. Currently, data from nine CMS critical systems are displayed in various formats within the system, including a color-coded map of the U.S., data cubes, and an ad-hoc query component. No IIF data is collected. SARTS: The State Children's Health Insurance Program (CHIP) Annual Report Template System (SARTS) created an information system to track and report on SCHIP Annual Report survey answers. The States answer these survey questions on a yearly basis after the end of each fiscal year. This system is complementary to the SCHIP Enrollment Data System (SEDS). The application converts an existing Word-based survey into an HTML-web based application. It also is designed to provide reporting and export of survey answers back to the Word template. No IIF data is collected

(Please see previous response.)

MSIS/MAX: MSIS data are used to support administration of the Medicaid program at the federal level, Medicaid-related research of policy issues, quality and effectiveness of care and to combat fraud.

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

15 Identify with whom the agency will share the IIF.

MSIS/MAX: MSIS data are shared within CMS to support other CMS activity. For example, the data are shared with the Office of Research, Development and Information (ORDI) for use in the construction of their State Medicaid Research files (SMRF) and their Medicaid Analytic Extract (MAX) files. ORDI reorients the MSIS data, which are based on date of payment adjudication, by date of service. In doing so, ORDI constructs final action bills and inpatient stays for longitudinal research purposes. Additionally, Medicaid enrollment information related to dual eligibles is shared internally with the Medicare Beneficiary Database and the National Medicare Utilization Database to gain information regarding this vulnerable population that utilize services in both programs. MSIS data are also shared under rigorous Data Use agreements with contractors and researchers. The responsibility for releasing MSIS data outside of CMS is controlled by CMS staff responsible for the agency's data use policies and procedures to ensure the confidentiality of HCFA data and the privacy of the Medicare and Medicaid populations. This staff ensures the legality of releases of MSIS data to other Federal agencies, health care researchers, private entities, and others. They serve as the focal point for the receipt, analysis, and resolution of issues relating to requests for, and usage of, MSIS data. They processes requests for, and authorizes use of, MSIS data in accordance with Privacy Act requirements and CMS data use policies and procedures.

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.

MSIS/MAX: MSIS data are extracted from states' eligibility and MMIS claims processing systems. These data represent demographics, eligibility criteria, and payment history extracts for individuals for whom the state has determined eligible for Medicaid. Opportunities for consent to collect and use this information should be contained in the initial application process in each state. States are the covered health entities and CMS uses the data for federal oversight purposes.

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)

No

18 Describe how the IIF will be secured.

MSIS/MAX: MSIS data are maintained within the CMS Data Center and strict security is enforced under the umbrella security policy of CMS. Only those CMS personnel, and contractors working on approved CMS contracts, are permitted READ access to the granular MSIS data. Copies of MSIS data may be sent outside of CMS under strict Data Use agreements that stipulate limitations for use and the requirements for safeguarding information.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicaid/State Child Heal

- 19 Describe plans for retention and destruction of IIF. MSIS/MAX: Generally, MSIS data are maintained in the granular database on a rolling basis for a period of five years. Tapes are generally maintained for a period of seven years, at which time they may be scratched and returned to stock.
- 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. MSIS/MAX: Notice of this system, Medicaid Statistical Information (MSIS) System, HHS/HCF/BDMS, System No. 09-70-6001, was published in the Federal Register on Thursday, August 11, 1994 (59 Fed. Reg. 41327), an unnumbered routine use was added for the Social Security Administration (SSA) at 61 Fed. Reg. 6645 (Fed. 21, 1996), three new fraud and abuse routine uses were added at 63 Fed. Reg. 38414 (July 16, 1998), and then at Fed. Reg. 50552 (Aug.18, 2000), two of the fraud and abuse routine uses were revised and a third deleted
Walter Stone CMS Privacy Officer
- 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): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medical Review Sys-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: Medical Review Sys-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: Medical Review Sys-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: Medical Review Sys-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: Medical Review Sys-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: Medical Review Sys-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: Medicare Bene Enroll Sys

Question:

Response:

- | | | |
|----|--|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Medicare Beneficiary Enrollment Systems |
| 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)? | 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. | Danielle Moon, Division Director |
| 7 | Unique Project Identifier Number: | 009-38-01-09-01-1120-00-110-031; 009-38-01-04-01-1040-00-110-031; 009-38-01-04-01-1160-00-110-031 |
| 8 | System of Records Number: | 09-70-0502; 09-70-0536 |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | The MBES-MA is the collection of automated systems that support the collection and maintenance of information (e.g., demographics, enrollment, insurance, premium payments) about Medicare Program beneficiaries. The MBES-MA provides resources for tracking information about beneficiaries of the Medicare Program. This data can include personally identifiable information including name, address, social security number, and payment history for all beneficiaries of the system |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Bene Enroll Sys

- 12 Describe the information the agency will collect, maintain, or disseminate and how the agency will use the information. In this description, indicate whether the information contains IIF and whether submission is voluntary or mandatory.
- The system contains information related to Medicare enrollment and entitlement and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment. It contains hospice election, premium billing and collection, direct billing information, and group health plan enrollment data. It also contains the individual's health insurance numbers, name, geographic location, race/ethnicity, sex, and date of birth. Information is collected on individuals age 65 or over who have been, or currently are, entitled to health insurance benefits under Title XVIII of the Act or under provisions of the Railroad Retirement (RR) Act, individuals under age 65 who have been or currently are, entitled to such benefits on the basis of having been entitled for not less than 24 months to disability benefits under Title II of the Act or under the RR Act, individuals who have been, or currently are, entitled to such benefits because they have ESRD, individuals age 64 and 8 months or over who are likely to become entitled to health insurance benefits upon attaining age 65, and individuals under age 65 who have at least 21 months of disability benefits who are likely to become entitled to Medicare upon the 25th month of their being disabled. It is a voluntary collection.
- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.
- The Systems Manager for each system is responsible for reviewing each request for data. Each request must fall under one of the 12 exceptions stated under Conditions of Disclosure of the Privacy Act of 1974. Each request must state what type of agreement is in place and each request must explain in detail the need for the data; justify the number of personnel requesting access to the data; justify the sample size of data requested; and specify each data element requested.
- 14 Explain why the IIF is being collected, maintained, or disseminated.
- See above in #2
- 15 Identify with whom the agency will share the IIF.
- CMS shares data with only those entities outlined in the Privacy Act or as defined in the Routine Uses stated in the system of records for each system.
- 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.
- The information is collected from Medicare beneficiaries and obtained by CMS. The beneficiaries are informed that CMS will only disclose the minimum personal data necessary to achieve the purpose of the MBES and under what routine uses the information will be disclosed. By law, CMS is required to protect the privacy of individual's personal medical information. CMS is also required to give individuals notice telling them how CMS may use and disclose their personal medical information. Individuals are made aware in the Medicare and You Handbook published yearly and sent out to each Medicare beneficiary. Individuals have the right to amend any medical information that they believe to be incorrect, get a listing of anyone we disclose their information to, and ask CMS to limit how their personal medical information is used and given out to pay claims and run the Medicare program.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Bene Enroll Sys

- 17 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)
- Information is not collected from this source.
- 18 Describe how the IIF will be secured.
- Disclosure of any MBES data is controlled and outlined according to the MBES System Security Plan, and only those individuals with a "need to know" job description are able to view IIF data.
- 19 Describe plans for retention and destruction of IIF.
- Disclosure of any MBES data is controlled and outlined in the MBES System Security Plan. Additionally, all dissemination of data is subject to a Data Use Agreement which defines the retention and destruction of CMS data from outside entities.
- 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.
- Each system in the MBES operates under SOR #09-70-0502 or 09-70-09-0536
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):
- Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):
- Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):
- D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

Question:

Response:

- | | | |
|----|--|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Medicare Claims Processing System |
| 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)? | 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. | Jeff Silver and Kim Nyland |
| 7 | Unique Project Identifier Number: | 009-38-01-04-01-1110-00-110-031; 009-38-01-04-01-1100-00-110-031; 009-38-02-00-01-1170-00-404-140 |
| 8 | System of Records Number: | 09-70-0539; 09-70-0526; 09-70-0005; 09-70-0505; 09-70-0537 |
| 9 | OMB Information Collection Approval Number and Expiration Date
: | |
| 10 | Other Identifying Number(s): | |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

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

Congress established the Medicare Program in 1965 when it enacted Title XVIII of the Social Security Act. The Medicare Program is a Federal health insurance program and now serves over 40 million beneficiaries and processes over 900 million claims per year. To ensure a quick and smooth implementation of the Medicare program in 1965, Congress adopted an administrative structure, which was compatible with the historical pattern of administration used by the private health insurance industry. This allowed the Federal Government to contract with existing public or private organizations to facilitate services to beneficiaries and providers of health care services. It also allowed many systems to be developed for Medicare claims processing. Traditional Fee-For-Service (FFS) coverage in the Medicare Program consists of two distinct parts. Hospital insurance (Part A of the Program) covers expenses for medical services furnished in institutional settings, such as hospitals or skilled nursing facilities, or services provided by a home health agency or hospice. Supplemental medical insurance (Part B of the Program) covers physician and other practitioner services; certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) services; and other outpatient services. There are currently 25 FIs and 18 Carriers that process Medicare Fee-For-Service claims. Medicare FFS Claims are processed by Fiscal Intermediaries (FIs), Carriers, and Durable Medical Equipment Regional Carriers (DMERCs) using the family of shared systems described below: Part A Standard System Hospital insurance claims process through the Fiscal Intermediaries Standard System (FISS), which performs claims processing and benefit payment functions for institutional providers under Parts A and B of the program. The Medicare contractors that use FISS are known as □fiscal intermediaries□ (FIs). Part B Standard System The Part B Standard System supports the processing of Medicare Part B claims. Medicare Part B is supplemental medical insurance, which covers physician services and other outpatient services. The Standard System for Part B Medicare is the Multi Carrier System (MCS). Medicare Part B claims processing contractors are known as Carriers, and include the Railroad Retirement Board. They process physician and supplier claims provided under Medicare Part B coverage. Durable Medical Equipment Regional Contractor (DMERC) Standard System CMS has designated four carriers to have exclusive responsibility for handling Medicare Part B claims for Durable Medicare Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) claims in specified geographic regions of the United States. They are commonly referred to as the □Durable Medical Equipment Regional Carriers (DMERCs).□ The selected DMERCs currently use the VMS DME Standard System to process DMEPOS claims. Common Working File (CWF) Medicare□s CWF software is a pre-payment validation and authorization claims processing system for Medicare Part A, Part B, and DMEPOS claims. There are currently nine CWF sector sites that maintain a distributed database of beneficiary



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

master records. These sites are known as CWF host sites.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

- 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.

