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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Matching Program

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

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 participating State-Based Administering Entities (AEs), titled "Determining Eligibility for Enrollment in Applicable State Health Subsidy Programs Under the Patient Protection and Affordable Care Act". The matching program supports eligibility determinations for enrollment in applicable State health subsidy programs under the Patient Protection and Affordable Care Act (PPACA), including Qualified Health Plans (QHPs), Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Programs (BHPs). The matching program also supports implementation of statutory requirements concerning Medicaid community engagement and the prevention of concurrent Medicaid enrollment in more than one State through the Multi-State Enrollment Prevention (MSEP) system.

DATES: The deadline for comments on this notice is [INSERT DATE 30 DAYS AFTER 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 October 2025 to March 2027) and, within three months of expiration, may be renewed for up to one additional year if the parties make no changes 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 & Insurance Oversight, Centers for Medicare & Medicaid Services, CMS, at (410)-218-6687 or by email: 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 under federal benefit programs. 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 Office of Management and Budget (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 satisfies these requirements. It re-establishes the matching that has been in place since 2013 and was most recently re-established in 2025, as described in 90 FR 51764.

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

PARTICIPATING AGENCIES:

The agencies participating in the matching program are the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and State-Based Administering Entities (AEs). Currently, each of the 50 states, the District of Columbia, and Puerto Rico has one or more AE(s) participating in this matching program. Other U.S. territories may eventually participate.

AEs administer insurance affordability programs and include Medicaid/Children's Health Insurance Program (CHIP) agencies, state-based exchanges (SBEs), and basic health programs (BHPs). In states that operate a SBE, the AE would include the Medicaid/CHIP agency. Additionally, there are two states - Minnesota and New York - where the AE operates as both a SBE and BHP. In states that have elected to utilize the federally-facilitated exchange (FFE), the AE would include only the Medicaid/CHIP agency.

AUTHORITY FOR CONDUCTING THE MATCHING PROGRAM:

The principal authority for conducting the matching program is 42 U.S.C. 18001, et seq

PURPOSE(S):

The matching program will enable CMS to provide information (including information CMS receives from other federal agencies under related matching agreements) to AEs, to assist AEs in verifying applicant information as required by the Patient Protection and Affordable Care Act of 2010 (PPACA) to determine applicants' eligibility for enrollment in applicable state health subsidy programs, including exemption from the requirement to maintain minimum essential coverage (MEC) or from the individual responsibility payment. In addition, to avoid dual enrollment, information will be shared between CMS and AEs, and among AEs, for the purpose of verifying whether applicants and enrollees are currently eligible for or enrolled in a Medicaid/CHIP program. All information will be shared through a data services hub (Hub) established by CMS to support the federally-facilitated health insurance exchange (which CMS operates) and state-based exchanges.

CATEGORIES OF INDIVIDUALS:

The individuals whose information will be used in the matching program are (1) applicants, meaning individuals who apply for eligibility to enroll in applicable state health subsidy programs through an Exchange established under the PPACA or through a state Medicaid, CHIP, or BHP agency; (2) enrollees, meaning individuals currently enrolled in those programs whose eligibility is being redetermined, renewed, or periodically verified, including verification of Medicaid community engagement and of concurrent Medicaid enrollment in more than one state; and (3) non-applicant members of the applicant's household who are listed on the application by name and date of birth or SSN and whose information bears on the applicant's eligibility, such as the tax filer, the tax filer's spouse, tax dependents, and other household members whose income is counted in determining household income.

CATEGORIES OF RECORDS:

The categories of records that will be used in the matching program are identifying records; minimum essential coverage period records; return information (household income and family size information); citizenship status records; birth and death information; disability coverage and income information; postsecondary educational enrollment records and imprisonment status records.

The data elements CMS will receive from AEs may include: Social Security Number (if applicable), Last Name, First Name, and Date of Birth, and, from state Medicaid and CHIP agencies, Medicaid and CHIP eligibility and enrollment information (such as program type, eligibility dates, state, and state beneficiary identifier).

The data elements the AEs will receive from CMS may include: Validation of SSN; Verification of citizenship or immigration status; Incarceration status; Eligibility and/or enrollment in certain types of MEC; Income, based on Federal Tax Information (FTI), Veteran's disability rating data; educational enrollment data; Social Security Title II benefits (retirement, survivors, and disability insurance) and current income sources; Quarters of Coverage; and Death Indicator.

SYSTEM(S) OF RECORDS:

The records used in this matching program will be disclosed from the following systems of records, consistent with the routine uses identified in the applicable System of Records Notices (SORNs):

CMS Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, last published in full at 78 FR 63211 (October 23, 2013), as amended at 83 FR 6591 (February 14, 2018).

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