

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MEDPAR-MUDC&AS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MEDPAR-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: MEDPAR-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: MEDPAR-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: MEDPAR-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: MPARTS-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: MPARTS-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: MPARTS-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: MPARTS-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: MPARTS-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: MPARTS-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: MPES-AFS

Question:

Response:

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|----|---|--|
| 1 | Date of this Submission (MM/DD/YYYY): | 2003-11-13 |
| 2 | HHS Agency (OPDIV): | CMS |
| 3 | Title of System or Information Collection: | Medicare Projections and Estimates System (MPES) |
| 4 | Is this System or Information Collection new or is an existing one being modified? | Existing |
| 5 | Unique Project Identifier Number: | N/A |
| 6 | System of Records Number: | 09-90-0024 |
| 7 | OMB Information Collection Approval Number and Expiration Date : | N/A |
| 8 | Other Identifying Number(s): | N/A |
| 9 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | Excel spreadsheet which projects future Medicare spending by type of provider. |
| 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. | Explain how the data collected are the minimum necessary to accomplish the purpose for this effort. Collects aggregate spending data from claims by type of provider. Spending projections for 10 years used for budget and 75 year projections used for trust fund projections. |
| 11 | Explain why the information is being collected. | |
| 12 | Identify with whom the agency will share the collected information | . |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MPES-AFS

- 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): 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: MSIS-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:	Medicaid & State Children's Health Insurance Program
4 Is this System or Information Collection new or is an existing one being modified?	Existing
5 Unique Project Identifier Number:	CMS-R-0284
6 System of Records Number:	09-70-6001
7 OMB Information Collection Approval Number and Expiration Date :	OMB NO.: 0938-0345, Expiration Date: 07/31/2006
8 Other Identifying Number(s):	N/A
9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	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).

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MSIS-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.

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 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.

11 Explain why the information is being collected.

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.

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: MSIS-M&SCHIS

- 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):
- 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):
- 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.
- No information contained in MSIS is obtained via the Internet. All MSIS information is provided by states
- 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.
- 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.
- Notice of this system, Medicaid Statistical Information (MSIS) System, HHS/HCFA/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.
- J. Ned Burford
- Thomas A. Scully
- Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: National Plan & Prov-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:	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, UPIN - It is an existing one being modified.
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: National Plan & Prov-PMS

- 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: National Plan & Prov-PMS

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

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: National Plan & Prov-PMS

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: National Plan & Prov-PMS

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: National Plan & Prov-PMS

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: National Plan & Prov-PMS

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

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: National Plan & Prov-PMS

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: National Plan & Prov-PMS

- 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 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: NCH Nearline-MUDC&AS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NCH Nearline-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: NCH Nearline-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: NCH Nearline-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: NCH Nearline-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
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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NCHPR-MUDC&AS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-18
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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: NCHPR-MUDC&AS

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

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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NCHPR-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: NCHPR-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: NCHPR-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: NCHSTS-MUDC&AS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NCHSTS-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.

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: NCHSTS-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: NCHSTS-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: NCHSUM-MUDC&AS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NCHSUM-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: NCHSUM-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: NCHSUM-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.
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- 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: NCHSUM-MUDC&AS

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| <p>16 Describe plans for retention and destruction of data collected.</p> | 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. |
| <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> | 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) |
| <p>18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):</p> | J. Ned Burford |
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| <p>20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):</p> | Timothy P. Love |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NMUD-MUDC&AS