Describe information collected Please see hyperlinks to CMS forms below. Use of information collected This information is used to process claims and payments for the Medicare Program beneficiaries. Submission of this information is mandatory and includes IIF. Collection requirements The Agency, through Medicare contractors and beneficiaries collects information through CMS forms CMS-1450 and CMS-1500. These are OMB approved forms. Information is collected primarily through electronic means. Form CMS-1450 (UB-92): The UB-92 form and instructions are used by institutional and other selected providers to complete a Medicare Part A paper claim for submission to Medicare Fiscal Intermediaries. The paper UB-92 (Form CMS-1450) is neither a government printed form nor distributed by the CMS. The National Uniform Billing Committee (NUBC) is responsible for the design of the form (<http://www.nubc.org/> see below for information on the NUBC). See CMS forms via the hyperlinked lines below: I. Form CMS-1450 (UB-92). <http://www.cms.hhs.gov/providers/edi/1450info.asp> II. Form CMS-1450 (UB-92) to obtain printing specifications. <http://www.cms.hhs.gov/providers/edi/printub.asp> III. For the most recent instructions for Form CMS-1450 (UB-92). http://www.cms.hhs.gov/providers/edi/3604_803.pdf Form CMS-1500: Non-institutional providers and suppliers use CMS-1500 form and instructions to bill Medicare Part B covered services. It is also used for billing some Medicaid covered services. CMS -1500 (Health Insurance Claims Form) answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims submitted by physicians and suppliers, except for ambulance services. It has also been adopted by CHAMPUS and has the approval of the AMA Council on Medical Services. See link below for an electronic copy of form 1500. Electronic Data Interchange (EDI) Enrollment Form An organization comprising of multiple components that have been assigned Medicare provider numbers, supplier numbers, or UPINs may elect to execute a single EDI Enrollment Form on behalf of the organizational components to which these numbers have been assigned. The organization as a whole is to be held responsible for the performance of its components. The CMS Standard EDI Enrollment Form must be completed prior to submitting electronic media claims (EMC) to Medicare. Each provider of health care services, physician, or supplier that intends to submit EMC must execute the agreement. Each new EMC biller must sign the form and submit it to their local Medicare carrier or fiscal intermediary. Any existing EMC billers who have not completed the CMS Standard EDI Enrollment Form must complete and sign this form and submit it to their local Medicare carrier or fiscal intermediary also. Please see CMS Web page's link listed below. For Medicare Part A EDI Helpline. <http://www.cms.hhs.gov/providers/edi/anum.asp> The EDI Enrollment Form & Instructions. <http://www.cms.hhs.gov/providers/edi/edi5.asp> - Form%20CMS-1500 <http://www.cms.hhs.gov/providers/edi/> - EDI Enrollment Form



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.**
- Every piece of identifiable information is needed by the various shared systems to ensure the integrity of the Medicare Program, to detect fraud and abuse, and pay claims in the most expedient and accurate fashion. For example, IIF is used to perform a data match to ensure beneficiaries and providers are who they say they are, that beneficiaries are enrolled in Medicare, that providers are authorized to perform services for Medicare beneficiaries, and that the correct services are paid based on various diagnostic codes.
- 14 Explain why the IIF is being collected, maintained, or disseminated.**
- In order to process and pay claims, Providers, Carriers and FIs collect information from Medicare Beneficiaries and this information must be shared with other institutions and government agencies described in #5 below.
- 15 Identify with whom the agency will share the IIF.**
- The agency may share the collected information with a variety of Federal, state, local, and tribal government audiences and professional audiences, including the medical community. This includes, Providers, Ambulance Services, Medigap Companies/ Supplemental Insurers, Clinical Labs, CMS contractors, DME Suppliers, Health Plans, Hospitals, Home Health Agencies, Physicians, Potential Contractors, Researchers, Skilled Nursing Facilities, and Suppliers.
- 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.**
- Information is collected from two CMS forms, the 1450 and 1500. All Medicare Claims Processing Contractors are called satellites under CWF. Satellites access the Host CWF databases to obtain needed beneficiary information. Satellites submit claims to the CWF Host for prepayment review and approval. Medicare beneficiaries are provided healthcare services where their personal information is collected and required for payment and reimbursement purposes. Beneficiaries receive HIPAA disclosure information by providers and Medicare directly. A complaint process is in place for individuals to raise their privacy concerns.
- 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)**
- Information will not be collected from children under age 13.
- 18 Describe how the IIF will be secured.**
- The Medicare Claims Processing Systems incorporate a variety of security measures to protect IIF. These security measures include physical(e.g. use of access card readers, locked doors, and guards to control, restrict and monitor access), personnel (e.g. annual training of staff on security awareness and roles and responsibilities as well as background checks for new and existing employees), infrastructure (e.g. use of firewalls and intrusion detection systems to detect, restrict and monitor access to the systems and data/information), and application (e.g. secondary identification and authentication access controls).



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Claims Processin

- 19 Describe plans for retention and destruction of IIF. IIF will be retained and destroyed per existing agency and federal government existing agency and federal government wide guidelines, policies, and procedures.
- 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. CMS complies with the minimum necessary requirements set forth in the Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The Privacy Act of 1974 is 5 U.S.C.552a. The HIPAA Privacy Rule is 45 CFR Parts 160 and 164. Minimum necessary requirements apply to the collection, use, and disclosure of individually identifiable information. Individually identifiable information includes health information. Protected Health Information is defined at 45 CFR section 164.501. CMS makes reasonable efforts to limit the collection, use and disclosure of IIF to the minimum necessary to accomplish the intended purpose of the collection, use, or disclosure. The SOR is on CMS web pages: <http://cms.hhs.gov/privacyact/tblsors.asp>
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Data Centers

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2005-08-05
2 OPDIV:	CMS
3 Title of System or Information Collection:	Medicare Data Centers
4 Is this system or information collection new or is an existing one being modified?	N/A
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.	Tim Stitley
7 Unique Project Identifier Number:	009-38-02-00-01-1160-00-404-140; 009-38-02-00-01-1170-00-404-140
8 System of Records Number:	
9 OMB Information Collection Approval Number and Expiration Date :	
10 Other Identifying Number(s):	



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Data Centers

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

Congress established the Medicare Program in 1965 when it enacted Title XVIII of the Social Security Act. The Medicare Program is a Federal health insurance program and now serves over 40 million beneficiaries and processes over 900 million claims per year. To ensure a quick and smooth implementation of the Medicare program in 1965, Congress adopted an administrative structure, which was compatible with the historical pattern of administration used by the private health insurance industry. This allowed the Federal Government to contract with existing public or private organizations to facilitate services to beneficiaries and providers of health care services. It also allowed many systems to be developed for Medicare claims processing. Traditional Fee-For-Service (FFS) coverage in the Medicare Program consists of two distinct parts. Hospital insurance (Part A of the Program) covers expenses for medical services furnished in institutional settings, such as hospitals or skilled nursing facilities, or services provided by a home health agency or hospice. Supplemental medical insurance (Part B of the Program) covers physician and other practitioner services; certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) services; and other outpatient services. There are currently 25 FIs and 18 Carriers that process Medicare Fee-For-Service claims. The processing of Medicare Fee-For-Service claims takes place at 14 Medicare data centers. Medicare FFS Claims are processed by Fiscal Intermediaries (FIs), Carriers, and Durable Medical Equipment Regional Carriers (DMERCs) using the family of shared systems described below: Part A Standard System Hospital insurance claims process through the Fiscal Intermediaries Standard System (FISS), which performs claims processing and benefit payment functions for institutional providers under Parts A and B of the program. The Medicare contractors that use FISS are known as fiscal intermediaries (FIs). Part B Standard System The Part B Standard System supports the processing of Medicare Part B claims. Medicare Part B is supplemental medical insurance, which covers physician services and other outpatient services. The Standard System for Part B Medicare is the Multi Carrier System (MCS). Medicare Part B claims processing contractors are known as Carriers, and include the Railroad Retirement Board. They process physician and supplier claims provided under Medicare Part B coverage. Durable Medical Equipment Regional Contractor (DMERC) Standard System CMS has designated four carriers to have exclusive responsibility for handling Medicare Part B claims for Durable Medicare Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) claims in specified geographic regions of the United States. They are commonly referred to as the "Durable Medical Equipment Regional Carriers (DMERCs)." The selected DMERCs currently use the VMSDME Standard System to process DMEPOS claims.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Data Centers

- 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.

