

HHS Privacy Impact Assessment (PIA) Summary

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

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

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

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

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

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

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



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



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



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



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

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



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



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



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11 Explain why the information is being collected.

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

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

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

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

CPE - To ensure that Medicare fee-for-



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



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12 Identify with whom the agency will share the collected information

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



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

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



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



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

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

15 Describe how the information will be secured.

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

16 Describe plans for retention and destruction of data collected.

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



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



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

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

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



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OPDIV: CMS System Name: PULSE-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



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OPDIV: CMS System Name: PULSE-MFM&PS

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



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OPDIV: CMS System Name: PULSE-MFM&PS

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



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

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



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



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



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11 Explain why the information is being collected.

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

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

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

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

CPE - To ensure that Medicare fee-for-



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



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12 Identify with whom the agency will share the collected information

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



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

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



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



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

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

15 Describe how the information will be secured.

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

16 Describe plans for retention and destruction of data collected.

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



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OPDIV: CMS System Name: PULSE-MFM&PS

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Q-NET

Question:

Response:

- | | | |
|----|--|--|
| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | Q-Net |
| 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)? | N |
| 6 | Identify a point of contact to whom a member of the public can address questions concerning this information system and the privacy concerns associated with it. | Dennis Stricker or Michael Blake |
| 7 | Unique Project Identifier Number: | 009-38-01-06-01-1010-00-110-032 |
| 8 | System of Records Number: | |
| 9 | OMB Information Collection Approval Number and Expiration Date : | 0938-0581 12/2007 |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | QualityNet (QNet) is a General Support System (GSS). CMS maintains the QNet network infrastructure, a network environment that uses shared database servers and WAN/LAN resources to monitor and improve utilization and quality of care for Medicare and Medicaid beneficiaries. This legislation is under the Social Security Act, Title XVIII, Section 1864: .93.777 State Survey and Certification of Health Care Providers and Suppliers. This legislation is under Title XI of the Social Security Act, Part B, as amended by the Peer Review Improvement Act of 1982. This legislation is under Title XI--General Provisions, Peer Review, and Administrative Simplification The Balanced Budget Act of 1997 created section 1932 (c)(2) of the Act, which would replace section 1902 (a)(30)(C) with a new requirement for annual, external quality review (EQR) of Medicaid MCOs. |



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OPDIV: CMS System Name: Q-NET

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

The QNet WAN/LAN network configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System (HCQIS) that comprises of three Major Applications that collect information and operate within QNet network infrastructure: Standard Data Processing System (SDPS) Consolidated Renal Operations in a Web-Enabled Environment (CROWN) Quality Improvement Evaluation System (QIES) The Standard Data Processing System (SDPS) consists of many data and reporting requirements and was designed and developed in immediate response to the ongoing ADP requirements of the various Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. This system, which became operational in May 1997, interfaces with CMS Central Office, 53 QIOs and CDACs. Through the SDPS, the QIOs have a data base of current Part A claims data, ad-hoc capability to access Part B data, access to national data sets, software tools for data analysis, report generation tools, and project information. The Consolidated Renal Operations in a Web-enabled Network (CROWN) will facilitate the collection and maintenance of information about the Medicare End Stage Renal Disease (ESRD) program. CROWN is being developed to modernize the collection and retrieval of ESRD data in a secure, Web-enabled environment. The new capabilities will allow dialysis facilities to enter information electronically and transmit it to the appropriate ESRD Network, and CMS also will be able to send feedback to the Networks and the facilities through the new environment. CROWN consists of the following major modules: The Vital Information System to Improve Outcomes in Nephrology (VISION), which will support electronic data entry and encrypted transmission of ESRD patient and facility data from dialysis facilities directly to their Networks via a secure, Web-enabled environment called "QNet Exchange"; The ESRD Standard Information Management System (SIMS), supports the business processes of the ESRD Network Organizations and provides communication and data exchange links among the Networks, the facilities, and CMS, via the QNet Exchange; and The Renal Management Information System (REMIS), to replace CMS's existing Renal Beneficiary and Utilization System (REBUS), which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information in the ESRD Program Management and Medical Information System Database. Quality Improvement and Evaluation System (QIES) initiative establishes CMS's goals for the standardization of the Minimum Data Set/Outcome and Assessment Information Set (MDS/OASIS) systems. QIES will provide states with the ability to collect assessment data from providers and transmit that data to a central repository for analysis and support of prospective payment systems. CMS intends that the MDS/OASIS data management system will support a suite of applications/tools designed to provide



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Q-NET

- 13 **Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort.** states and CMS with the ability to use performance information to enhance on-site inspection activities, monitor quality in an ongoing manner, and facilitate providers' efforts related to continuous quality improvement.
- 14 **Explain why the IIF is being collected, maintained, or disseminated.** The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System and has no participation in the collection, maintenance, and/or dissemination of IIF.
- 15 **Identify with whom the agency will share the IIF.** The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System that supports the following CMS organizational business processes and data collection requirements: The capability for collection and management of clinical, survey, and project data from Medicare and Medicaid providers. The management and analysis of that clinical, survey, and project data with various SDPS programs by the Quality Improvement Organization (QIO). The collection of data by ESRD Network Organizations to administer the national Medicare ESRD program. The collection of provider and beneficiary-specific outcomes of care and performance data using QIES across a multitude of delivery sites (such as nursing homes and Rehabilitation and Long Term Care Hospitals, etc.) for use to improve the quality and cost effectiveness of services provided by the Medicare and Medicaid programs. The management and provision of Medicare and Medicaid information to providers that include but are not limited to Hospitals, physician or family practice clinics, dialysis clinics, Skilled Nursing Facilities, Home Health Agencies, and various specialized clinics.
- 16 **Describe how the IIF will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.** The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System and shares no IIF.
- 17 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)** The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System and collects no information from children under age 13.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Q-NET