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

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HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: NMUD-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.**
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- 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: NMUD-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: OEOCR Complaints Track-HRMS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-12
2 HHS Agency (OPDIV):	CMS/OEOCR
3 Title of System or Information Collection:	OEOCR Complaints Tracking System
4 Is this System or Information Collection new or is an existing one being modified?	New
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.	EEO Assistant ² was a menu-driven commercial-off-the-shelf (COTS) software package that allowed the user to analyze workforce profiles, track personnel actions, and monitor every aspect of discrimination complaints processing. The software package included an extensive set of reports and pre-formatted letters to meet EEOC and OPM requirements for complaints processing and affirmative employment planning and reporting. Applicable Laws/Regulations/Statutes: The following laws, policies, and regulations govern the Federal EEO Program for discrimination complaints processing, statistical monitoring and reporting: · Executive Order 11478 · Title VII of the Civil Rights Act of 1972, as amended · Civil Service Reform Act of 1987 · Title 5 of the Code of Federal Regulations (CFR) Section 720 · 29 C. F. R. § 1607 · 29 C. F. R. § 1614 · FPM Chapter 720 · EEOC Management Directive (MD) 110 · EEOC MD 715



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: OEOCR Complaints Track-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.
- The system collected agency personnel data for tracking and analytical purposes. The data was required pursuant to the laws and regulations set forth in item 1 above.
- 11 Explain why the information is being collected.
- OEOCR - The mission of the Office of Equal Opportunity and Civil Rights (OEOCR) is to facilitate and ensure the fair and equitable treatment of the Centers for Medicare and Medicaid Services (CMS) internal and external customers through compliance with applicable laws and the effective management of the agency's Equal Opportunity and Civil Rights Programs. To this end, OEOCR manages all complaints of alleged discrimination against CMS.
- 12 Identify with whom the agency will share the collected information.
- OEOCR - This information was not shared outside of the OEOCR.
- 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.
- OEOCR - The EEO Assistant system manager uploaded agency personnel data information from the CMS Mainframe onto PC as an ASCII text file via the CMS TN 3270 connection. This text file was then transferred from PC into the application. After data transfer the temporary subdirectory where personnel data was temporarily housed was deleted from the PC (see Management Controls 2.1).
- 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.
- OEOCR - EEO Assistant processed, maintained, and transmitted data in a secure environment. Access to the application was password protected and user access privileges were limited to OEOCR staff.
- 16 Describe plans for retention and destruction of data collected.
- OEOCR provides maintenance and disposition of EEO Complaint Files in accordance with National Archives and Records Administration General Record Schedule guidelines, GRS 1.25.
- 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.
- OEOCR - These records fall under GRS 1.25 Equal Employment Opportunity (EEO) Records.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: OEOCR Complaints Track-HRMS

- 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):

Ramón Surís Fernández

HHS Privacy Impact Assessment (PIA) Summary

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Online Regist Sys-HRMS

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|--|---|
| <p>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.</p> | <p>Online Registration System - Employee Data Elements are: first name, last name, phone number, organization, email address, and supervisor's email. This is the minimum information needed by the database system to enable employees to self-enroll, and for the administrator to track completion for rosters and training history. No SSN data or other identifier information is collected.</p> |
| <p>11 Explain why the information is being collected.</p> | <p>Online Registration System - The information is being collected to enable employees to self-enroll and produce rosters for agency-sponsored courses in the headquarters office and to a limited degree, courses sponsored by some regional offices.</p> |
| <p>12 Identify with whom the agency will share the collected information .</p> | <p>Online Registration System - To our knowledge, this information is not shared with anyone other than appropriate CMS staff.</p> |
| <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>Online Registration System - Training law and regulations require agencies to maintain information concerning the general conduct of agency training activities for internal management purposes and for the President and Congress to discharge effectively their respective responsibilities for supervision, control, and review of these training activities.</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>Online Registration System - Information is stored in an access-restricted SQL Server database on the secured CMS intranet.</p> |
| <p>16 Describe plans for retention and destruction of data collected.</p> | <p>Data is stored indefinitely.</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></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>J. Ned Burford</p> |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Online Regist Sys-HRMS

- 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: PARKING-HRMS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-13
2 HHS Agency (OPDIV):	Centers for Medicare & Medicaid Services
3 Title of System or Information Collection:	Parking System (PARKING)
4 Is this System or Information Collection new or is an existing one being modified?	System
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. The system is used at CMS as part of our building security plan. All CMS employees and other authorized individuals have been issued United States Government parking permits by CMS to provide regular or special parking based on specific needs. This includes: (1) Federal employees (full/part-time and temporary) working in CMS occupied buildings in Baltimore, Maryland; (2) Certain private individuals ("contractors") providing services at either locations; (3) private citizens with children in the Day Care Center, and (3) GSA employees and contract guards. The retrieval of this information is necessary to ensure that access to CMS buildings during regular and security hours is restricted and to guard against unauthorized entry.