Describe information collected Please see hyperlinks to CMS forms below. Use of information collected This information is used to process claims and payments for the Medicare Program beneficiaries. Submission of this information is mandatory and includes IIF. Collection requirements The Agency, through Medicare contractors and beneficiaries collects information through CMS forms CMS-1450 and CMS-1500. These are OMB approved forms. Information is collected primarily through electronic means. Form CMS-1450 (UB-92): The UB-92 form and instructions are used by institutional and other selected providers to complete a Medicare Part A paper claim for submission to Medicare Fiscal Intermediaries. The paper UB-92 (Form CMS-1450) is neither a government printed form nor distributed by the CMS. The National Uniform Billing Committee (NUBC) is responsible for the design of the form (<http://www.nubc.org/> see below for information on the NUBC). See CMS forms via the hyperlinked lines below: I. Form CMS-1450 (UB-92). <http://www.cms.hhs.gov/providers/edi/1450info.asp> II. Form CMS-1450 (UB-92) to obtain printing specifications. <http://www.cms.hhs.gov/providers/edi/printub.asp> III. For the most recent instructions for Form CMS-1450 (UB-92). http://www.cms.hhs.gov/providers/edi/3604_803.pdf Form CMS-1500: Non-institutional providers and suppliers use CMS-1500 form and instructions to bill Medicare Part B covered services. It is also used for billing some Medicaid covered services. CMS -1500 (Health Insurance Claims Form) answers the needs of many health insurers. It is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims submitted by physicians and suppliers, except for ambulance services. It has also been adopted by CHAMPUS and has the approval of the AMA Council on Medical Services. See link below for an electronic copy of form 1500. Electronic Data Interchange (EDI) Enrollment Form An organization comprising of multiple components that have been assigned Medicare provider numbers, supplier numbers, or UPINs may elect to execute a single EDI Enrollment Form on behalf of the organizational components to which these numbers have been assigned. The organization as a whole is to be held responsible for the performance of its components. The CMS Standard EDI Enrollment Form must be completed prior to submitting electronic media claims (EMC) to Medicare. Each provider of health care services, physician, or supplier that intends to submit EMC must execute the agreement. Each new EMC biller must sign the form and submit it to their local Medicare carrier or fiscal intermediary. Any existing EMC billers who have not completed the CMS Standard EDI Enrollment Form must complete and sign this form and submit it to their local Medicare carrier or fiscal intermediary also. Please see CMS Web page's link listed below. For Medicare Part A EDI Helpline. <http://www.cms.hhs.gov/providers/edi/anum.asp> The EDI Enrollment Form & Instructions. <http://www.cms.hhs.gov/providers/edi/edi5.asp> - Form%20CMS-1500 <http://www.cms.hhs.gov/providers/edi/> - EDI Enrollment Form



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Data Centers

- 13 Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.**
- Every piece of identifiable information is needed by the various Medicare shared claims processing systems to ensure the integrity of the Medicare Program, to detect fraud and abuse, and pay claims in the most expedient and accurate fashion. For example, IIF is used to perform a data match to ensure beneficiaries and providers are who they say they are, that beneficiaries are enrolled in Medicare, that providers are authorized to perform services for Medicare beneficiaries, and that the correct services are paid based on various diagnostic codes.
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- In order to process and pay claims, Providers, Carriers and FIs collect information from Medicare Beneficiaries and this information must be shared with other institutions and government agencies described in #5 below.
- 15 Identify with whom the agency will share the IIF.**
- The agency may share the collected information with a variety of Federal, state, local, and tribal government audiences and professional audiences, including the medical community. This includes, Providers, Ambulance Services, Medigap Companies/ Supplemental Insurers, Clinical Labs, CMS contractors, DME Suppliers, Health Plans, Hospitals, Home Health Agencies, Physicians, Potential Contractors, Researchers, Skilled Nursing Facilities, and Suppliers.
- 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.**
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- 18 Describe how the IIF will be secured.**
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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Data Centers

- 19 Describe plans for retention and destruction of IIF. IIF will be retained and destroyed per existing agency and federal government existing agency and federal government wide guidelines, policies, and procedures.
- 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. CMS complies with the minimum necessary requirements set forth in the Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The Privacy Act of 1974 is 5 U.S.C.552a. The HIPAA Privacy Rule is 45 CFR Parts 160 and 164. Minimum necessary requirements apply to the collection, use, and disclosure of individually identifiable information. Individually identifiable information includes health information. Protected Health Information is defined at 45 CFR section 164.501. CMS makes reasonable efforts to limit the collection, use and disclosure of IIF to the minimum necessary to accomplish the intended purpose of the collection, use, or disclosure. The SOR is on CMS web pages: <http://cms.hhs.gov/privacyact/tblsors.asp>
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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

<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:	Provider Enrollment System (A system family containing 5 systems)
4 Is this System or Information Collection new or is an existing one being modified?	Existing,
5 Unique Project Identifier Number:	FMIB 246 □ PECOS, BPA 98-0226 - MED
6 System of Records Number:	System No. 09-70-0525 □ UPIN, 09-70-0532 □ PECOS, 09-70-0524 □ IRIS, 09-70-0517, 09-70-0008, 09-70-0530.
7 OMB Information Collection Approval Number and Expiration Date :	0938-0685- 01/01/2007 □ UPIN,
8 Other Identifying Number(s):	Computer Match Agreement Between CMS and SSA (CMA# 2001-05) - PECOS

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

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

UPIN - Identify all physicians, non-practitioners and medical groups practices, defined by §§ 1124(A), 1861(r), 1842(b)(1)(ii)(iii)(iv)(v)(r), and 1877(h)(4) of The Act who request or receive Medicare reimbursement for medical services. PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be stored in the Provider Enrollment, Chain and Ownership System and used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395(l)(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)]. The OMB approval number for this information collection is 0938-0685, and is renewed each time changes are made to the information collected. MED receives excluded provider data from OIG each month. The data is formatted and verified, and then distributed to all CMS contractors in accordance with sections 1128A & B and 1162(e) of the Social Security Act. IRIS is comprised of both a mainframe subsystem and a mid-tier subsystem called IRISV3. Teaching hospitals use IRISV3 to log the time worked by interns and residents at their hospitals. This data is tied to the hospitals cost report and is used as a determining factor on how much reimbursement the hospitals get in lieu of care given to Medicare and Medicaid patients. CMS collects the data and produces a periodic duplicate report which points out intrastate overlaps in periods worked by an intern or resident between two or more hospitals. NPS - This initiative was mandated by the administrative simplification provisions of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA mandates the adoption of a standard health care provider identifier and its assignment to every health care provider that transacts electronically any of the transactions specified in that law.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

- 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 system contains a UPIN, tax identification, and social security number for each physician, non-physician practitioner and medical group. Also, the system contains information concerning a provider's birth, residence, medical education, and eligibility information necessary for Medicare reimbursement. CMS will collect only that information necessary to perform the system's functions. By uniquely identifying all Part B health professional and practitioners and groups, CMS believes we will eliminate the possibility of double payment. Medicare carriers currently identify physicians, non-physician practitioners and groups using their own systems of assigned numbers. PECOS - The Medicare Federal Health Care Provider/Supplier Enrollment Application (CMS 855A, 855B, 855I, 855R, and 855S) has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care providers, and that the amounts of the payments are correct. This information will also identify whether the provider is qualified to render health care services and/or furnish supplies to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the health care provider that is seeking billing privileges in the Medicare program. Medicare needs to know: (1) the type of health care provider enrolling, (2) what qualifies this provider as a health care related provider of services and/or supplies, (3) where this provider intends to render these services and/or furnish supplies, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the provider. MED - The only data taken from the OIG file is the data required to uniquely identify the provider in order to exclude the right guy (name, ssn, dob), as well as the pertinent exclusion data. IRIS - Information is collected on 3½ inch floppy disks which are mailed to IRIS system maintainer. The information is used to create a periodic duplicate report and is released for research purposes. The minimum amount of data is collected to facilitate production of reports. NPS - The system contains a unique identifier for each health care provider (the NPI, which is assigned by the NPS) along with other information about the provider. This information includes other identifiers, name(s), demographic, educational/professional data, and business address data. Only information required for establishing the identity of the health care provider will be collected. The information to be collected was issued in a Notice of Proposed Rulemaking in 1998, and unnecessary data was eliminated in response to comments.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

11 Explain why the information is being collected.

This national system or Registry of Unique Physician/Practitioner Identification Number will enable CMS to more readily identify all physicians, non-physician practitioners and groups deemed ineligible for Medicare payments and maintain more comprehensive data on physician credentials. PECOS - The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as providers/suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers or suppliers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as optional on the form. Without this information, the ability to make payments will be delayed or denied. MED - Paying providers that are excluded is bad. IRIS - The information is collected in order to produce the duplicate report. NPS - The information is being collected to comply with the requirements of HIPAA in order to assign a unique identifier to every health care provider in the country.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

12 Identify with whom the agency will share the collected information

The government will only release UPIN information that can be associated with each physician, non-physician practitioner and medical group practices as provided for under Section III. Routine Use Disclosures of Data in the System. Both identifiable and non-identifiable data may be disclosed under a routine use. Identifiable data includes individual records with UPIN information and identifiers. Non-identifiable data includes individual records with UPIN information and masked identifiers or UPIN information with identifiers stripped out of the file. Information from these systems may be disclosed under specific circumstances to:

- MS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
- A congressional office from the record of an individual health care provider/supplier in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
- The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
- Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
- To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
- To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
- To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
- An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
- Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers/suppliers of medical services/supplies or to detect fraud or abuse;
- State Licensing Boards for review of unethical practices or non-professional conduct;
- States for the purpose of administration of health care programs; and/or
- Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process provider/suppliers health care claims.

