# 2024 Department of Health and Human Services (HHS)

# Annual Computer Matching Report

## A. Current Composition of the HHS Data Integrity Board (DIB)

### Names and positions of the members of the DIB

* Scott W. Rowell, Acting Chairperson and Voting Member, Deputy Chief of Staff for Operations
* William H. Holzerland, Mandatory Voting Member, Deputy Agency Chief FOIA Officer (carries out Privacy Act responsibilities for the HHS SAOP)
* Juliet T. Hodgkins, Mandatory Voting Member, Principal Deputy Inspector General
* Samantha Keck, Non-voting Advisory Member, Assistant Deputy Associate General Counsel

### Name and Contact Information of the DIB Secretary

[currently vacant – contact Beth Kramer, HHS Privacy Act Officer]

200 Independence Ave., SW

Washington, D.C. 20201

beth.kramer@hhs.gov, (202) 690-6941

### Any Changes in Membership or Structure of the DIB

N/A

## B. Matching Agreements HHS Entered Into in 2024

### **CMA HHS #2401**

**Participant Agencies:** HHS’s Administration for Children and Families (ACF), Office of Child Support Services (OCSS) is the source agency and State Agencies Administering the Supplemental Nutrition Assistance Program (SNAP) is the recipient agency.

**Title:** “Information Comparisons and Disclosure to Assist in Administering the Supplemental Nutrition Assistance Program”

**Description:** This matching program provides state SNAP agencies with certain wage data (i.e., “new hire,” “quarterly wage,” and “unemployment insurance” information) from HHS/ACF/OCSS’s National Directory of New Hires (NDNH) system of records about individuals who are adult applicants for and recipients of SNAP benefits. The state agencies use the data to establish or verify the individuals’ eligibility for SNAP benefits and to detect beneficiaries who are receiving SNAP benefits from more than one state, in order to reduce errors in payment amounts, avoid and recover improper payments, and maintain program integrity. The state agencies also use the information for the secondary purposes of updating applicants’ and recipients’ reported participation in work activities and updating their contact information and their employers’ contact information.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/05/20/2024-10928/privacy-act-of-1974-matching-program>

Matching Agreement: <https://www.hhs.gov/sites/default/files/snap-ndnh-cma-2401.pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement.** Yes, ACF has fully adhered to the terms of the matching agreement.

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.**  ACF prepared a cost-benefit analysis based on fiscal year (FY) 2022 data reported by 33 of the 52 state agencies that participated in the matching program that year (which included the District of Columbia and Guam). The analysis estimated that personnel and computer costs to conduct the matching program totaled approximately $12.6 million ($12 million for OCSS, and $642,141 for all 52 state agencies combined), and that the matching program avoided improper payments totaling approximately $24 million, demonstrating that the matching program was likely to be cost effective.

### **CMA HHS #2402**

**Participant Agencies:** HHS’s Centers for Medicare & Medicaid Services (CMS) is the source agency and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is the recipient agency.

**Title:** “Disclosure of Information to Support the Veteran Affairs’ Seek to Prevent Fraud, Waste, and Abuse Initiative”

**Description:** This matching program supports VHA’s Seek to Prevent Fraud, Waste, and Abuse (STOP FWA) initiative. It provides VHA with information from CMS’s PECOS and NPPES systems of records about revoked Medicare providers/suppliers whose identifying information matches identifying information about providers/suppliers participating in VHA health care programs. The match results include the reasons for the Medicare revocations (such as, improper patient care or fraudulent billing practices). The matching program enables VHA to leverage, instead of duplicating, the costly process CMS uses to screen out unsuitable Medicare providers/suppliers, so that VHA can efficiently identify and revoke or take other appropriate action against those who are unsuitable VHA providers/suppliers.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/10/08/2024-23225/privacy-act-of-1974-matching-program>

Matching Agreement: <https://department.va.gov/privacy/wp-content/uploads/sites/5/2024/10/CMA-2402-08-28-2024-HHS-CMS-and-VA-Seek-to-Prevent-FWA_Final_508.pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement.** Yes, CMS has fully adhered to the terms of the matching agreement.

