



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Privacy Act of 1974; Matching Program

AGENCY: The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS)

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 computer matching program between CMS and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA).

The purpose of the matching program is to identify beneficiaries enrolled in both Medicare and VHA health care and to identify medical claims for which both agencies made payment for the same health care services. Under this agreement, the VHA will provide CMS with a finder file on a recurring basis, of all Veteran beneficiaries enrolled in VHA health care that CMS will use to identify dually enrolled beneficiaries. CMS and VHA will use the results of the matching program to recover duplicate payments, improve payment accuracy, and identify potential fraud, waste, and abuse.

DATES: The deadline for comments on this notice is [INSERT DATE 30 DAYS AFTER PUBLICATION IN THE *FEDERAL REGISTER*]. The 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 remain in effect for 18 months from its effective date, unless one of the parties to the agreement advises the other by written request to terminate or modify the agreement. The agreement is subject to renewal by the HHS Data Integrity Board for 12 additional months if the matching program will be conducted without any change and each party to the agreement certifies that the program has been conducted in compliance with the 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 Richard Mazur, Government Technical Lead, Division of Medicare Secondary Payer Operations, Office of Financial Management, Centers for Medicare & Medicaid Services, CMS, at (410) 786-1418 or by email: Richard.Mazur2@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 Department of the Treasury 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 source agency, and the Department of the Veterans Health Administration.

AUTHORITY FOR CONDUCTING THE MATCHING PROGRAM:

The matching program is authorized by the Privacy Act of 1974 (5 U.S.C. § 552a); section 1128J of the Social Security Act (42 U.S.C. § 1320a-7k); section 1862(a)(3) of the Social Security Act (42 U.S.C. § 1395y(a)(3)); 38 U.S.C. §§ 1703 and 1725; 38 C.F.R. § 1.481; and other authorities identified in the Computer Matching Agreement.

PURPOSE(S):

The matching program enables CMS and VHA to identify beneficiaries enrolled in both Medicare and VHA health care, identify duplicate payments made for the same health care services, recover improper payments, and support fraud, waste, and abuse detection activities.

CATEGORIES OF INDIVIDUALS:

Individuals whose records are involved in the matching program include:

- Veterans enrolled in the Veterans Health Administration health care system; and
- Medicare beneficiaries who are dually enrolled in Medicare and VHA health care.

CATEGORIES OF RECORDS:

Records exchanged under the matching program include beneficiary identifying information, enrollment information, claims information, provider identifiers, diagnosis and procedure information, dates of service, payment information, and other data elements necessary to identify duplicate payments for medical services.

The data used in the match include the following:

VHA Beneficiary Finder File Data:

- a. Transaction type : VA Unique Person Identifier
- b. SSN
- c. Medicare Claim Number (if available)
- d. Date of Birth
- e. Beneficiary First Name
- f. Beneficiary Last Name
- g. Beneficiary Sex
- h. Enrollment time frames: effective date and/or, when applicable, end date
- i. Date of death (if applicable)

CMS Response File Data:

- a. Action type: VA Unique Person Identifier
- b. SSN
- c. MBI
- d. Date of Birth
- e. Beneficiary First Name
- f. Beneficiary Last Name
- g. Beneficiary Sex code
- h. Medicare Enrollment time frames: Effective and termination dates
- i. Date of death

Based on the results in each response file identifying the beneficiaries who are dual enrolled, VHA

will provide CMS with a file containing medical claims that VHA paid in full or in part for those dually enrolled beneficiaries. CMS will match the records to its own claims and payment systems and return to VHA a response file containing claims that CMS paid in full or in part for the same service. This exchange includes the following data:

VHA Claims File Data Fields:

- a. Patient Information from Matched Beneficiary File (e.g., SSN, Date of Birth, Name, Sex)
- b. Claim Identification Fields (e.g., Claim Number, Claim Line)
- c. Service Identification Fields (e.g., Service Date, Type, Place)
- d. Additional Claim Relevant Identification Fields (e.g., Revenue Codes)
- e. Billing Provider Identification Fields (e.g., Name, National Provider Identification number).
- f. Additional Relevant Provider Identification Fields (e.g., Rendering Provider, Attending Provider)
- g. Procedure Codes and Modifiers
- h. Diagnosis Codes and Qualifiers
- i. Payment Identification Fields (e.g., Date, Amount, Units, Payment Authority)

CMS Claims File Data Fields that are Added to the VA File for Matched Claims:

- a. Patient Information from Matched Beneficiary File (e.g., SSN, Date of Birth, Name, Sex)
- b. Claim Identification Fields (e.g., Claim Number, Claim Line)
- c. Service Identification Fields (e.g., Service Date, Type, Place)
- d. Additional Claim Relevant Identification Fields (e.g., Revenue Codes)
- e. Billing Provider Identification Fields (e.g., Name, National Provider Identification number).
- f. Additional Relevant Provider Identification Fields (e.g.,

Rendering Provider, Attending Provider)

g. Procedure Codes and Modifiers

h. Diagnosis Codes and Qualifiers

i. Payment Identification Fields (e.g., Date, Amount, Units)

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:

CMS

- Common Working File (CWF), System No. 09-70-0526
- Medicare Beneficiary Database (MBD), System No. 09-70-0536
- Integrated Data Repository (IDR), System No. 09-70-0571
- National Claims History (NCH), System No. 09-70-0558

Department of Veterans Affairs

- Enrollment and Eligibility Records—VA (147VA10)
- Non-VA Care (Fee) Records—VA (23VA10NB3)

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