MED - Medicare contractors. IRIS - Other government agencies, academic institutions, CMS contractors. NPS - Disclosure may be made, according to the System of Records: 1. To Federal and Medicaid health plans that are enumerators, their agents, and the NPS registry for the purpose



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

of uniquely identifying and assigning NPIs to providers. 2. To entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act. 3. To a congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual. 4. To another Federal agency for use in processing research and statistical data directly related to the administration of its programs. 5. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when (a) HHS, or any component thereof, or (b) Any HHS employee in his or her official capacity; or (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.. To an individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided. 7. To an Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated information systems (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system. 8. To an agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State. 9. To another Federal or State agency: (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds. (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act of 1997.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

- 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.**

UPIN information on individuals is completed by contractor personnel and submitted to CMS through standard systems located at different locations. CMS will utilize a variety of onsite and offsite edits and audits to increase the accuracy of UPIN data. These individualized systems allow for Physician Identification Numbers (PIN) ranging from 4 to 16 alphabetic and or numeric characters. Without the written consent of the physician, health care practitioner or group practice information in the system of records can only be released if at least 1 of 10 disclosure provisions for routine use is cited. CMS will only disclose the minimum personal data necessary to achieve the purpose of UPIN. CMS will monitor the collection and reporting of UPIN data. UPINs are published in an annual directory. CMS has policies and procedures concerning disclosures of information that will be maintained in the system. In general, disclosure of information from the system of records will be approved only for the minimum information necessary to accomplish the purpose of the disclosure.

PECOS - The information will be collected from all health care providers and suppliers who render services or supplies to Medicare beneficiaries and bill the Medicare program for those services and supplies. This information will be collected via the completion of the CMS 855, Provider/Supplier Enrollment Application. All of this information is conveyed to the providers of the information in writing directly on the CMS 855 and in the certification signature page of the form. In addition, the supplier of the information is informed of the following: Computer Data Matching Policy The enrolling provider or supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching. Protection of Proprietary Information Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600. Protection of Confidential Commercial and/or Sensitive Personal Information If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

MED - All our data and information comes from OIG. They provide us with a file, and Team MED pulls of the data we require to identify an excluded provider.

IRIS - The information is obtained from Fiscal Intermediaries on 3 ½ inch floppy disks who in turn receive the information from teaching hospitals.

NPS -



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

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 be obtained through submittal of an application, either through the web or on paper, by providers of health care. There will be a Privacy Act notice on the application describing how the information will be shared.

No information will be collected from children under age 13 on the Internet.

15 Describe how the information will be secured.

UPIN □ CMS has safeguards for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and systems security requirements. Employees 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. In addition, CMS has physical safeguards in place to reduce the exposure of computer equipment and thus achieve an optimum level of protection and security for the UPIN system. For computerized records, safeguards have been established in accordance with the Department of Health and Human Services (HHS) standards and National Institute of Standards and Technology guidelines, e.g., security codes will be used, limiting access to authorized personnel. System securities are established in accordance with HHS, Information Resource Management (IRM) Circular #10, Automated Information Systems Security Program; HCFA Automated Information Systems (AIS) Guide, Systems Securities Policies, and OMB Circular No. A-130 (revised), Appendix III. PECOS - Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS. MED, IRIS - The data is housed on the CMS mainframe.

16 Describe plans for retention and destruction of data collected.

CMS and the repository of the National Archive and Records Administration (NARA) will retain identifiable UPIN assessment data for a total period not to exceed fifteen (15) years. PECOS - There are specific retention and destruction plans. The system follows the standards set at the CMS data center. MED - The data is housed on the CMS mainframe. There is currently no plan to destroy any MED data. Ever. IRIS - The information is currently stored for an indefinite period of time on the CMS mainframe.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Exclusion DB-PES

- 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.
- In accordance with the requirements of the Privacy Act of 1974, a SOR, Unique Physician/Practitioner Identification Number (UPIN) (formerly known as the Medicare Physician Identification and Eligibility System), System No. 09-70-0525 was last published in the Federal Register, July 2003. PECOS - This information collection is maintained under SOR 09-70-0532, which was specifically written for this collection. System of Records No: 09-70-0524 IRIS, 09-70-0517, 09-70-0008, 09-70-0530.
- 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: Medicare Fin Mngt & Pymt

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2005-08-05
2 OPDIV:	CMS
3 Title of System or Information Collection:	Medicare Financial Management & Payment Systems
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)?	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.	Beth Cooper, John Stewart
7 Unique Project Identifier Number:	009-38-01-01-01-1020-00-402-124
8 System of Records Number:	09-70-0501; 09-70-0503
9 OMB Information Collection Approval Number and Expiration Date :	
10 Other Identifying Number(s):	OFM 463, OFM 225



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

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

CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM and CAFMII systems serve as the vehicles for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. CAPTS will automate the tracking of Corrective Action Plans. CMS needs an efficient and effective method of tracking these plans to ensure that Medicare Contractors implement the findings of the required internal financial audits. CASR 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. CERT stores national, contractor specific, and benefit category specific paid claim error rates. Independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system. The independent reviewers medically review claims that are paid; claims that are denied are validated to ensure that the decision was appropriate. CMIS: 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. CPE: 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: 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. CSAMS: 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. CMS ART: CMS ART is a system used by contractors to report costs, workload, deliverables and other information for their contracts or task orders. DPS: 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. HCRIS: 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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

by providers and updated on a daily flow basis. PIMR: 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. PS&R: 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. PULSE: 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. HIGLAS: The Healthcare Integrated General Ledger Accounting System (HIGLAS) is a component of the department-wide effort of Health and Human Services' Unified Financial Management System (UFMS). CMS is coordinating with the HHS development effort to ensure that CMS HIGLAS core financial data can be integrated with UFMS. The unification of the systems is aimed at improving data consolidation and financial reporting capabilities for the Department and CMS.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

- 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.

CAFM collects data on all benefit payments, banking issues, and CFO information from 40 input forms and to be used for analytical and monitoring purposes. CAFMII collects data from 11 input forms to accommodate new reporting requirements for the revised Medicare Contractor environment. CAPTS collects data on Corrective Action Plans to enable in the decision making process in helping to implement these plans. CASR data is collected from six input forms for monitoring purposes. CERT: Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. CMIS: 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. CMS ART: Data is entered about contractor costs, workload and deliverables. 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 only personally identifiable information within the system is the names of the system users who are CMS employees. Submission of users' names is voluntary and occurs when they apply for user access to the system through the RACF process. 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. CSAMS: CSAMS collects approximately 20 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, the number of failed attempts, calls answered by customer service representatives, calls 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. 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. PIMR: 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. PS&R: 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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

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 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, reopenings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor Fis workloads and budgets. Fis budgets are based on their workload numbers and type of providers they service. HIGLAS: HIGLAS incorporates financial data that is focused on Medicare claims payment and overpayment collection activities. The main information maintained by HIGLAS is as follows: -Payables: Supplier, bank, payment terms, location, BACS, UOM, employee, receipt accrual, invoice, payment, remittance advice. -Receivables: Customer, bank, payment term, BACS, UOM, item description, category, employee, invoice, receipt. -General Ledger/Budget Execution: Set of books (chart of accounts, calendar, currency), BACS value, cross-validation rule, security rule, budget. The information is collected by the Medicare Fee-For-Service Claims Processing Shared Systems which are SORs. These systems, in turn, populate HIGLAS with data needed to process payments to and collections from the Medicare fee-for-service payees.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

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

CAFM, CAFMII, CASR and CROWD stores all personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This information is never transferred to any other system. Each user can access only their own information. CAPTS stores Corrective Action Plans which come in to CMS via email on an Excel spreadsheet; CMS will complete the data entry for CAPs after they arrive. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions. CERT: Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. CMIS: There is no IIF data. CMS ART: There is no IIF data. CPE: The data collected is the minimum necessary for the effective oversight of Medicare contractors. CSAMS: 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 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. 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. PIMR: There is no IIF data. PS&R: 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 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 timekeeping system identifies employees by name in order to assign staff time to work performed on providers. Staff time is then summarized by provider types and activity, e.g., desk review, audit, settlement, etc. in order to report generate workload reports for CMS oversight. HIGLAS: The IIF that HIGLAS maintains is



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mnqt & Pymt

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

directly related to payments and collections associated with the Medicare Program Benefits functions. Only the information directly related to the financial administration of Medicare is stored.

CAFAM, CAFMII, CASR and CROWD: The sole purpose of the personal information is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises. CAPTS: The information is being collected to meet CMS's obligation to monitor corrective action plans. CERT: To estimate the amount of error in Medicare claims payment activities. CPE: To ensure that Medicare fee-for-service contractors meet their obligations to administer the Medicare program. CSAMS: Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers. DPS: information is collected to make payments for Medicare services rendered to Medicare beneficiaries. 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. PS&R: 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: 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. The IIF is maintained in support of the financial management functions associated with payment of Medicare claims and overpayment collections.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mnqt & Pymt

15 Identify with whom the agency will share the IIF.

CAFM, CAFMII, CASR and CROWD: The information is never transferred to any other system. Each user can access only their own information. CAPT: The information is only shared within CMS. CERT: Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly. CPE: It is not shared outside the agency. CSAMS: 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. 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. 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. PULSE: Internal to CMS STAR: Each FI maintains its 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. HIGLAS: The IIF is for HIGLAS internal use only and is not shared with any other entity.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

- 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.

The CAFM, CAFMII, CASR and CROWD personal information is only accessed by the system administrator and the individual. 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. CAPT will obtain the information via mandated spreadsheets from the Medicare Contractor. CERT: Information is obtained directly from Medicare contractors' claims processing 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. CMIS: There is no IIF data. CMS ART: There is no IIF data. 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. 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. HCRIS: 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. 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.STAR: 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. HIGLAS: HIGLAS does not collect IIF and, therefore, no consent is required. Consent is obtained by the System Of Records for this information that forward the data to HIGLAS. The data collected by the Medicare FFS Claims Processing Contractors and forwarded to HIGLAS to enable payments is



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

- 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)**

identified in the Public Notices published in the Federal Register for SORs 09-70-0501 Carrier Medical Claims Record and 09-70-0503 Intermediary Medical Claims Record and falls into the categories of routine use as described therein.