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PARKING-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.
- 11 Explain why the information is being collected.
- 12 Identify with whom the agency will share the collected information.
- 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):
- Facilities Management Personnel establishes a record for the individual containing name, SSN, contractor and company name, organization, location, grade, issue date, expiration date, permit number, type of permit, tag number, parking lot information, reserved space information, parking violations Etc.
- HTS - Information is collected to support transactions which are forwarded to FACS and ultimately appear on the financial accounting reports. As mentioned above, the data is collected to establish a Parking record for the individual.
- The parking data is for Facilities Management Personnel.
- The Parking Record is established when the individual begins working at CMS or uses CMS Facilities.
- No data is collected from children.
- The data is secured in a M204 Data Base with file, userid, and password protection.
- CMS inquiries Referral Search Website - This website is updated at the request of the subject matter expert within CMS. The Parking record is deleted when the individual no longer works at CMS or uses CMS Facilities.
- Legislation Authority for this Activity: Systems #09-70-300

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PARKING-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: Payment Quality Review

<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:	Payment Quality Review 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.	Tim Lawrence, Dave Gibson, Bob Dean
7 Unique Project Identifier Number:	009-38-01-09-02-1010-00-301-093
8 System of Records Number:	09-70-0527; 09-70-0534
9 OMB Information Collection Approval Number and Expiration Date :	
10 Other Identifying Number(s):	



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Payment Quality Review

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

PPRMS: 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. MPARTS: Information is collected to track the status of reimbursement for Medicare over-payment. CMPTS: This is a database that captures overview information on civil money penalties (CMPs) imposed by CMS and the respective monetary collections. REMAS: In most instances, Medicare is the primary payer for Medicare covered services furnished to Medicare beneficiaries. This means that Medicare's full authorized payment is made without considering any other insurance available to the Medicare beneficiary. In some instances where other insurance is available to pay for the furnished services and other conditions are satisfied, Medicare payment is secondary to the payment obligation of the other insurance. The applicable statute is 42 U.S.C. 1395y(b) and the applicable regulations are 42 C.F.R.411 Subparts B-H. If Medicare makes a mistaken primary payment in such a situation, Medicare pursues recovery of the mistaken primary payment from an appropriate party. Appropriate parties include providers, suppliers, insurers, employers, beneficiaries and other applicable parties. Once identified, the mistaken primary payments are considered debts to the United States and accounted for on that basis in Medicare's accounting system and financial statements. ReMAS identifies instances where Medicare made a mistaken or conditional primary payment when it should have been the secondary payer. Claims are then identified and put into cases for the applicable debtor. FID: 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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Payment Quality Review

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.

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. 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. CMPTS: The agency collects the following information: provider identification, type and specific of violation, information on the CMP imposed including monetary amount imposed and collected. REMAS: ReMAS collects identifying information (name, address, etc.) about beneficiaries that should have been covered under another insurance. Claim information for those beneficiaries is also collected so that users of ReMAS can identify whether each specific claim paid by Medicare was a mistaken or conditional payment that needs to be recouped. Identifying information (name, address, etc.) about providers and suppliers is also captured because that information is needed in order to develop a demand letter to the appropriate party. FID: The agency accumulates information on cases of potential Medicare fee-for-service fraud and on payment suspensions.