- 18 Describe how the IIF will be secured. The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System collects no IIF.
- 19 Describe plans for retention and destruction of IIF. The QualityNet General Support System (GSS) WAN/LAN network infrastructure and configuration provides the WAN/LAN connectivity and support for the Health Care Quality Improvement System collects no IIF. The QualityNet System Security Policies Handbook contains the policies and procures for the Destruction of Sensitive Information. These documents defines guidelines for the destruction of Medicare sensitive information and establishes a minimum set of security controls that will apply for all QualityNet users. These QualityNet guidelines will be used by the 30 QualityNet Complexes, 53 QIO sites responsible for each US state, territory, and the District of Columbia; 1 Clinical Data Abstraction Center (CDAC); and 18 End Stage Renal Disease networks. The QualityNet System Security Policies Handbook provides detailed production, input/output control standard, process or methodology to all functional component users of the QNet enterprise-wide network infrastructure. Within this manual are sections on Destruction of Sensitive Information policies. QualityNet Security Policies Handbook, Version 1, July 1, 2004 QualityNet Guidelines for Destruction of Sensitive Information Version 1.1, September 20, 2004 These documents defines guidelines for the destruction of Medicare sensitive information and establishes a minimum set of security controls that will apply for all QualityNet users. These QualityNet guidelines will be used by the 3 QualityNet Complexes, 53 QIO sites responsible for each US state, territory, and the District of Columbia; 1 Clinical Data Abstraction Center (CDAC); and 18 End Stage Renal Disease networks.
- 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. No system of records (SOR) exists.
- 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: QIES-HCQIS

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

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

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

Quality Improvement and Evaluation System (QIES) initiative establishes CMS's goals for the standardization of the Minimum Data Set/Outcome and Assessment Information Set (MDS/OASIS) systems. QIES will provide states with the ability to collect assessment data from providers and transmit that data to a central repository for analysis and support of prospective payment systems. The QIES data management system supports a suite of applications/tools designed to provide states and CMS with the ability to use performance information to enhance on-site inspection activities, monitor quality of care, and facilitate providers' efforts related to continuous quality improvement. QIES is a standard nationwide system and provides the following functions: receipt, authentication, validation, storage and reporting of patient, provider and survey information from multiple providers and state agencies. QIES has two major functions. One is Survey and Certification and the second is Patient Assessment. To participate in the Medicare and/or Medicaid program, a provider must be certified and provider information is collected. Providers also agree to submit patient assessment information. The assessment portion of the system contains patient identifiable information (PII). Although the survey portion of the system contains provider information, it will also contain PII as surveyors will identify certain patient cases to be reviewed as part of the certification process. QIES comprises of the following applications:

- Data Collection Applications
 - o Automated Survey Processing Environment (ASPEN)
 - o Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)
 - o Minimum Data Set (MDS)
 - o Outcome and Assessment Information Set (OASIS)
 - o Assessment Information (SWINGBED)
- Data Reporting Applications
 - o QIES to Success
 - o Data Management System (DMS)
 - o MDS Qis
 - o Intermediary Extract (RHHI & FI)

Significant Legislation and Regulation of the QIES Program

The Long Term Care Minimum Data Set System No. 09-70-1516 was given authority for maintenance under sections 1102(a), 1819(b)(3)(A), 1819(f), 1919(b)(3)(A), 1919(f) and 1864 of the Social Security Act (the Act). Final Rule Vol. 62, No. 246, page 67174 □ 67213 on December 23, 1997, required facilities certified to participate in Medicare and /or Medicaid to encode and transmit the information contain in the MDS to the state using a format that conforms to the standard record layouts and data dictionaries. This new system of records shall contain the assessment information MDS records for each individual residing in LTC facilities that are certified to participate in the Medicare and/or Medicaid programs. Home Health Agency Outcome and Assessment Information Set (OASIS) System No. 09-70-9002. The statutory and Regulatory Basis for the SOR is as follows: Sections 1102(a), 1154, 1864(m), 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891 and 1902 of the Social Security Act