CAF, CAFM, CAFMII, CAPTS, CASR, CERT, CMIS, CPE, CMS ART, CROWD, CSAMS, DPS, HCRIS, PIMR, PS&R, PULSE, STAR, HIGLAS: No information will be collected from children under age 13 on the Internet.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

18 Describe how the IIF will be secured.

CAFAM, CAFMII, CASR and CROWD : Only the system administrator can access the data and each user can access their own data. CAPT: The data will be protected via user ids and passwords. CERT: The information is stored on an internal network that operates in a building secure by electronic entry devices. CMIS: There is no IIF data. CMS ART: There is no IIF data. CPE: Through RACF security procedures. CSAMS: 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. PULSE: There is no IIF data. 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. HIGLAS uses state-of-the-art technological methods to secure IIF. HIGLAS provides a much higher level of information security than previously available by meeting the following requirements for effective records security: - Ensures that only authorized personnel have access to electronic records - Ensures that appropriate agency personnel are trained to safeguard sensitive or classified electronic records - Ensures that appropriate contractor staff working as agents for the agency are trained to safeguard sensitive or classified electronic records - Minimizes the risk of unauthorized alteration or erasure of electronic records - Ensures that electronic records security is included in computer systems security plans prepared pursuant to the § Computer Security Act of 1987 (40 USC 759) § HIPAA of 1996 § Privacy Act of 1974 § OMB Circulars A-123, A-127, and A-130 § Government Information Security Reform Act § Federal Financial Management Improvement Act of 1996 (FFMIA) § JFMIP's Benefit System Requirements (JFMIP-SR-01-01, September 2001) Users have access only to the data required to perform their duties and only within the organization to which they are assigned (users within each Medicare contractor cannot access or view data for other Medicare contractors.)



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Fin Mngt & Pymt

- 19 Describe plans for retention and destruction of IIF. CAFM, CAFMII, CASR and 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. CMIS: There is no IIF data. CPE: Data are retained for a 3 to 4-year period. Records are deleted after the 3 to 4-year period. CSAMS: 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. PIMR: There is no IIF data. PS&R: Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system. PULSE: There is no IIF data. STAR: Data are maintained by each FI in a single database and not destroyed. National data are maintained by Mutual and are updated monthly. HIGLAS: Every source document, such as a Medicare claim, will be stored for at least 7 years per the JFMIP requirements. Every transformation to the source document needed to enter it into the Accounting system will be recorded and kept as part of a complete audit trail for at least 7 years. HIGLAS will maintain CMS financial business records in accordance with HHS IRM Circular 22, Electronic Records Management, NARA Regulations in the Code of Federal Regulations , the Federal Financial Management Improvement Act of 1996 (FFMIA), and the JFMIP's Benefit System Requirements (JFMIP-SR-01-01, September 2001).
- 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. CAFM: N/A CAFMII: N/A CAPTS: N/A CASR: N/A CERT: YES CMIS: N/A CPE: N/A CMS ART: N/A CROWD: N/A CSAMS: N/A DPS: N/A HCRIS: N/A PIMR: N/A PS&R: N/A PULSE: N/A STAR: N/A HIGLAS: HIGLAS is not a System Of Record for IIF data . However, HIGLAS complies with the following privacy acts: § HIPAA of 1996
- 21 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): Walter Stone CMS Privacy Officer
- 22 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services
- 23 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: medicare.gov Website-CSS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: medicare.gov Website-CSS

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

The cms.hhs.gov is the official public Agency website of the Centers for Medicare & Medicaid Services, accessible at www.cms.hhs.gov. The cms.hhs.gov website was launched on September 13, 2001. This site was a replacement for the Agency's prior website, www.hcfa.gov. The Health Care Financing Administration launched the hcfa.gov website in early 1995. While the cms.hhs.gov contained much of the same content as hcfa.gov, it did feature a new design and organizational scheme. medicare.gov - The applications that comprise CMS's Customer Service Systems and Medicare.gov Website enable the Agency to educate the public, specifically Medicare beneficiaries, on the Medicare program. Originally launched in 1998, as required by the Balanced Budget Act of 1997, Medicare.gov allows consumers to compare health plans, nursing homes, home health agencies, participating physicians, and more. The MCSC Next Generation Desktop (NGD) is the collection system used to provide Medicare Beneficiary and Provider information for the 1-800 MEDICARE HELPLINE, HHS/CMS/CBC system No. 09-70-0535. This system of record collects data under the authority of 41 CFR Chapter 101 §20.302, conduct on Federal Property, and OMB Circular A-123, Internal Control Systems and, Public Law 105-33, the Balanced Budget Act (BBA) of 1997. The primary purpose of the system of record is to provide information to beneficiaries and providers of both general and claim specific information. Information retrieved from this system of records will also be used to support regulatory and policy functions performed within the agency or by a contractor or consultant; constituent requests made to a congressional representative; and litigation involving the agency related to this system of records.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: medicare.gov Website-CSS

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

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

11 Explain why the information is being collected.

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

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: medicare.gov Website-CSS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: medicare.gov Website-CSS

- 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): Thomas Scully
- 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Pricing Systems

Question:

Response:

- | | | |
|----|--|--|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Medicare Pricing System |
| 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)? | N |
| 6 | Identify a point of contact to whom a member of the public can address questions concerning this information system and the privacy concerns associated with it. | Daniel McGraine |
| 7 | Unique Project Identifier Number: | 009-38-01-09-02-1010-00-301-093 |
| 8 | System of Records Number: | |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | The systems that comprise the Medicare Pricing Systems Family provide software and data files to Medicare contractors and other entities for use in processing claims and data for Medicare covered services; provide reports for reconciliation of Medicare expenditures; provide research capabilities in the form of lookup applications. |
| 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. | CMS will collect data from provider associations such as the American Medical Association, from workgroups of which CMS is a member and from data owned by CMS. The collected information is used to support policy decisions related to Medicare payment policies and to create systems appropriate to paying Medicare claims. The data collected is not personally identifiable information. |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Pricing Systems

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2005-08-05
2 OPDIV:	CMS
3 Title of System or Information Collection:	Medicare Utilization Data Collection & Access Systems
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)?	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.	Barbara Roth, Jack Fletcher,
7 Unique Project Identifier Number:	009-38-01-09-01-1120-00-110-031
8 System of Records Number:	09-70-0005, 09-70-0009; 09-70-0540
9 OMB Information Collection Approval Number and Expiration Date :	
10 Other Identifying Number(s):	



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

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

1.Data Extract System (DESY) iV The Data Extract System (DESY) retrieves information from CMS; major data stores and provides the files to internal and external customers. The legislation authorizing this activity is OMB Circular A-130. 2.Continuous Medicare History Sample (CMHS) - The Continuous Medicare History Sample (CMHS) file contains beneficiary characteristics and summary utilization data for a five percent sample of Medicare beneficiaries. Beneficiaries included in the sample are based on HIC number and HI or SMI benefit entitlement. 3 .CWF Medicare Quality Assurance (CWFMQA) System iV The CWFMQA system is the front-end receipt and control process that receives daily transmissions of a variety of data from the nine CWF host sites and is responsible for transmitting data to a variety of other systems. Another function of the CWFMQA system is to perform a variety of edits on the data that is transmitted to CMS and then format the Medicare claims data for storage into the NCH 100% Nearline repository. The legislation authorizing this activity is OMB Circular A-130. 4.DSAF iV Decision Support Access Facility iV DSAF was CMS; data extract application that provided users with a single access path to a wide array of Medicare data. Through DSAF, users were able to extract Medicare enrollment/entitlement and utilization data (current and historical). The legislation authorizing this activity is OMB Circular A-130. 5.FTAPE iV Foreign Tape Tracking System iV The Foreign Media Tracking System (FTAPE) was created to provide an automated and easy-to-use system for tracking foreign media shipped from the CMS Data Center (CDC). FTAPE provides data coordinators and CDC data release staff with the means to follow the movement of foreign media shipped from the CDC. This system maintains the accountability for the shipment of data from the CDC Tape Library. 6.HCIS/HCISMod (Health Care Information System/ Health Care Information System Modernization) iV HCIS/HCISMod 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) views and reports on the different types of Medicare services. The legislation authorizing this activity is OMB Circular A-130. 7.Incurred But Not Reported (IBNR) iV The Incurred But Not Reported system estimates represent the cost of services provided to Medicare beneficiaries, but not paid at the end of the fiscal year. The legislation authorizing this activity is OMB Circular A-130. 8. Medicare Actuarial Data System (MADS) iV The Medicare Actuarial Data Systems (MADS) incorporates monthly summarized Part A and quarterly summarized Part B data in relational statistical tables. The legislation authorizing this activity is OMB Circular A-130. 9.Monthly Bill and Payment Record Processing (MBPRP) iV The Monthly Bill and Payment Record Processing (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 required identifiable data.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