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

PPRMS: The information is being collected in order to facilitate analyses of physician access and physician access trends in the US over time. PSOR: This system collects Part B overpayment at collection (i.e., recovery) information. A minimal level of data is collected due to privacy consideration. MPARTS: Data collected is the minimum necessary. No identifiable data is present on the file. CMPTS: This is an internal informational database for CMS use only and is used to keep track of the penalties imposed by CMS. REMAS: ReMAS collects identifying information (name, address, etc.) about beneficiaries that should have been covered under another insurance. Claim information for those beneficiaries is also collected so that users of ReMAS can identify whether each specific claim paid by Medicare was a mistaken or conditional payment that needs to be recouped. Identifying information (name, address, etc.) about providers and suppliers is also captured because that information is needed in order to develop a demand letter to the appropriate party. 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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Payment Quality Review

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

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. CMPTS: This is an internal informational database for CMS use only and is used to keep track of the penalties imposed by CMS. REMAS: ReMAS collects identifying information (name, address, etc.) about beneficiaries that should have been covered under another insurance. Claim information for those beneficiaries is also collected so that users of ReMAS can identify whether each specific claim paid by Medicare was a mistaken or conditional payment that needs to be recouped. Identifying information (name, address, etc.) about providers and suppliers is also captured because that information is needed in order to develop a demand letter to the appropriate party. 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.

15 Identify with whom the agency will share the IIF.

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. CMPTS: Information is not shared outside of CMS. REMAS: The information collected in ReMAS will only be used by CMS or partners of CMS (Fiscal intermediaries and carriers) for CMS purposes. 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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Payment Quality Review

- 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.**
- 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. CMPTS: Information regarding CMPs are imputed by CMS Ros. Collections information is inputted by OFM in CO. All other questions are n/a. REMAS: ReMAS has several electronic interfaces with other systems. Beneficiary data will be collected from the Medicare Beneficiary Database (MBD). Claims data will be collected from National Claims History (NCH) and National Medicare Utilization Database (NMUD) via the Data Extract System (DESY). Provider data will be obtained from the OSCAR, NSC and UPIN systems. Memorandums of Understanding between ReMAS and all other interfacing systems have been established. FID: 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.
- 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)**
- PPRMS: Information is not collected from individuals. PSOR: No information is collected from children under age 13. MPARTS: Information is not collected from children under the age of 13. CMPTS: Information is not collected from children under the age of 13. REMAS: Data is not being collected via the internet or from children under age 13. FID: No, this information is not being collected
- 18 Describe how the IIF will be secured.**
- 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. CMPTS: Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS. REMAS: The data in ReMAS will be secured through application security at the user level. Access to specific sets of data has also been set up at the database level. FID: Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Payment Quality Review

- 19 Describe plans for retention and destruction of IIF. 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. MPARTS: not applicable CMPTS: There are specific retention and destruction plans . The system follows the standards set at the CMS datacenter. REMAS: Because ReMAS is in development plans for data retention and destruction have not yet been finalized. FID: There are specific retention and destruction plans. The system follows the standards set at the CMS datacenter.
- 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. PPRMS: System owner is not aware of this development. PSOR: None. MPARTS: No system of records is being kept for this system. This system contains no identifiable data. CMPTS: not applicable REMAS: ReMAS does not have a SOR because all of the information in ReMAS comes from another system that has an SOR. FID: SOR # 09-70-0527
- 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: PECOS-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: PECOS-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: PECOS-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: PECOS-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: PECOS-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: PECOS-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: PECOS-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: PECOS-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: PECOS-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.
- 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):
- 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.
- J. Ned Burford
- Thomas A. Scully
- Timothy P. Love



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Physician Payment-PQRS

Question:

Response:

- | | | |
|----|---|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2003-11-17 |
| 2 | HHS Agency (OPDIV): | CMS/ORDI/RDRG |
| 3 | Title of System or Information Collection: | Physician Payment Reform Monitoring System |
| 4 | Is this System or Information Collection new or is an existing one being modified? | Existing System |
| 5 | Unique Project Identifier Number: | |
| 6 | System of Records Number: | |
| 7 | OMB Information Collection Approval Number and Expiration Date : | |
| 8 | Other Identifying Number(s): | |
| 9 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | 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. |
| 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. | Explain how the data collected are the minimum necessary to accomplish the purpose for this effort. 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. |
| 11 | Explain why the information is being collected. | The information is being collected in order to facilitate analyses of physician access and physician access |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Physician Payment-PQRS