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

authorize the Administrator of CMS to require HHAs participating in the Medicare and Medicaid programs to complete a standard, valid, patient assessment data set; i.e., the OASIS, as part of their comprehensive assessments and updates when evaluating adult, non-maternity patients as required by section 484.55 of the Conditions of Participation. Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI) System No. 07-90-1518. The statutory and Regulatory Basis for the SOR is as follows: Section 1886 (j) (2) (D) of the Social Security Act authorizes the Secretary to collect the data necessary to establish and administer the payment system. ASPEN Complaints/Incidents Tracking System (ACTS) System No. 09-70-1519. The statutory and Regulatory Basis for the SOR is as follows: Section 1864 of the Social Security Act (the Act) states the Secretary may use State agencies to determine compliance by providers of services with the conditions of participation. Under section 1864(a) the Act, the Secretary uses the help of State health agencies, or other appropriate agencies, when determining whether health care entities meet Federal Medicare standards. Also, section 1902(a)(9)(A) of the Act requires that a State use this same agency to set and maintain additional standards for the State Medicaid program. Section 1902(a)(33)(B) requires that the State use the agency utilized for Medicare or, if such agency is not the State agency responsible for licensing health institutions, the State use the agency responsible for such licensing to determine whether institutions meet all applicable Federal health standards for Medicaid participation, subject to validation by the Secretary. The State survey agencies perform both Federal certification and State licensure functions, including the investigation of complaints and entity-reported incidents. Sections 1819(d) and 1919(d) of the Act require licensure under applicable State and local laws. Sections 1864 (c) and 1865 of the Social Security Act provides the basis for conducting complaint surveys of accredited hospitals and establishes the basic framework of complaint surveys for virtually all other accredited providers and suppliers. Regulations authorizing such surveys are found in 42 CFR 488.7(a)(2). 42 CFR 488.332 authorizes investigation of complaints of violations and monitoring of compliance. 42 CFR 488.335 authorizes actions on complaints of resident neglect and abuse, and misappropriation of resident property for nursing homes. 42 CFR 482.13(f) requires a hospital to report any death that occurs while a patient is restrained or in seclusion for behavior management, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion. 42 CFR 483.13 also requires nursing homes to ensure that all alleged violations involving mistreatment, neglect, abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

- 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.

of the facility and to other officials in accordance with State law through established procedures, including to the State survey and certification agency. Section 353 of the Public Health Service Act (42 U.S.C. 263a) authorizes collection of information from any person or entity seeking certification under CLIA.

Quality Improvement and Evaluation System (QIES) initiative comprises of the following applications and information collection activities:

- The ASPEN system, including ACTS, gathers data from RO, State regulatory agencies and their surveyors related to Survey & Certification activities for Medicare and Medicaid-certified Home Health Agencies (HHA) and Long Term Care (LTC) facilities, End Stage Renal Disease (ESRD) facilities, Portable X-ray Suppliers (XRAY), Outpatient Physical Therapy/Speech Pathology Services (OPT/SP), Rural Health Clinics (RHC), Comprehensive Outpatient Rehabilitation Facilities (CORF) and Hospitals. CMS Central and Regional Office and state agency staff members use ASPEN for approval of surveys and certifications.
- The DMS system allows review and reporting of MDS and OASIS assessments and resident and provider data by CMS Central and Regional Offices, state agencies and IFMC.
- The INTERMEDIARY EXTRACT system allows Rural Home Health and Fiscal Intermediaries to download information to reconcile assessments with claim data/bills.
- The IRF-PAI system gathers data from inpatient rehabilitation units and hospitals to determine the IRF PPS (Prospective Payment System) for each Medicare Part A fee-for-service patient admitted to an inpatient rehabilitation, swing bed or sub acute unit of another provider or a free standing rehabilitation facility.
- The SWING BED system gathers data from swing bed units of hospitals for PPS for Medicare Part A fee-for service patients admitted to a swing bed.
- The MDS system gathers information from Long Term Care (LTC) facilities for the purpose of electronic submission of data, reports, and other information to their respective State Agencies to be used for PPS and quality of care.
- The OASIS system gathers information from Home Health Agencies (HHA) for the purpose of electronic submission of data, reports, and other information to their respective State Agencies to be used for PPS and quality of care.
- The QIES To SUCCESS website provides access to reporting and data extract capabilities. Users of the QIES applications include: CMS Central and Regional offices, State Agencies, Medicare and/or Medicaid certified LTC facilities, Home Health Agencies, Swing Bed Facilities, Inpatient Rehabilitation Facilities and Quality Improvement Organizations (QIOs).



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

- 11 **Explain why the information is being collected.**
- Quality Improvement & Evaluation System (QIES) is an information system that will collect provider and beneficiary-specific outcomes of care and performance data across a multitude of delivery sites (such as nursing homes, rehabilitation and long term care hospitals, etc.) for use to improve the quality and cost effectiveness of services provided by the Medicare and Medicaid programs. QIES encompasses both the evolving National/State system of patient outcome assessment data, and a redesigned and expanded Online, Survey, Certification, and Reporting (OSCAR) system, which is being rebuilt using newer technologies and functionality and expanded to include important information on Federal oversight surveys (FMS and FOSS), enforcement data, and to fully support the Administrator's Nursing Home initiative. QIES will provide:
- Data that will enable State Survey agencies to enhance on-site inspections as well as to monitor facility performance on an ongoing basis.
 - Information to support provider quality improvement activities and for beneficiaries and their families, and purchasers, to use when making health care facility choices.
 - Data necessary for developing and implementing case-mix based prospective payment systems for both Medicare and Medicaid.
 - Data required for assessing the appropriateness of services provided under case mix payment systems.
 - Critical information that will be needed in a post-acute care payment system.
 - Information to facilitate the development of clinical best practices and the establishment of coverage policy.
- 12 **Identify with whom the agency will share the collected information**
- Users of the QIES applications include: CMS Central and Regional offices, State Agencies, Medicare and/or Medicaid certified LTC Facilities, Home Health Agencies, Rehabilitation Facilities, Swing Bed Centers and QIOs. Any sharing of this information outside of the group mentioned above can only be approved by CMS. A Data Use Agreement is submitted to CMS for approval. <http://www.cms.hhs.gov/data/requests/cmsdua.pdf>
- 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.**
- For QIES, collection of information begins at the Provider level. PII information is received from the providers. There is no contact or collection of information directly from Medicare and Medicaid patients.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