The legislation authorizing this activity is OMB Circular A-130. 10. Medicare Provider Analysis and Review (MEDPAR) ;V 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. The MEDPAR file is created from the Inpatient/SNF data from the National Claims History repository. The MEDPAR file is created quarterly. The MEDPAR is used to enable CMS and its contractors to research quality and effectiveness of care provided, update annual hospital Prospective Payment System (PPS) rates, and to recalculate SSI ratios for hospitals that are paid under PPS and serve a disproportionate share of low-income patients that may be entitled to increased reimbursement. 11. NCH Processing Reports (NCHPR) ;V The National Claims History Processing Reports system creates seven reports that detail by type of service the monthly and cumulative year-to-date totals of the number of claims processed and dollar amounts of adjudicated claims. There is no identifiable data on these reports. 12. NCH Statistical Table System (NCHSTS) ;V The NCHSTS system creates various utilization tables of Medicare services. There is no identifiable data on these reports. 13. NCH Summary (NCHSUM) ;V The NCHSUM system creates individual line item files for Medicare services and summarizes various pieces of information to feed the Part B Extract Summary System (BESS). BESS is a system that allows users to extract Part B claims information. It consists of five major subsystems (Physician/Supplier data, Healthcare Common Procedure Coding System (HCPCS), Focus Medical Review, Part B Carriers and HCPCS/ Diagnosis Summary). 14. NCH Nearline Update and Maintenance System ;V The NCH 100% Nearline File is the repository for all Common Working File (CWF) processed Part A and Part B claims transaction records, beginning with service year 1991. The legislation authorizing this activity is OMB Circular A-130. 15. APS ;V Medicare Annual Person Summary ;V The Annual Person Summary (APS) tables are a summary of the Medicare fee-for-service reimbursement, by claim type, (excluding hospice), received by a Medicare beneficiary during a given calendar year. The APS file is a combination of claims, enrollment data and Managed Care monthly payment information. The legislation authorizing this activity is OMB Circular A-130. 16. National Medicare Utilization Database (NMUD) ;V The National Medicare Utilization Database (NMUD) is a new storage structure for the Medicare claims data. 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 claim transactions, beginning with service year 1998. The legislation authorizing this activity is OMB Circular A-130. 17. Privacy Accountability Database (PAD) ;V The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 give Medicare beneficiaries the right to obtain an accounting of the disclosures of their personally identifiable information. The Privacy



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

Accountability Database is the system that records and maintains disclosures of personally identifiable information and generates disclosure accounting reports at the request of Medicare beneficiaries.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

- 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.

1.Data Extract System (DESY) ;V DESY extracts data from the National Claims History 100% Nearline File, National Medicare Utilization Database (NMUD), Medicare Provider Analysis and Review (MEDPAR) file and the Enrollment Database (EDB). Submission of the data to CMS is mandatory. The individual identifiable information contained in the files extracted from DESY are: □« health insurance claim account number □« beneficiary;’s SSN □« residence state/county and mailing zip code □« beneficiary;’s race □« beneficiary;’s sex □« beneficiary;’s birth date □« beneficiary;’s date of death □« Medical record numbers □« diagnosis and procedural codes 2.Continuous Medicare History Sample (CMHS) - The data collected is beneficiary enrollment and utilization data. The agency will use the data to provide efficient access to longitudinal beneficiary-specific data. Each file represents the utilization history of one beneficiary. 3.CWF Medicare Quality Assurance (CWFMQA) System ;V The daily receipts of Medicare claims data are run through a variety of edit and then stored in weekly batches for a monthly load to the NCH 100% Nearline File. The CWFMQA system also receives daily batches of Hospice Notice of Elections, Claims Transaction Updates, Date of Death and MSP data they transmit to the Enrollment Database (EDB) on a daily basis. CWFMQA also sends Durable Medical Equipment (DME) claims to the Statistical Analysis DME Regional Carriers and End Stage Renal Disease (ESRD) Method of Election claims to the Office of Clinical Studies and Quality (OCSQ). The individually identifiable information contained in the files transmitted daily to CWFMQA are: Health insurance claim number Beneficiary ;’s SSN Residence state/county and mailing zip code Beneficiary;’s race Beneficiary;’s sex Beneficiary;’s birth date Beneficiary;’s date of death Medical record numbers Diagnosis and procedure codes 4.DSAF ;V Decision Support Access Facility ;V The application allows users to extract data that is collected/stored in other CMS systems. Submission of the data to CMS is mandatory. The individual identifiable information contained in the files extracted from DSAF are: □« health insurance claim account number □« beneficiary;’s SSN □« residence state/county and mailing zip code □« beneficiary;’s race □« beneficiary;’s sex □« beneficiary;’s birth date □« beneficiary;’s date of death □« Medical record numbers □« diagnosis and procedural codes 5. FTAPE ;V Foreign Tape Tracking System ;V This system does not collect or maintain individual identifiable information. The FTAPE system: includes operational and non-operations data; enables authorized users to create and modify online shipping orders; incorporates a Data Use Agreement (DUA) tracking system for data shipped to organizations outside of CMS; allows authorized users the ability to identify the status of online shipping orders; offers basic reporting capabilities; and creates a mailing label that requires no intervention by the data coordinator. 6.HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) ;V The data used to create the HCIS/HCISMod



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

views comes from the NCH 100% Nearline File raw data, the NCH Standard Analytical Files (SAFs), National Medicare Utilization Database (NMUD), the Enrollment Database (EDB), and OSCAR Provider database. The Standard Analytical Files are claims data in which all adjustments have been resolved. The data is used to produce a variety of HCIS/HCISMod views/reports on the different types of Medicare services (e.g. amount of Medicare reimbursement for a given provider and type of service, etc.) There is individual identifiable pieces of data contained in the HCIS mainframe access paths to beneficiary level detail claims data:

- « health insurance claim account number
- « residence state/county and mailing zip code
- « beneficiary's race
- « beneficiary's sex

7. Incurred But Not Reported (IBNR) ;V The source of the data used in producing the IBNR is the National Claims History (NCH) 100% Nearline File. For this project, the pertinent claims data (all claim types) will be retrieved from the NCH and summarized into Fiscal Year(FY) files that will contain payment amounts associated with claims incurred in the given FY regardless of when paid. The categories of claim type will not follow the standard type of claims breakdown. The necessary provider types are: Inpatient, Skilled Nursing Facility (SNF), Hospice, Home Health (Part A), Home Health (Part B), Outpatient (excluding laboratory), Outpatient (laboratory), Physician Fee Schedule, DMEPOS services, Laboratory Services (physician/supplier) and all other Carrier. There is no individual identifiable data contained in the IBNR reports.

8. Medicare Actuarial Data System (MADS) ;V The data used to create the MADS tables comes from the Medicare claims Part A and Part B data, stored in the National Claims History (NCH) Repository. On the Part A side, the data is pulled from the Institutional Part A (Inpatient, Skilled Nursing Facility (SNF), Home Health and Hospice) claims. On the Part B side, the data used comes from the both the Institutional Part B (FI-processed Outpatient & Home Health) and noninstitutional (carrier-processed Physician/Supplier and DMERC) claims data. There is no individual identifiable data on the MADS tables. However, there is individual identifiable data on the input files from the NCH.

9. Monthly Bill and Payment Record Processing (MBPRP) ;V The MBPRP systems collects Part A and Part B institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) data from the CWF Medicare Quality Assurance (CWFMQA) system to create several skeleton files.

10. Medicare Provider Analysis and Review (MEDPAR) ;V The MEDPAR file uses Inpatient/SNF Medicare claims data and the Supplemental Security Income (SSI) data in the creation of the file. The claims data is used to identify the beneficiary's stay in an inpatient hospital or in a SNF. The SSI data is used to identify the number of disproportionate share days. The IIF data contained in the MEDPAR file is: HICAN, beneficiary's residence state/county and zip code, race, sex, age, diagnosis and procedural codes.

11. NCH Processing Reports (NCHPR) ;V The NCHPR uses institutional claims data from



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

CWFMQA data files. The reports are broken out by claim type and contains year-to-date totals of number of claims processed and dollar amounts for those services. There is no identifiable data on these reports. 12.NCH Statistical Table System (NCHSTS) ;V This system uses claims data to create utilization tables of Medicare services. There is no identifiable data on these tables. 13.NCH Summary (NCHSUM) ;V The NCHSUM uses Physician/Supplier data to create individual line item files to feed the BESS system. The IIF data contained in the NCHSUM files are: HICAN, beneficiary's race, sex and date of birth. 14.NCH Nearline Update and Maintenance System ;V The NCH Nearline file contains both institutional and noninstitutional claims data from the CWFMQA system. The data is used for a variety of purposes within CMS and in the research community. The IIF data contained in the NCH are: HICAN, beneficiary's state/county and zip code, race, sex, Medical record number diagnosis and procedure codes. 15.APS ;V Medicare Annual Person Summary ;V Medicare APS extracts data from the National Claims History 100% Nearline File, the Enrollment Database (EDB), and HMO monthly payment files. A 5% aged and 25% disabled population are extracted from each of the three data types listed above. The individual identifiable information contained in the files extracted from APS are: □« residence state/county □« beneficiary's race □« beneficiary's sex □« beneficiary's aged or disabled category 16.National Medicare Utilization Database (NMUD) ;V NMUD contains both institutional and non-institutional claims data received from the NCH. The data is used for a variety of purposes within CMS and in the research community. The IIF data contained in NMUD are: HICAN, SSN, residence state/county and zip code, race, sex, Medical record number, diagnosis and procedure codes and beneficiary's entitlement information. 17.Privacy Accountability Database (PAD) ;V The Privacy Accountability Database (PAD) stores, at the beneficiary level, all disclosures of information including the type of data, purpose of disclosure, date of disclosure, and to whom the disclosure was made. PAD also stores the name and mailing address of the beneficiary that has requested an accounting of their disclosures. The accounting information stores in PAD is mandatory as CMS is required by law to account for disclosures of data. The beneficiary name and address information is voluntary and is only maintained for those beneficiaries that request a report of their disclosures.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

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

1. Data Extract System (DESY) ;V OIS/EDG/DQCDD evaluates users requests for data, and determine the level of data (identifiable/non-identifiable) the users need. 2. Continuous Medicare History Sample - 3. CWF Medicare Quality Assurance (CWFMQA) System ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 4. DSAF ;V Decision Support Access Facility - OIS/EDG/DQCDD evaluates users requests for data, and determine the level of data (identifiable/non-identifiable) the users need. 5. FTAPE ;V Foreign Tape Tracking System ;V N/A ;V no Identifiable data is contained 6. HCIS/ HCISMod (Health Care Information System/Health Care Information System Modernization) ;V 7. Incurred But Not Reported (IBNR) ;V N/A 8. Medicare Actuarial Data System (MADS) ;V N/A ;V no Identifiable data is contained 9. Monthly Bill and Payment Record Processing (MBPRP) ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 10. Medicare Provider Analysis and Review (MEDPAR) ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 11. NCH Processing Reports (NCHPR) - OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 12. NCH Statistical Table System (NCHSTS) ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 13. NCH Summary (NCHSUM) ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 14. NCH Nearline Update and Maintenance System ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 15. APS ;V Medicare Annual Person Summary ;VN/A 16. National Medicare Utilization Database (NMUD) ;V OIS/EDG/DMUDD routinely evaluates the needs of the users of the data to ensure the data we store satisfies CMS's mission. 17. Privacy Accountability Database (PAD) ;V In the development of PAD, CMS reviewed the legislation and built the system to only store, maintain and disseminate the minimum amount of data needed to comply with the disclosure accounting requirements.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Medicare Util Data Collec

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

1. Data Extract System (DESY) iV There is no data being collected in DESY; it is an extract application. Data is extracted from DESY through a Web Intranet application where users can specify targeted CMS data stores, search selection criteria, view selections, special processing requirements, file formats, and file destinations. DESY captures the user's request and submits it to the mainframe for processing. Users are not given direct access to the claims data, they must use DESY to extract the data necessary to satisfy initiatives.