- | | | |
|-----------|---|---|
| 12 | Identify with whom the agency will share the collected information | The information will be shared with Congress |
| 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 obtained from the NCH SUM system. The administrators of this system are aware of this system's access through RACF permissions and profiles. |
| 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 is not collected from individuals. |
| 15 | Describe how the information will be secured. | Information is secured through RACF. |
| 16 | Describe plans for retention and destruction of data collected. | Data produced through this system is maintained for the maximum lifespan duration in order to facilitate historical analyses and traceability of results. |
| 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. | I am not aware of this development. |
| 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: Physician/Supplier-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: Physician/Supplier-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: Physician/Supplier-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: Physician/Supplier-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: Physician/Supplier-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: Physician/Supplier-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: PIMR-MFM&PS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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

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

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

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

11 Explain why the information is being collected.

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

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

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

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

CPE - To ensure that Medicare fee-for-



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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

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

15 Describe how the information will be secured.

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

16 Describe plans for retention and destruction of data collected.

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PIMR-MFM&PS

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

OPDIV: CMS System Name: PORS-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: PORS-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: PORS-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: PORS-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: PORS-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: PORS-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: PPSM-P&PMS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PPSM-P&PMS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PPSM-P&PMS

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

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PPSM-P&PMS

11 Explain why the information is being collected.

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

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PPSM-P&PMS

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

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

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

No information collected on persons under 13.

15 Describe how the information will be secured.

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PPSM-P&PMS

16 Describe plans for retention and destruction of data collected.

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

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

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

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

J. Ned Burford

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

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: Procurement & Property

Question:

Response:

- | | | |
|----|--|---|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Procurement & Property 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. | Linda Schmidt, Olen Clybourn, Rod Benson |
| 7 | Unique Project Identifier Number: | 009-38-02-00-01-1150-00-404-139 |
| 8 | System of Records Number: | 09-70-3002; 09-70-3004; 09-70-3001 |
| 9 | OMB Information Collection Approval Number and Expiration Date
: | |
| 10 | Other Identifying Number(s): | |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement & Property

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

HOPS 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. MMS - The CMS warehouse maintains an inventory of publications, forms, manuals, and commodity items. Providers, intermediaries, advocacy groups, CMS employees, and other government agencies order these items on a daily basis. White Systems Material Management System provides hardware and software support for the storage and retrieval of these items. The system processes orders, including hot picks, and stores and retrieves materials from carousel and bulk locations. Authorizing legislative regulation for this activity is 41CFR Chapter 101-27. PPSM 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. 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 an internal CMS customer database. Authorizing legislative regulation for this activity is: 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. SITEMAN - The system is an Excel macro-based mechanism used to keep CMS space management data up to date and provide a data source for the Aperture space-management application. PRISM is a web based on-line applications designed to improve the day-to-day business activities of the Office of Acquisition and Grants Management. The system tracks requisitions, purchase orders and contracts and produces the required forms which enable CMS to purchase goods and services. It also maintains a vendor file which is the only IIF that exists in the system. This information includes addresses, phone numbers and other information that enables us to communicate with our vendors. Authorizing legislative regulation for this activity is: 5 U.S.C. 301; Section 205© of the Federal Property Administrative Services Act of 1949, as amended (40 U.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement & Property

- 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.

S.C. 468(c); and the Office of Federal Procurement Policy Act of 1974, as amended by P. L. 96-83.