- 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 QIES systems do not collect data over the Internet. Children under the age of 13 do participate in the QIES program. PII information is received from the providers. There is no contact with Medicare and Medicaid patients.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

15 Describe how the information will be secured.

The QIES system is a closed system and consists of the following components:

- Complex 1 located in the CMS Data Center in Baltimore MD.
- Development LAN and workstations at the IFMC QIES complex;
- WAN connectivity between CMS Corporate and Regional Offices, QIES State Agencies including individual state surveyors, and the QIES National Collection Site and AGNS. There is also connectivity to the IFMC QIES complex, Alpine and FU offices. The 53 QIES production Windows 2000 servers are located in state agencies in each of the 50 states, Puerto Rico, Virgin Islands, and District of Columbia, with most being located in state office buildings. A few state servers are located in the offices Myers & Stauffer and the Iowa, Virgin Islands and Puerto Rico servers are located at the IFMC corporate data center. A document titled MDS Infrastructure Requirements was provided to each state agency when the original system was deployed. This document details the minimum requirements for environmental controls, electrical considerations, physical space and furnishings requirements, etc. This document continues to be provided on an as needed basis. IFMC cannot address the physical and environmental protection actually afforded at any non-IFMC sites. The IFMC QIES test and development servers are located in the IFMC corporate data center. The IFMC corporate data center is a restricted area and has appropriate environmental security controls implemented, to include measures to mitigate damage to Automated Information Systems caused by fire, electricity, water and climate changes. QIES Data Integrity/Validation Controls are as follows:
- Malicious Programs and Virus Protection - QIES is not accessible via the Internet nor are email services installed on the servers. Therefore, QIES is minimally vulnerable to hackers, malicious programs and virus. McAfee Netshield and Norton Antivirus are used for virus protection. Definition files are updated weekly, at minimum, and more often if necessary.
- Message Authentication No email servers exist in this system, therefore this category does not apply.
- Integrity The integrity of the data is protected during transmission using 128 bit-encryption.
- Verification ASPEN & ACTS Field level edits are used in the online system. Should data be entered off-line it is validated against the online edits during the upload process. Additional verification is used to assure that surveys did load correctly at the national database level. Indicators advise survey status to assure all surveys are completed. DMS is a view only system and verification does not apply. IRF-PAI, SWING BED, MDS and OASIS contain very detailed validation programs that include field level and relational edits to verify the accuracy of the data. QIES to Success is a reporting system only; therefore, no verification process is contained in this system.
- Confidentiality - QIES message traffic is carried over the CMS WAN



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

and the web servers employ 128-bit encryption. CMS guidelines require the state agencies to obtain permission from CMS to attach to other systems via a formal request procedure. Some ASPEN surveyors participating in pilot programs with CMS are able to download survey data via encrypted transmission files. Each state and facility is provided access to their data only. For IFMC Employee s access to all applications except ASPEN & ACTS, users must complete a QNet Access Request Form. This form specifies which system(s) the user needs access to and the level of authority for that system. (Production, test, training or development) The user's security manager must approve the request. Once approved, the form is forwarded to the appropriate administrator for user id setup. This same form is used for changes and deletions from these QIES applications. An IFMC system administrator grants development access for development servers. User access to the ASPEN system is controlled via the ASPEN coordinator at the state agency.

16 Describe plans for retention and destruction of data collected.

Contractors are bound by CMS record security and retention policies. CMS Information Systems Security Policy, Standards and Guidelines Handbook, Version 1, February 19, 2002, Chapter 16 establishes policy for the security of electronic mail, facsimile, and other media. It serves as the primary source of Information Technology (IT) systems security information for all CMS IT users. The policies, standards and guidelines described therein apply to all users of CMS hardware, software, information, and data. The CMS AIS Security Program ensures the existence of adequate safeguards to protect personal, proprietary, and other sensitive data in automated systems and ensures the physical protection of all CMS General Support Systems (GSSs) and Major Applications (MAs) that maintain and process sensitive data. <http://www.cms.hhs.gov/it/security/docs/handbook.pdf>

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

Quality Improvement and Evaluation System (QIES) Long Term Care Minimum Data Set - The System of Records number originally was 09-70-1516, but was changed to 09-70-1517 on February 13, 2002. The original number was a duplicate. Updates were made on 7-16-98, 8-18-00, 2-12-02. 09-70-1518 Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI) 09-70-9002 Home Health Agency Outcome and Assessment Information Set (HHA OASIS) 09-70-1519 ASPEN Complaints/Incidents Tracking System (ACTS) Additional Systems of Records: 09-70-0531, 09-70-6002, 09-70-0067, 09-70-0036, 09-70-0068, 09-70-0045, 09-70-0049, 09-70-0063, 09-70-0051, 09-70-0050, 09-70-0057, 09-70-0039, 09-70-0058, 09-70-0040, 09-70-0046, 09-70-0069, 09-70-0059, 09-70-0053, 09-70-0042, 09-70-0048, 09-70-0022, 09-70-0030, 09-70-0033, 09-70-0052, 09-70-0066.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: QIES-HCQIS

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| 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: Regional Offices