2. Continuous Medicare History Sample (CMHS) - The information is being collected, maintained and disseminated for research purposes. The file is created to provide in-depth studies of Medicare utilization patterns over an extended period of time. CMHS data is used to study utilization patterns over time. It is also used to examine Medicare costs and service use by beneficiary characteristics such as age, sex and age at death.

3. CWF Medicare Quality Assurance (CWFMQA) System iV The IIF data is being collected through this front-end system so it can be loaded into CMS's national repository.

4. DSAF iV Decision Support Access Facility iV There is no data being collected in DSAF; it was developed to extract data from various CMS data sources. DSAF was accessible through the CMS Mainframe where users could specify targeted CMS data stores via finder list or specific data fields. DSAF captured the user's request and submitted it to the mainframe for processing. Users were not given direct access to the claims data; they were required to use DSAF to extract the data necessary to satisfy initiatives.

5. FTAPE iV Foreign Tape Tracking System iV The information collected in the FTAPE system maintains the accountability for the shipment of data from the CDC Tape Library.

6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) iV The information is being collected to give users a variety of different views of Medicare services.

7. Incurred But Not Reported (IBNR) iV The primary purpose for collecting this information is to provide this information to be used as part of the CMS financial statements prepared by the Office of Financial Management (OFM). OFM uses the information to meet the financial reporting goals established in the President's Management Initiative.

8. Medicare Actuarial Data System (MADS) iV The data is being collected to assist the Office of the Actuary in reporting and analyzing trends based on types of service and place of service as well as the expenses incurred for those services for a given year.

9. Monthly Bill and Payment Record Processing (MBPRP) iV These files are used by various CMS components (OIS, ORD & OACT) for other downstream systems/reports. In OIS, the skeleton files are used in the NCHSTS and NCHPR systems. ORD uses the file to create the Continuous Medicare History Sample (CMHS) file, which contains beneficiary characteristics and summary utilization data. OACT uses the data to monitor monthly hospital case mix and admission levels. Only select output files contain beneficiary identifiable data: health insurance claim account



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number (HICAN), beneficiary residence state/count and mailing zip code, beneficiary's sex and beneficiary's race. 10. Medicare Provider Analysis and Review (MEDPAR) The primary purpose for collecting this information is to store and maintain a representation of a beneficiary stay in an Inpatient hospital or SNF. The data supports a variety of CMS core data responsibilities; facilitate research on quality and effectiveness of care provided, update annual hospital PPS rates, and to recalculate SSI ratios for hospitals that are paid under PPS and serve a disproportionate share of low-income patients and that may be entitled to increased reimbursement under Part A of the Medicare program. The data is also used to support regulatory, reimbursement and policy functions performed within the agency or by a contractor or consultant. The data is used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and for litigations purposes. 11. NCH Processing Reports (NCHPR) There is no IIF data contained in these reports. 12. NCH Statistical Table System (NCHSTS) There is no IIF data contained in these reports. 13. NCH Summary (NCHSUM) The purpose for collecting and summarizing the line item data is to feed the information to the Part B Extract and Summary System (BESS). 14. NCH Nearline Update and Maintenance System The primary purpose for collecting this information is to store and maintain a collection of Medicare claims for each individual Medicare beneficiary. The detailed claims records submitted for Medicare covered services provide a unique source of information on health care utilization and costs. From these claims, numerous analytical files are created by CMS to support Medicare program and policy development and evaluation, health care analyses, and clinical and epidemiological research. The data is also used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and for litigation purposes. 15. APS Medicare Annual Person Summary VN/A 16. National Medicare Utilization Database (NMUD) The primary purpose for collecting this information is to store and maintain a collection of Medicare claims for each individual Medicare beneficiary. The detailed claims records submitted for Medicare covered services provide a unique source of information on health care utilization and costs. From these claims, numerous analytical files are created by CMS to support Medicare program and policy development and evaluation, health care analyses, and clinical and epidemiological research. The data is also used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and for litigation purposes. 17. Privacy Accountability Database (PAD) The information is being maintained and disseminated to comply with the disclosure accounting requirements of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996.



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15 Identify with whom the agency will share the IIF.

1. Data Extract System (DESY) ;V The information extracted from DESY is shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; researchers; hospitals, Office of Inspector General (OIG), General Accounting Office (GAO) and Department of Justice (DOJ). 2. Continuous Medicare History Sample (CMHS) - The information will be shared with CMS staff and researchers. 3. CWF Medicare Quality Assurance (CWFMQA) System ;V The information will be shared with CMS staff and contractors. 4. DSAF ;V Decision Support Access Facility - The information extracted from DESY is shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; researchers; hospitals, Office of Inspector General (OIG), General Accounting Office (GAO) and Department of Justice (DOJ). 5. FTAPE ;V Foreign Tape Tracking System ;V The information maintained in the FTAPE system, are shared by those users who are authorized to access the system. 6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) ;V The Information from HCIS/HCISMod is shared with CMS staff, CMS Medicare Contractors and other agencies such as OIG, DOJ, FBI. 7. Incurred But Not Reported (IBNR) ;V The IBNR information will be shared with the Office of Financial Management. 8. Medicare Actuarial Data System (MADS) ;V The information will be shared with the Office of the Actuary. 9. Monthly Bill and Payment Record Processing (MBPRP) ;V The information will be shared with CMS staff and contractors contracted with the Agency. 10. Medicare Provider Analysis and Review (MEDPAR) ;V The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies, researchers; hospitals and the Department of Justice (DOJ). 11. NCH Processing Reports (NCHPR) ;V There is no IIF data on these reports. 12. NCH Statistical Table System (NCHSTS) ;V There is no IIF data on the files. 13. NCH Summary (NCHSUM) ;V The information is shared with CMS staff and contractors contracted with the Agency. 14. NCH Nearline Update and Maintenance System ;V The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; researchers; hospitals, OIG, GAO and DOJ. 15. APS ;V Medicare Annual Person Summary ;VN/A 16. National Medicare Utilization Database (NMUD) ;V The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; researchers; hospitals, OIG, GAO and DOJ. 17. Privacy Accountability Database (PAD) ;V CMS provides disclosure accounting reports to Medicare beneficiaries that request an accounting of the disclosures CMS had made of their personally identifiable information.



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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.

1. Data Extract System (DESY) □ DESY extracts the data from the necessary CMS data stores. 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.

2. Continuous Medicare History Sample (CMHS) - The file is created annually from the claims data received from the CWF MQA process. The enrollment data for the new and previously included beneficiaries is obtained using the HISKEW file. 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.

3. CWF Medicare Quality Assurance (CWF MQA) System □ The data is transmitted daily to CWF MQA front-end system from a variety of sources. 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.

4. DSAF □ Decision Support Access Facility - DSAF extracted the data from the necessary CMS data stores. 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.

5. FTAPE □ Foreign Tape Tracking System □ There is no individual identifiable information in this system. The system contains Data Use Agreement Number, Recipient Contact Information, Name of files being shipped, Data Custodian information.

6. HCIS/ HCISMod (Health Care Information System/Health Care Information System Modernization) □ The information is accessed through the CMS Mainframe. 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



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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.

7. Incurred But Not Reported (IBNR) " The data used to create the IBNR will be extracted from the NCH 100% Nearline File. There is no beneficiary identifiable data on the IBNR file.

8. Medicare Actuarial Data System (MADS) " The claims data is obtained monthly and quarterly from the National Claims History (NCH) repository. There is no identifiable data in the MADS tables.

9. Monthly Bill and Payment Record Processing (MBPRP) " The data used in creating these reports is obtained from the claims data received by the CWF Medicare Quality Assurance (CWFMQA) front-end receipt and control system. 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.

10. Medicare Provider Analysis and Review (MEDPAR) " The data used in creating the MEDPAR file is retrieved from the National Claims History 100% Nearline File and the Supplemental Security Income (SSI) file. 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.