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. MMS - Information processed includes Inventory Control Number (ICN), warehouse location, customer number, item totals, and item quantities stored and picked. 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 requests and customer ship-to information. Information processed includes Inventory Control Number (ICN), business customer information, item totals, and item quantities stored and picked. RMS □ Collects accession numbers, a CMS customers □s name-location-phone number-component, brief description of records stored, destroy date, number of boxes associated with each accession of record. The date collected is necessary in order to retrieve/return/dispose of records in storage. SUFS - The agency will use information collected by the ASG Customer Service Team as part of the Administrative Services Group (ASG) move-order process. PRISM - The information that is collected is voluntary information which is public information also contained in the federal CCR (Central Contractor Registry). This information is contained in the PRISM Vendor File. It included all information contained in SF 179. This data included vendor name, address, phone number, TIN, EIN, and DUNS numbers. The agency only used this data in order to mail documents to the vendor and to report to the Federal Procurement Data System (FPDS).

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

SUFS - Only those location-oriented data items which are necessary to provide a data source for the Aperture space-management application are gathered in the move-order process are utilized by this system, and any others are unused. PRISM - Only data needed to insure that the contractor is registered with the CCR, and that data which is required in order to mail documents. All vendor data which is collected is required for reporting to the FPDS. No other data is collected or maintained.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement & Property

- 14 Explain why the IIF is being collected, maintained, or disseminated. SUFS The information is gathered to produce a data store used to perform agency space-management functions. PRISM - The information that is collected is voluntary information which is public information also contained in the federal CCR (Central Contractor Registry. This information is contained in the PRISM Vendor File. It included all information contained in SF 179. This data included vendor name, address, phone number, TIN, EIN, and DUNS numbers. The agency only used this data in order to mail documents to the vendor and to report to the Federal Procurement Data System (FPDS).
- 15 Identify with whom the agency will share the IIF. SUFS The information is shared within the CMS Administrative Services Group. PRISM The information is shared with the CMS accounting system and the FPDS.
- 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. SUFS The information is collected as part of the Administrative Services Group (ASG) move-order process. PRISM All IIF is obtained voluntarily from the vendor. They are told that all data is protected by the Privacy Act. Vendors sign the form when they submit their data, and the form includes a disclosure statement.
- 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. SUFS The information is stored in a secure Oracle database on the CMS intranet. Access to the data is limited to those ASG staff members who have the utility installed on their workstations. PRISM The data is secured using the appropriate security plan information, as well as the CMS data security process.
- 19 Describe plans for retention and destruction of IIF. SUFS If an employee has separated from the agency, his/her information will be removed from the data. All other data will remain indefinitely. PRISM Data is kept for future contract awards.
- 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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement & Property

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: Procurement Sys-P&PMS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement Sys-P&PMS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement Sys-P&PMS

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

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement Sys-P&PMS

- 11 **Explain why the information is being collected.**
- CMS Procurement System - The information is collected on those entities interested in contracting with CMS and provide information collected on the SF129 form. This data is entered into our contractor database. The information is collected because in is required in order to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. HOPS - Information is collected to track and control CMS capitalized and accountable personal property assets. RMS - The information is collected to maintain a tracking system CMS onsite records management storage activities. PPSM - Information is collected to track and control ordering, issuing and shipment of paper stock products for CMS internal and external customers. CWOS - The agency uses this information to send orders of CMS printed materials to their business partners and employees.
- 12 **Identify with whom the agency will share the collected information**
- CMS Procurement System - The information or portions thereof may be shared with the FPDS-NG (Federal Procurement Data Systems), Financial Systems for the purpose of making payments and government sponsored systems that monitor contractor performance. The information is used to award contracts and to comply with FPD-NG reporting requirements. The law requires the collection of the data, and the Agency does not impose additional reporting requirements. Additional disclosure of the information on this report may be made: (1) to a Federal, State or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in record management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter; (7) to reviewing officials in a new office, department or agency when an employee transfers from one covered position to another; (8) to a Member of Congress or a congressional office in response to an inquiry made on behalf of an individual who is the subject of the record. HOPS - Information is for internal agency use with summary reports submitted to HHS LMM. The RMS information is for the sole purpose of the CMS Records Officer. The information is not shared. PPSM & CWOS - Information is for internal agency use only.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement Sys-P&PMS

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

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

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

No information collected on persons under 13.