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Regional Offices

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Report on Bene Save-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: Report on Bene Save-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: Report on Bene Save-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: Report on Bene Save-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: Report on Bene Save-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: Report on Bene Save-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: RMS-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: RMS-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: RMS-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: RMS-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: RMS-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: RMS-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: S&C/CLIA-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: S&C/CLIA-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: S&C/CLIA-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: SDPS-HCQIS

<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:	Standard Data Processing System (SDPS)
4 Is this System or Information Collection new or is an existing one being modified?	Existing
5 Unique Project Identifier Number:	n/a
6 System of Records Number:	09-70-9002, 09-70-1517, 09-70-1518, 09-70-1519, 09-70-0520, 09-70-0531, 09-70-6002, 09-70-0067, 09-70-0036, 09-70-0068, 09-70-0045, 09-70-0049, 09-70-0063, 09-70-0051, 09-70-0050, 09-70-0057, 09-70-0039, 09-70-0058, 09-70-0040, 09-70-0046, 09-70-0069, 09-70-0059, 09-70-0053, 09-70-0042, 09-70-0048, 09-70-0022, 09-70-0030, 09-70-0033, 09-70-0052, 09-70-0066.
7 OMB Information Collection Approval Number and Expiration Date :	0938-0581, expires 09/30/2004
8 Other Identifying Number(s):	n/a

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: SDPS-HCQIS

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

The Standard Data Processing System (SDPS) consists of many data and reporting requirements and was designed and developed in response to the ongoing information requirements of the Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. This system, which became operational in May 1997, interfaces with CMS Central Office, 53 QIOs and CDACs. Information resides primarily at QNet Complex 2 located at the Iowa Foundation for Medical Care (IFMC) Data Center located in West Des Moines, Iowa on dedicated QNet servers and networks. In addition, the claims warehouse resides at Complex 1, CMS Data Center in Baltimore, Maryland on dedicated QualityNet servers and networks. Systems included under the umbrella of SDPS are: · Analytical Reports (OLAP) · Case Review Information System (CRIS) · Claims Warehouse · Clinical Abstraction Tracking System (CATS) · Enrollment Data Base (EDB) · MedQIC · Online Access Request System (OARS) · Program Activity Reporting Tool (PARTner) · Program Resource System (PRS) · QIO Analytical Files · QIO Clinical Data Warehouse · QIONet · QNet Exchange (QE) · QNet Quest

Significant Legislation and Regulation of the SDPS Program This legislation is under Title XI of the Social Security Act, Part B, as amended by the Peer Review Improvement Act of 1982. Section 1902 (a)(30)(A) of the Social Security Act (the Act) requires that State Medicaid Agencies provide methods and procedures to safeguard against unnecessary utilization of care and services and to assure "efficiency, economy and quality of care." Under section 1902 (d), a State can contract with a PRO or PRO-like entity to perform medical and utilization review functions required by law. The contracts must be consistent with the PRO legislation. Section 1903 (a)(3)(C) of the Act specifies that 75% Federal Financial Participation is available for State expenditures for the performance of medical and utilization reviews or external quality reviews by a PRO, or by entity, which meets the requirements of section 1152 of the Act (i.e., "PRO-like entity"). Section 1902 (a)(30)(C) of the Act requires the performance of an annual, independent, external review of the quality of services furnished under each State contract with a Managed Care Organization (MCO) that is governed by section 1903 (m) of the Act. Section 1902 (a)(30)(C) further specifies that only three types of organizations are permitted to perform this review: 1) a PRO that has a contract with the Secretary to perform Medicare reviews; 2) an organization which is determined by the Secretary to meet the requirements for qualifying as a PRO contained in section 1152 of the Act (i.e.; a PRO-like entity); and 3) a private accreditation body. The Balanced Budget Act of 1997 created section 1932 (c)(2) of the Act, which would replace section 1902 (a)(30)



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: SDPS-HCQIS

)C) with a new requirement for annual, external quality review (EQR) of Medicaid MCOs. In this new requirement, States are no longer restricted to using PRO, PRO-like and accrediting organizations to perform EQR; States may contract with "qualified, independent" entities. CMS has specified requirements for qualifications and independence in a Notice of Proposed Rulemaking, published on December 1, 1999. When this rule becomes final, the PRO-like designation will no longer have any applicability to statutory requirements for this annual, independent, external review of Medicaid MCO quality.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: SDPS-HCQIS

- 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 Standard Data Processing System (SDPS) consists of many information and reporting requirements and was designed and developed in immediate response to the ongoing ADP requirements of the various Quality Improvement Organizations (QIOs) and other affiliated partners, such as the Clinical Data Abstraction Centers (CDACs) to fulfill their contractual requirements with CMS. Patient and provider level information are collected into the following systems from the providers, vendors, and QIO users.

