**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

**Privacy Act of 1974; Matching Program**

**AGENCY:** Centers for Medicare & Medicaid Services, Department of Health and Human Services.

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of a re-established matching program between CMS and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), titled, "Verification of Eligibility for Minimum Essential Coverage Under the Patient Protection and Affordable Care Act". Under this Matching Program, CMS will share data with the VA to verify if an applicant is enrolled in Minimum Essential Coverage in a Veterans Health Administration Health Care Program. This information from the VA will be used to assist CMS to determine if an individual is eligible for Insurance Affordability Programs.

**DATES:** The deadline for comments on this notice is [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately June 15 , 2026 to December 15, 2027) and within 3 months of expiration may be renewed for one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Interested parties may submit written comments on this notice, by mail or email, to the CMS Privacy Officer, Division of Security, Privacy Policy & Oversight, Information

Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1-14-56, 7500 Security Blvd, Baltimore, MD 21244-1850, to barbara.demopulos@cms.hhs.gov .

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Terence Kane, Director, Division of Automated Verifications and SEP Policy, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, CMS, at (301) 492-4449 or by email at Terence.kane@cms.hhs.gov.

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).
2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).
3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).
4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the *Federal Register* as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

**Barbara Demopulos,**
*CMS Privacy Act Officer,*
*Division of Security, Privacy Policy & Oversight,*
*Information Security and Privacy Group,*
*Office of Information Technology,*
*Centers for Medicare & Medicaid Services*.

**PARTICIPATING AGENCIES:** The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is the source agency.

**AUTHORITY FOR CONDUCTING THE MATCHING PROGRAM:** The matching program is authorized under 42 U.S.C. 18001.

**PURPOSE(S):** The purpose of the matching program is to assist CMS in determining individuals' eligibility for financial assistance in paying for private health insurance coverage. In this matching program, VHA provides CMS with data when an Administering Entity (AE) requests it and VHA is authorized to release it, verifying whether an individual who is applying for or is enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated health insurance exchange is eligible for coverage under a VHA health plan. CMS makes the data provided by VHA available to the requesting AE through a data services hub to use in determining the applicant's or enrollee's eligibility for financial assistance (including an advance tax credit and cost-sharing reduction, which are types of insurance affordability programs) in paying for private health insurance coverage. VHA health plans provide minimum essential coverage, and eligibility for such plans usually precludes eligibility for financial assistance in paying for private coverage. The data provided by VHA under this matching program will be used by CMS and AEs to authenticate identity, determine eligibility for financial assistance, and determine the amount of the financial assistance.

**CATEGORIES OF INDIVIDUALS:** The categories of individuals whose information is involved in the matching program are:

- Veterans whose records at VHA match data provided to VHA by CMS (submitted by AEs) about individuals who are applying for or are enrolled in private insurance coverage through a federally-facilitated health insurance exchange.

**CATEGORIES OF RECORDS:** The categories of records used in this matching program are identity records and minimum essential coverage period records consisting of the following data elements:

Data provided by CMS to VHA:

a. First Name (required)
b. Middle Name/Initial (if provided by applicant)
c. Surname (Applicant's Last Name) (required)
d. Date of Birth (required)
e. Sex (required)
f. SSN (required)
g. Requested Qualified Health Plan (QHP) Coverage Effective Date (required)
h. Requested QHP Coverage End Date (required)
i. State Identification (required)
j. Transaction ID (required)

Data provided by VHA to CMS:

a. SSN (required)
b. Start/End Date{s) of enrollment period(s) (when match occurs)
c. A blank date response when a non-match occurs, or if the VA's records contain a Date of Death.

**SYSTEM(S) OF RECORDS:** The data used in this matching program will be disclosed from the following systems of records, based on the routine uses identified:

- Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).
- "Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files-VA, "System No. 54VA10; last fully published at 90 FR 4447354 (September 15, 2025).
- ."Compensation, Pension, Education, and Veteran Readiness and Employment Records, VA (58VA21/22/28), last published at 90 FR 44464,

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