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.** VA prepared an updated cost-benefit analysis which estimated that $360,044 in personnel and computer costs would be incurred to conduct the matching program during the initial l8-month term of the new agreement. Because the matching program doesn’t involve avoiding or recovering improper payments, the analysis described other benefits which justified approving the matching program. They included $17 million in screening costs VA estimated it would save during the initial 18-month term of the agreement by not having to replicate CMS’ screening process (CMS has four times more providers than VA and $17.4 million is one-fourth of the cost of CMS’ screening program, and $17.4 million minus $360,044 is approximately $17 million), and unquantified benefits, e.g., protecting VA patients and the public fisc from unsuitable providers/suppliers and malpractice claims. The cost savings estimate was 38 times higher than in the previous analysis in 2022, because VA estimated that, under the new agreement, it would screen up to 2.5 million (instead of up to 300,000) providers per quarter.

### **CMA HHS #2403**

**Participant Agencies:** HHS’s Centers for Medicare & Medicaid Services (CMS) is the recipient agency and the Department of Veterans Affairs (VA), Veterans Health Agency (VHA) is the source agency.

**Title:** "Identification and Recovery of Duplicate Payments for Medical Claims"

**Description:** The purpose of the matching program is to use health care claims payment records at both agencies (CMS and VHA) to assist them in identifying duplicate payments to health care providers and suppliers and potential fraud, waste, and abuse, in order to initiate recoupment or other appropriate actions against the providers and suppliers and prevent future improper payments. CMS uses VHA beneficiary information to identify those VHA beneficiaries who are also enrolled in Medicare and any claims for which both CMS and VHS made payment. The claims are then reviewed by both agencies, and recoupment actions are initiated against the providers and suppliers as appropriate. Although Privacy Act records about beneficiaries are used to conduct the matches, the match results are used to take actions affecting only providers and suppliers. Some providers and suppliers are solo practitioners (individuals), but they are not Privacy Act covered individuals in this matching program, because the claims payment records used in this matching program are retrieved by beneficiary identifiers only.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/05/23/2024-11351/privacy-act-of-1974-matching-program>

Matching Agreement: <https://www.hhs.gov/sites/default/files/vha-cms-cma-2403-508compliant.pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement (now titled as an MOU).** Yes, CMS has fully adhered to the terms of the agreement**.**

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.** A cost benefit analysis was prepared by CMS which demonstrated that the matching program was likely to be cost effective. It estimated that, for the first year, the program would cost $6.3 million to conduct but would recover more than $45 million in improper payments.

### **CMA HHS #2404**

**Participant Agencies:** HHS’s Centers for Medicare & Medicaid Services (CMS) is the recipient agency and the Department of Treasury, Internal Revenue Service (IRS) is the source agency.

**Title:** “Verification of Household Income and Family Size for Insurance Affordability Programs and Exemptions”

**Description:** This matching program enables IRS to provide certain federal tax information (household income and family size) when requested by CMS on behalf of a state Administering Entity (AE), and for CMS to provide the information to the AE through CMS’ Federal Data Services Hub to use in verifying information received from applicants seeking Patient Protection and Affordable Care Act (PPACA)-related eligibility determinations. AEs include the federally-facilitated Exchange (FFE), state-based Exchanges (SBEs), State Basic Health Programs (BHPs), and approved state Medicaid or Children’s Health Insurance Program (CHIP) agencies. To obtain the federal tax information when needed about a particular individual, CMS provides IRS with the individual’s name, SSN, and taxpayer relationship (i.e., primary, spouse, or dependent) from CMS’s Health Insurance Exchange (HIX) system of records.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/12/23/2024-30522/privacy-act-of-1974-matching-program>

Matching Agreement: <https://www.hhs.gov/sites/default/files/hhs-cms-irs-aca-cma-2404.pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement.** Yes, CMS has fully adhered to the terms of the matching agreement.