- Analytical Reports (OLAP): contains summarized data for payment error rates by state and nationally. The source of the data from which the summary rates are calculated is a combination of claims, case review, medical record abstractions, and payment information already stored within the SDPS data systems.
- Case Review Information System (CRIS): collects and stores data related to the tracking of medical records, case review information, helpline and beneficiary complaint information processed by QIOs as mandated, for identified beneficiary claims. Additional use of the tracking portion of the system supports project data collection for quality improvement work by QIOs as mandated by the QIO program.
- Claims Warehouse: contains both raw and rolled up Part A and Part B claims for beneficiaries. Claims are retained for a minimum of 42 months prior to being rolled off, except when connected to case review or a beneficiary complaint, which are retained indefinitely.
- Clinical Abstraction Tracking System (CATS): contains medical record identification information as well as tracking information for abstraction of surveillance data, ultimately measuring the success of the work of the QIOs in quality improvement work as mandated by the QIO program.
- Enrollment Data Base (EDB): contains beneficiary demographic information for all Medicare beneficiary enrollees, and acts as the central repository of information for all SDPS systems relating directly to beneficiaries.
- MedQIC: clearinghouse of information related to quality improvement information, tools, and techniques. Accessible via an Internet site to providers seeking assistance or information on improving quality of care for targeted topics within their facility. Contains no information specific to providers, beneficiaries, or claims.
- Online Access Request System (OARS): contains security access information for all users of the SDPS systems. Highly secure with role-based access only through an application. Controls the access to information across all SDPS data systems.
- Program Activity Reporting Tool (PARTner): contains information related to QIO activities for the 7th SoW. Each Task within the SoW tracks unique information as required, but includes provider specific activities performed by the QIOs in their quality improvement activities mandated by the QIO program.
- Program Resource System (PRS): contains reference data regarding providers from various healthcare settings, and acts as the



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: SDPS-HCQIS

central repository of information for all SDPS systems relating to providers. Additionally, information tracked by provider by QIOs as mandated, includes contact telephone and address information, and indicators for provider-vendor authorizations for QIO Clinical Data Warehouse data submissions and Public Reporting Initiative intentions. · QIO Analytical Files: individual QIOs maintain data for analytical purposes to support quality improvement collaborative efforts with providers within their jurisdiction as mandated by the QIO program. This data resides on local database servers, securely contained within their SDPS local area network. · QIO Clinical Data Warehouse: contains detailed abstracted medical record data related to both CMS-mandated data collection for surveillance, as well as data collected and submitted by providers or their authorized vendors for the purpose of voluntary Public Reporting of core measures or for provider-based quality improvement activities. Direct access to the warehouse is limited to QIO personnel only for providers in their state only, but secure, provider-specific reporting is available via the secure QNet Exchange web site for access by providers for local use, and for comparison to state and national rates. · QIONet: contains information, training materials, memos, documentation related to the SDPS system in general, and links to the Program Progress Reports (PPR) application that provides predefined reports via secure, role-based access to data in the SDPS systems. The QIONet site sits on the closed SDPS wide area network, with its primary user base being the QIOs and CMS CO and ROs. · QNet Exchange (QE): contains encrypted datasets transmitted via this CMS-approved secure transmission web application. Users include hospitals, vendors, and QIOs nationwide, transmitting data to national repositories such as the QIO Clinical Data Warehouse. · QNet Quest: contains questions posed by end users of SDPS supported systems, and corresponding answers from qualified, authorized responders. Used as a resource of information for frequently asked questions as well as policy clarifications for information collected by or reported from SDPS systems.



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OPDIV: CMS System Name: SDPS-HCQIS

- 11 **Explain why the information is being collected.**
- The Standard Data Processing System (SDPS) is a Major Application (MA) whose purpose is to provide hardware and software tools to enable Quality Improvement Organization personnel to fulfill the requirements of the QIO programs. The primary purpose of the system is to aid in the administration and monitoring of the tasks mandated by the QIO program. These tasks include: · Improving Beneficiary Safety and Health Through Clinical Quality Improvement in provider settings of: a. Nursing Home; b. Home Health; c. Hospital; d. Physician Office; e. Underserved and Rural Beneficiaries; and f. Medicare + Choice Organizations (M+COs). · Improving Beneficiary Safety and Health Through Information and Communications by: a. Promoting the Use of Performance Data; b. Transitioning to Hospital-Generated Data; and c. Other Mandated Communications Activities. · Improving Beneficiary Safety and Health Through Medicare Beneficiary Protection Activities through: a. Beneficiary Complaint Response Program; b. Hospital Payment Monitoring Review Program; and c. All Other Beneficiary Protection Activities. · Improving Beneficiary Safety and Health Through Developmental Activities
- 12 **Identify with whom the agency will share the collected information**
- Users of the SDPS data systems include: CMS Central and Regional offices, QIOs, Medicare certified inpatient providers, and authorized PMS vendors. Any sharing of this information outside of the group mentioned above can only be approved by CMS. A Data Use Agreement is submitted to CMS for approval. <http://www.cms.hhs.gov/data/requests/cmsdua.pdf>
- 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 SDPS PII information is received directly from CMS in the form of claims and EDB datasets for monthly updates to the Claims and EDB Warehouses. The original source of this information comes ultimately from providers through the submission of claims to the FIs for payment. PII information is also received from the providers. There is no contact or collection of information directly from Medicare and Medicaid patients.
- 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 SDPS systems do not collect data over the Internet. Children under the age of 13 do participate in the QIO program. PII information is received from the providers. There is no contact with Medicare and Medicaid patients.



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15 Describe how the information will be secured.