15 Describe how the information will be secured.

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Procurement Sys-P&PMS

16 Describe plans for retention and destruction of data collected.

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

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

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

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

J. Ned Burford

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

Timothy P. Love

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

Thomas Scully



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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

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

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

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

11 Explain why the information is being collected.

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

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

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

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

CPE - To ensure that Medicare fee-for-



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

12 Identify with whom the agency will share the collected information

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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

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

15 Describe how the information will be secured.

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

16 Describe plans for retention and destruction of data collected.

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: PROTRAC-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2005-08-05
2 OPDIV:	CMS
3 Title of System or Information Collection:	Provider 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.	Jim Bossenmeyer, Rick Fledderman,
7 Unique Project Identifier Number:	009-38-01-09-01-1060-00-110-031
8 System of Records Number:	09-70-0532; 09-70-0525; 09-70-0517; 09-70-0008; 09-70-0530; 09-70-0524; 09-70-0534
9 OMB Information Collection Approval Number and Expiration Date :	PECOS: 0938-0685 (2/28/2004); UPIN: 0938-0685 (01/01/2007)
10 Other Identifying Number(s):	FMIB OFM-139 (NPPES); FMIB OFM-246 (PECOS); 500-02-0041 (MED);MED: OFM 907; CMA 2001-05



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

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

NPPES: 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. UPIN: Identify all physicians, non-practitioners and medical groups practices, defined by §§ 1124(A), 1861(r), 1842(b)(I)(ii)(iii)(iv)(v)(r), and 1877(h)(4) of The Act who request or receive Medicare reimbursement for medical services. MED: 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: 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. 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), 1124A(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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment 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.

NPPES: 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. UPIN: 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. 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 . 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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

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

NPPES: Information collected by NPPES complies with HIPAA requirements in order to assign a unique identifier to every health care provider. UPIN: 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. MED: Paying providers that are excluded is bad. IRIS: The information is collected in order to produce the duplicate report. 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.

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

NPPES: Information is collected by NPPES in order to uniquely enumerate all health care providers. UPIN: 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. MED: Paying providers that are excluded is bad. IRIS: The information is collected in order to produce the duplicate report. 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.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

15 Identify with whom the agency will share the IIF.

NPPES: Federal and Medicaid health plans, enumerator, agents working on behalf of providers. UPIN: 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. MED: Medicare contractors. IRIS: Other government agencies, academic institutions, CMS contractors. PECOS: Information from this system may be disclosed under specific circumstances to: CMS 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/supplier's health care claims.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

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

NPPES: Information collected via the NPPES web site (internet) of paper application. Notification of NPI given via e-mail (if application was via web) or paper letter if application was via paper. UPIN: 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. 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. 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.

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)

Not applicable to NPPES, UPIN web sites. Other systems do not have web sites.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

18 Describe how the IIF will be secured.

NPPES: Users can get to their NPPES information via a valid user id and password. See the NPPES SSP for more information on system security. UPIN: HCFA 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, HCFA 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. MED: The data is housed on the CMS mainframe, and is subject to standard CMS Data Center security policy. UPIN: The data is housed on the CMS mainframe, and is subject to standard CMS Data Center security policy. PECOS: Users need a valid CMS user id and password to access the system. User ids and passwords are authenticated through CMS.

19 Describe plans for retention and destruction of IIF.

NPPES follows CMS policy on data retention and destruction. UPIN: 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. 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. PECOS: There are specific retention and destruction plans. The system follows the standards set at the CMS data center.

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.

NPPES: SOR is 09-70-0008. UPIN: 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. MED: System of Records Notice: 09-70-0534 IRIS: SOR# 09-70-0524 PECOS: This information collection is maintained under SOR 09-70-0532, which was specifically written for this collection.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Provider Enrollment Sys

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