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.** CMS prepared an updated cost benefit analysis in 2024, covering all eight PPACA Marketplace matching programs; the analysis estimated that the total cost for agencies to conduct the eight Marketplace matching programs exceeds $72 million per year (the cost estimated in 2021 was $62.5 million per year). The analysis explained that the matching programs do not avoid or recover improper payments with which to offset the cost to conduct them (they instead maximize enrollments in Marketplace qualified health plans to decrease the uninsured population), but are justified for these other reasons:

1. The PPACA mandates a single, streamlined application process, which effectively requires use of computer matching (meaning, the matching programs are not discretionary to conduct).
2. The existing matching program structure, which is a choice, continues to improve the accuracy of data used in eligibility determinations, promote accurate determinations, be effective in maximizing enrollments, and be less costly than any alternative structure that CMS could have adopted.
3. Maximizing enrollments in qualified health plans results in coverage that (depending on usage) provides cost savings for enrollees (consumers) that outweighs their cost to apply for and maintain the coverage and improves overall health care delivery.

### **CMA HHS #2405**

**Participant Agencies:** HHS’s Centers for Medicare & Medicaid Services (CMS) is the source agency and the Social Security Administration (SSA) is the recipient agency.

**Title:** “Disclosure of Medicare Non-Utilization Information (Ages 90 and Above)”

**Description:** In this matching program, SSA provides annual finder files to CMS containing identifying information about SSA Title II beneficiaries aged 90 years and above, and CMS returns match results to SSA identifying any of the beneficiaries whose Medicare records have been inactive for three or more years and indicating which of those beneficiaries are associated with private health insurance, veteran’s health insurance, TRICARE insurance, or an HMO, or live in a nursing home. Non-utilization of Medicare benefits is an indicator of possible fraud, i.e., of Title II claims submitted for a beneficiary who may be deceased or otherwise ineligible. SSA uses the match results to select and prioritize cases to review to determine beneficiaries’ continued eligibility for Title II benefits and to refer cases of suspected fraud to its Office of Inspector General for investigation.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/12/03/2024-28313/privacy-act-of-1974-matching-program>

Matching Agreement: <https://www.ssa.gov/privacy/cma/2024/CMA%201094%20-%20(fully%20signed%20agreement).pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement.** Yes, CMS has fully adhered to the terms of the matching agreement.

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.** SSA prepared a cost benefit analysis based on FY 2023 data which demonstrated that the matching program was likely to be cost-effective. The analysis estimated that, in FY 2023, the matching program avoided approximately $3,409,888 in future improper payments at a cost of approximately $565,356, resulting in a benefit-to-cost ratio of 6.03:1.

### **CMA HHS #2406**

**Participant Agencies:** HHS’s Administration for Children and Families (ACF), Office of Child Support Services (OCSS) is the source agency and the Social Security Administration (SSA) is the recipient agency.

**Title:** " SSI OCSS Quarterly Match Agreement" and "Online Query for SSI, Disability Insurance & Ticket to Work Agreement"

**Description:** In this matching program, OCSS provides SSA with (1) the results of quarterly batch matches comparing quarterly SSA finder files of data (name and/or Social Security Number) about Disability Insurance (DI) and supplemental Security Income (SSI) clients to quarterly wage and unemployment files in OCSS’s National Directory of New Hires (NDNH) system of records, and (2) daily online access to new hire, quarterly wage, and unemployment insurance files in NDNH. The NDNH data assists SSA in establishing or verifying eligibility or payment amounts, or both under the SSI program; establishing or verifying eligibility or continuing entitlement under the DI program; and administering the Ticket programs. These activities include overpayment avoidance and recovery for all three programs.

**Link posted in the Agency’s website:**

Matching Notice: <https://www.federalregister.gov/documents/2024/12/30/2024-31294/privacy-act-of-1974-matching-program>

Matching Agreement: <https://www.hhs.gov/sites/default/files/acf-ssa-cma-1074.pdf>

**Please provide an account of whether the agency has fully adhered to the terms of the matching agreement.** Yes, ACF has fully adhered to the terms of the matching agreement.

**Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.** All disclosures continue to be justified based on the last cost benefit analysis prepared, described below.

**Please indicate whether a cost-benefit analysis was performed, the results of the cost-benefit analysis, and an explanation of why the agency proceeded with any matching program for which the results of the cost-benefit analysis did not demonstrate that the program is likely to be cost effective.** SSA performed a cost-benefit analysis based on FY 2023 data which reflected an estimated benefit-to-cost ratio of 4.04:1, demonstrating that the matching program was likely to be cost effective. The analysis reflected estimated costs totaling around $450 million to conduct the matching program and overall savings of approximately $1.8 billion.

## C. Other HHS Privacy Act-Governed Matching Agreements in Effect in 2024

### **See** [**2023 Annual HHS Matching Activity Report**](https://www.hhs.gov/sites/default/files/2023-hhs-annual-computer-matching-report.docx)**:**

* **VA-PARIS** - effective 3/25/23-9/25/24; renewed to 9/25/25
* **CMA HHS #2301** - effective 9/9/23-3/8/25; renewed to 3/8/26
* **CMA HHS #2302** - effective 6/23/23-12/22/24; renewed to 12/22/25
* **CMA HHS #2303** - effective 10/20/23-4/19/25; to be renewed 4/19/25
* **CMA HHS #2304** - effective 11/2/23-5/1/25; to be renewed to 5/1/26
* **CMA HHS #2306** - effective 12/8/23-6/7/25; to be renewed to 6/7/26
* **CMA HHS #2307** - effective 10/15/23-4/14/25; renewed to 4/14/26
* **CMA HHS #2308** - effective 1/1/24-6/30/25; to be renewed to 6/30/26
* **CMA HHS #2309** - effective 12/20/23-6/19/25; to be renewed to 6/19/26
* **CMA HHS #2310** - effective 11/30/23-5/29/25; to be renewed to 5/29/26
* **CMA HHS #2311** - effective 2/13/24-8/12/25; to be renewed to 8/12/26
* **CMA HHS #2314** - effective 11/14/23-5/13/25; to be renewed to 5/13/26
* **CMA HHS #2315** - effective 3/9/24-9/8/25; to be renewed to 9/8/26

### **See** [**2022 Annual HHS Matching Activity Report**](https://www.hhs.gov/foia/privacy/cmas/2022-hhs-annual-computer-matching-report.html)**:**

* **CMA HHS #2202** - expired 4/4/25; replaced by HHS #2404
* **CMA HHS #2203** - expired 2/5/25; replaced by HHS #2406
* **CMA HHS #2304** - expired 1/1/25; replaced by HHS #2405
* **CMA HHS #2205** - expires 7/18/25; to be replaced by HHS #2502
* **CMA HHS #2206** - expires 7/18/25; to be replaced by HHS #2503
* **CMA HHS #2207** - expires 5/25/25; to be replaced by HHS #2501

### **See** [**2021 Annual HHS Matching Activity Report**](https://www.hhs.gov/foia/privacy/cmas/2021-hhs-annual-computer-matching-report.html)**:**

* **CMA HHS #2107** - expired 3/8/24; replaced by HHS #2315
* **CMA HHS #2110** - expired 2/12/24; replaced by HHS #2311
* **CMA HHS #2111** - expired 8/15/24; replaced by HHS #2401

### **See** [**2020 Annual HHS Matching Activity Report**](https://www.hhs.gov/foia/privacy/cmas/2020-hhs-annual-computer-matching-report.html)**:**

* **CMA HHS #2004** - effective 10/19/20-10/19/23; renewed to 10/19/26

## D. Programs Where Cost/Benefit Analysis was waived

N/A

## E. Matching Agreements the DIB Disapproved

N/A

## F. Any Violations of Matching Agreements that Have Been Alleged or Identified

N/A