The SDPS system is a closed system and consists of the following components:

- Complex 1 located in the CMS Data Center in Baltimore, MD.
- Complex 2 located in the IFMC Data Center in West Des Moines, IA.
- Complex 3 located in Warrenton, VA.
- Development LAN and workstations at the IFMC SDPS complex;
- WAN connectivity between CMS Corporate and Regional Offices, QIOs, and AGNS. There is also connectivity to the IFMC SDPS complex. The IFMC SDPS test and development servers are located in the IFMC corporate data center. SDPS workstations and servers are also located at each of the QIOs. A QIO Manual was provided to each QIO when the original system was deployed. This document details the minimum requirements for environmental controls, electrical considerations, physical space and furnishings requirements, etc. The IFMC corporate data center is a restricted area and has appropriate environmental security controls implemented, to include measures to mitigate damage to Automated Information Systems caused by fire, electricity, water and climate changes. SDPS Data Integrity /Validation Controls are used as follows:

- Malicious Programs and Virus Protection - Norton Antivirus is used for virus protection and is loaded at both the server and workstation level. Definition files are updated daily and scans are done daily. Servers for the QNet Exchange and MedQIC Internet applications are isolated between firewalls in Complex 3 in Warrenton, VA. Data in the SDPS data systems are not directly accessible by external users, and are only reported based on stringent role-based access authorization via OARS.
- Message Authentication Email servers are located at Complex 3 and are maintained and the responsibility of BCSSI.
- Integrity The integrity of the data is protected via edits at the application level. Data transmitted through the QNet Exchange Internet application is protected during transmission and at rest through a CMS-approved 3DES-encryption protocol in addition to SSL across the Internet.
- Verification Field level edits are used in all SDPS data systems, either directly through SDPS-supported data collection tools, or through edit checking completed prior to accepting submitted files to the warehouse. Data reported out through role-based access reporting systems originates from the edited data systems within the secured network, not directly from externally submitted files.
- Confidentiality SDPS message traffic is carried over the SDPS WAN and the web servers employ SSL encryption. CMS guidelines require users outside the SDPS WAN obtain permission from CMS to attach to and access information via a formal request process, which includes a Data Use Agreement (DUA). For access to all applications, users must complete a QNet Access Request Form, which has been automated for all but CMS RO users in the OARS system. This form specifies which system(s) the user needs access to and the level of



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authority for that system. (Production, test, training or development, update or read only) The user's security administrator must approve the request. Once approved through the OARS application, backend processes apply the authorizations to the appropriate systems to allow nearly real-time access for the user (within an hour or less). If completed in paper form, as is needed by the CMS ROs, the form is forwarded to the appropriate CMS CO security administrator for user id setup into the OARS system. This same process is used also for changes and deletions from all SDPS applications.

16 Describe plans for retention and destruction of data collected.

CMS Information Systems Security Policy, Standards and Guidelines Handbook, Version 1, February 19, 2002, Chapter 16 establishes policy for the security of electronic mail, facsimile, and other media. It serves as the primary source of Information Technology (IT) systems security information for all CMS IT users. The policies, standards and guidelines described therein apply to all users of CMS hardware, software, information, and data. The CMS AIS Security Program ensures the existence of adequate safeguards to protect personal, proprietary, and other sensitive data in automated systems and ensures the physical protection of all CMS General Support Systems (GSSs) and Major Applications (MAs) that maintain and process sensitive data. <http://www.cms.hhs.gov/it/security/docs/handbook.pdf>

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

The Standard Data Processing System (SDPS) No Systems of Records exists.

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



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OPDIV: CMS System Name: STAR-MFM&PS

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

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

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

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

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

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



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



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



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



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

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



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



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



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11 Explain why the information is being collected.

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

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

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

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

CPE - To ensure that Medicare fee-for-



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



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12 Identify with whom the agency will share the collected information

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



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

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: STAR-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: STAR-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: STAR-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: STS-HRMS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-13
2 HHS Agency (OPDIV):	CMS
3 Title of System or Information Collection:	Suggestion Tracking System
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.	STS - The system tracks employee suggestions. Users are able to determine where the suggestion is in the evaluation and disposition process. There is no legislation authorizing this system.
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.	STS - Information collected: Suggestion number, Suggestor's SSN, Title of suggestion, Suggestor's office address, Suggestor's name, Suggestor's telephone number, Suggestor's position title, Suggestor's e-mail address, Suggestor's agency, Description of Suggestion, Suggestor's pay plan/series/grade, Who suggestion is assigned to, Suggestor's timekeeper number, Evaluation result, Suggestor's component
11 Explain why the information is being collected.	Suggestions were previously tracked manually. This electronic system was developed to enable better tracking of suggestions.

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: STS-HRMS

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|--|--|
| <p>12 Identify with whom the agency will share the collected information .</p> | <p>The system is for in-house purposes only; only CMS staff has access to the information.</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>The suggestor provides information on themselves and the suggestion. The suggestion coordinator provides information on the evaluation of the suggestion.</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>Information is stored in an access-restricted Oracle 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>System of Records is not being created under the Privacy Act.</p> |
| <p>18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):</p> | |
| <p>19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):</p> | |
| <p>20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):</p> | |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: UPIN-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: UPIN-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: UPIN-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: UPIN-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: UPIN-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: UPIN-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: UPIN-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: UPIN-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: UPIN-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: VLTS-HRMS

Question:

Response:

- | | | |
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| 1 | Date of this Submission (MM/DD/YYYY): | 2003-11-18 |
| 2 | HHS Agency (OPDIV): | Centers for Medicare & Medicaid Services |
| 3 | Title of System or Information Collection: | Voluntary Leave Transfer System (VLTS) |
| 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. | The VLTS system allows CMS employees to donate Annual Leave to employees that are on extended leave due to medical reasons, but who do not have sufficient hours accrued to cover their absence. |
| 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. | VLTS - Recipient and Donor information is collected by Human Resource employees. A recipient record is established when the CMS employee requests donated annual leave. Donor records are established when the CMS employee donates annual leave. The data contains personnel information on employees donating and receiving annual leave. The data includes donor name, donor user id, donor ssn, donor grade, donor supervisor, donor timekeeper, hours donated, hours posted, pay period donated, recipient name, recipient user id, recipient ssn, recipient grade, recipient supervisor, recipient timekeeper, recipient position title, recipient work location, hours requested, hours used, hours remaining, etc. |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: VLTS-HRMS

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| 11 Explain why the information is being collected. | VLTS - As mentioned above, the data is collected to help CMS employees in need of donated annual leave. |
| 12 Identify with whom the agency will share the collected information
. | VLTS - The VLTS Data is not shared outside of CMS. The system is used by Human Resource employees |
| 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 VLTS data is collected when a CMS employee applies to have annual leave donated, and when a CMS employee donates annual leave. |
| 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. | VLTS - The data is secured in a M204 Data Base with file, userid, and password protection. |
| 16 Describe plans for retention and destruction of data collected. | The VLTS data is being retained for an indefinite period of time (since 1991). |
| 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. | VLTS - 5 CFR Section 630.901 sets forth the procedures and requirements for the establishment of the VLTS System. |
| 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): | |
| 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): | |
| 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): | |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Wan Services/FTS

<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:	Wan Services/FTS
4 Is this System or Information Collection new or is an existing one being modified?	No Change
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.	The FTS 2001 network provides wide area connectivity to Medicare Intermediaries, carries, regional office staff, government contractors, peer review organizations and state survey agencies.
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 FTS 2001 network is not a data collection system. The FTS 2001 network is a telecommunications infrastructure that supports data transmission.
11 Explain why the information is being collected.	N/A
12 Identify with whom the agency will share the collected information .	N/A

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: Wan Services/FTS

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| 13 | Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared. | N/A |
| 14 | State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998) | N/A |
| 15 | Describe how the information will be secured. | N/A |
| 16 | Describe plans for retention and destruction of data collected. | N/A |
| 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. | N/A |
| 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: WAN Services MDCN

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: WAN Services MDCN

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

Question:

Response:

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| 1 | Date of this Submission (MM/DD/YYYY): | 2005-08-05 |
| 2 | OPDIV: | CMS |
| 3 | Title of System or Information Collection: | CMS Web Hosting |
| 4 | Is this system or information collection new or is an existing one being modified? | Existing being modified |
| 5 | Does this system collect, maintain, and/or disseminate information in identifiable form (IIF)? | N |
| 6 | Identify a point of contact to whom a member of the public can address questions concerning this information system and the privacy concerns associated with it. | Ronald Graham |
| 7 | Unique Project Identifier Number: | 009-38-01-06-02-1020-00-305-109 |
| 8 | System of Records Number: | |
| 9 | OMB Information Collection Approval Number and Expiration Date : | |
| 10 | Other Identifying Number(s): | |
| 11 | Provide an overview of the system or collection and indicate the legislation authorizing this activity. | This GSS provides compute platforms, telecommunications, electronic storage infrastructure, and operations support services for the collection, maintenance, and access of data and information to support the business functions of CMS. |
| 12 | Describe the information the agency will collect, maintain, or disseminate and how the agency will use the information. In this description, indicate whether the information contains IIF and whether submission is voluntary or mandatory. | This GSS does not directly collect, maintain, or disseminate information, but provides platform support infrastructure for other CMS MAs to perform these functions. |
| 13 | Explain how the IIF collected, maintained, and/or disseminated is the minimum necessary to accomplish the purpose for this effort. | N/A. See #2. |



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: WEB Hosting

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



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: WFP-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:	Workforce Planning System (WFP)
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.	The Workforce Planning System is being developed and does not yet exist in CMS. There is no legislation authorizing the activity.
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.	Workforce Planning System - The Agency will be collecting data on employees related to knowledge and skills existing in the workforce, measuring closure of critical skill gaps. Knowledge and skills will be linked to business functions performed by the agency. Retirement projections will be used in our human capital management and workforce restructuring initiatives.
11 Explain why the information is being collected.	Workforce Planning System - The data are collected so that CMS will be better able to prepare our workforce for the future, to plan for attrition and adjust the skill mix in the agency. Retirement projections and retention analyses are used to develop annual recruitment, hiring, learning and succession planning.

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: CMS System Name: WFP-HRMS

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| <p>12 Identify with whom the agency will share the collected information .</p> | Workforce Planning System - The collected information will be aggregated and shared with senior leaders and their designees. The information will also be shared with oversight agencies and HHS when requested. |
| <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> | Workforce Planning System - Baseline data already exists. The baseline will be updated this summer depending on the development of a system to support the process. Employees will be informed in advance of the data collection. Employees will voluntarily update their own skill profile; therefore, no consent is requested. |
| <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> | No information will be collected from children. |
| <p>15 Describe how the information will be secured.</p> | Workforce Planning System - Information is stored in an access-restricted Oracle database on the secured CMS intranet. |
| <p>16 Describe plans for retention and destruction of data collected.</p> | Data is stored indefinitely. |
| <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> | |