11. NCH Processing Reports (NCHPR) " There is no IIF data in these reports.

12. NCH Statistical Table System (NCHSTS) " There is no IIF data in this system.

13. NCH Summary (NCHSUM) " The line item data used to create this file is extracted from the National Claims History carrier data. 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. NCH Nearline Update and Maintenance System " The National Claims History repository is loaded each month with Medicare claims data received from the CWFMQA system. The Privacy Act permits us to disclose



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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. 15. APS - Medicare Annual Person Summary - N/A 16. National Medicare Utilization Database (NMUD) - The National Medicare Utilization Database is loaded each month with Medicare claims data received from the NCH repository. 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. 17. Privacy Accountability Database (PAD) - PAD stores disclosure information from CMS systems. Some disclosures are automated (e.g., disclosures made through DESY are automatically loaded in the PAD). Other systems disclosures are loaded manually to PAD. PAD also stores data from the FTape system to be able to identify the type of data disclosed, purpose of disclosure and to whom the disclosure was made. PAD also stores the beneficiary name and address for those beneficiaries that request an accounting of their disclosures. This information is only stored for those beneficiaries that request a report. The purpose of the PAD was communicated to the public via the system notice that was published in 2002. Additionally, beneficiaries are notified, via the Medicare Handbook, of their right to request an accounting of their disclosures



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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)

1. Data Extract System (DESY) Information will not be collected from children under age 13 on the Internet. 2. Continuous Medicare History Sample (CMHS) - Information will not be collected from children under age 13 on the Internet. 3. CWF Medicare Quality Assurance (CWFMQA) System Information will not be collected from children under age 13 on the Internet. 4. DSAF Decision Support Access Facility - Information will not be collected from children under age 13 on the Internet. 5. FTAPE Foreign Tape Tracking System Information will not be collected from children under age 13 on the Internet. 6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) Information will not be collected from children under age 13 on the Internet. 7. Incurred But Not Reported (IBNR) Information will not be collected from children under age 13 on the Internet. 8. Medicare Actuarial Data System (MADS) Information will not be collected from children under age 13 on the Internet. 9. Monthly Bill and Payment Record Processing (MBPRP) Information will not be collected from children under age 13 on the Internet. 10. Medicare Provider Analysis and Review (MEDPAR) Information will not be collected from children under age 13 on the Internet. 11. NCH Processing Reports (NCHPR) - Information will not be collected from children under age 13 on the Internet. 12. NCH Statistical Table System (NCHSTS) Information will not be collected from children under age 13 on the Internet. 13. NCH Summary (NCHSUM) Information will not be collected from children under age 13 on the Internet. 14. NCH Nearline Update and Maintenance System Information will not be collected from children under age 13 on the Internet. 15. APS Medicare Annual Person Summary N/A 16. National Medicare Utilization Database (NMUD) Information will not be collected from children under age 13 on the Internet. 17. Privacy Accountability Database (PAD) Information will not be collected from children under age 13 on the Internet.



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18 Describe how the IIF will be secured.

1. Data Extract System (DESY) □ Authorized users of DESY have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and have been trained in Privacy Act and system security requirements. All users must have a Data Use Agreement (DUA) to submit a request and receive data from DESY. Employees and contractors extracting data from 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 insure 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 (i.e. NCH, DESY, DSAF, etc.) has to sign a RACF form, which contains □ Security Requirements for Users of CMS □ Computer Systems □. Userids must be recertified each year. A users □ userid is granted access to data they are approved to have access to.

2. Continuous Medicare History Sample (CMHS) - Authorized users of CMHS have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and have been trained in Privacy Act and system security requirements. All users must have a Data Use Agreement (DUA) to submit a request and receive data from CMHS. Employees and contractors extracting data from 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 insure 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 □ Computer Systems □. Userids must be recertified each year. A users □ userid is granted access to data they are approved to have access to.

3. CWF Medicare Quality Assurance (CWFMQA) System □ Authorized users of the CWFMQA system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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 (i.e. NCH, DESY, etc.) 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



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have access to. 4. DSAF □ Decision Support Access Facility - Authorized users of DSAF have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and have been trained in Privacy Act and system security requirements. All users must have a Data Use Agreement (DUA) to submit a request and receive data from DESY. Employees and contractors extracting data from 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 insure 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 (i.e. NCH, DESY, DSAF, etc.) has to sign a RACF form, which contains □ Security Requirements for Users of CMS □ Computer Systems □. Userids must be recertified each year. A users □ userid is granted access to data they are approved to have access to. 5. FTAPE □ Foreign Tape Tracking System □ Authorized users of the FTAPE system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the system. Before the user can begin the necessary tasks to release operational or non-operational data, they need RACF authority to access production CICS. Every user who requests access to a CMS system (i.e. NCH, DESY, FTAPE, etc.) 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. 6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) □ Authorized users of HCIS/HCISMod have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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. 7. Incurred But Not Reported (IBNR) □ There is no identifiable data on the IBNR report that needs to be secured. Authorized users of the input data (which contains beneficiary identifiable data) have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and have been trained in Privacy Act and system security requirements.



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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 user □ s userid is granted access to data they are approved to have access to. 8. Medicare Actuarial Data System (MADS) □ There is not identifiable data on the MADS tables that need to be secured. Any tabulations/subtotals, summary rollups, etc. would be performed by the end-user via a decision support tool, such as COGNOS, Impromptu and Powerplay. Authorized users of the input data (which contains beneficiary identifiable data) have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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. 9. Monthly Bill and Payment Record Processing (MBPRP) □ Authorized users of MBPRP have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and have been trained in Privacy Act and system security requirements. All users must have a Data Use Agreement (DUA) to submit a request and receive data from DESY. Employees and contractors extracting data from 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 insure 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 □ Computer Systems □. Userids must be recertified each year. A users □ userid is granted access to data they are approved to have access to. 10. Medicare Provider Analysis and Review (MEDPAR) □ Authorized users of the CWFMQA



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system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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 (i.e. NCH, DESY, etc.) 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. 11. NCH Processing Reports (NCHPR) □ N/A. 12. NCH Statistical Table System (NCHSTS) □ N/A. 13. NCH Summary (NCHSUM) □ Authorized users of the CWFMQA system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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 (i.e. NCH, DESY, etc.) 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. 14. NCH Nearline Update and Maintenance System □ Authorized users of the CWFMQA system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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 (i.e. NCH, DESY, etc.) 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. 15. APS □ Medicare Annual Person Summary □ N/A 16. National Medicare Utilization Database (NMUD) □ Authorized users of the



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CWFMQA system have RACF (Resource Access Control Facility □ CMS systems security software package) access to the data and 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 (i.e. NCH, DESY, etc.) 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. 17. Privacy Accountability Database (PAD) □ Authorized users of PAD must have RACF (Resource Access Control Facility □ CMS systems security software package) access to the CMS data center. To obtain RACF access, users must complete and sign a RACF form, which contains □ Security Requirements for Users of CMS □ Computer Systems. □ User Ids must be recertified every year. A users □ userid is granted to data they are approved to have access to and require authorization from a CMS manager or CMS project officer. Additionally, users must request from the database administrator, access to the specific database tables that are needed for the purpose being performed. Access granted to users is limited to the data needed to perform the task. Users of the PAD are CMS employees and are required to complete an annual Information Security and Privacy Training session.



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19 Describe plans for retention and destruction of IIF.

1. Data Extract System (DESY) □ 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.

2. Continuous Medicare History Sample (CMHS) - 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.

3. CWF Medicare Quality Assurance (CWFMQA) System - 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.

4. DSAF □ Decision Support Access Facility - 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.

5. FTAPE □ Foreign Tape Tracking System □ Identifiable data is not maintained in this system

6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) □ 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

7. Incurred But Not Reported (IBNR) □ 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

8. Medicare Actuarial Data System (MADS) □ 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



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temporary records no longer of current use are promptly disposed of or retired. 9. Monthly Bill and Payment Record Processing (MBPRP) 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. 10. Medicare Provider Analysis and Review (MEDPAR) 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. 11. NCH Processing Reports (NCHPR) N/A 12. NCH Statistical Table System (NCHSTS) N/A 13. NCH Summary (NCHSUM) 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. 14. NCH Nearline Update and Maintenance System 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. 15. APS Medicare Annual Person Summary N/A 16. National Medicare Utilization Database (NMUD) 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. Privacy Accountability Database (PAD) 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.



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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.

1. Data Extract System (DESY) A SOR has not been and will not be created for DESY. 2. Continuous Medicare History Sample (CMHS) A SOR has not been created for this system. 3. CWF Medicare Quality Assurance (CWFMQA) System A SOR has not been created for this system. This system can use the NCH SOR (09-70-0005) because this system is the front-end process that receives the data that is stored in the NCH. 4. DSAF Decision Support Access Facility - A SOR has not been and will not be created for DSAF. 5. FTAPE Foreign Tape Tracking System A SOR has not been created for FTAPE. 6. HCIS/HCISMod (Health Care Information System/Health Care Information System Modernization) A SOR has not been created for this system. A system of record has been created for the National Claims History (09-70-0005), from which the input/source data is extracted 7. Incurred But Not Reported (IBNR) 8. Medicare Actuarial Data System (MADS) A SOR has not been created for this system. A system of record has been created for the National Claims History (09-70-0005), from which the input/source data is extracted. 9. Monthly Bill and Payment Record Processing (MBPRP) A SOR has not been created for this system. 10. Medicare Provider Analysis and Review (MEDPAR) A SOR has been created: 09-70-0009 11. NCH Processing Reports (NCHPR) A SOR has not been created. 12. NCH Statistical Table System (NCHSTS) A SOR has not been created. 13. NCH Summary (NCHSUM) A SOR has not been created. 14. NCH Nearline Update and Maintenance System A SOR has been created: 09-70-0005 15. APS Medicare Annual Person Summary A SOR has not been and will not be created for Medicare APS 16. National Medicare Utilization Database (NMUD) A SOR has been created: 09-70-0005 17. Privacy Accountability Database (PAD) System of Record number is 09-70-0540.

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

Walter Stone CMS Privacy Officer

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

Mark B. McClellan, M.D., Ph.D. Administrator Centers for Medicare & Medicaid Services

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

D. Dean Mesterharm CMS Chief Information Officer and Director, Office of Information Services

