



2017 Department of Health and Human Services (HHS)
Annual Computer Matching Report

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

1. Listing of the names and positions of the members of the DIB

Heather Flick, Acting Chairperson, Acting Assistant Secretary for Administration

Kim Hutchinson, Member, Executive Officer/Deputy Agency Chief FOIA Officer

Daniel R. Levinson, Member, Inspector General

Daniel Berry, Member, Acting Deputy General Counsel

2. Name and Contact Information of the DIB Secretary

Kia Folsom
200 Independence Ave., SW
Washington, D.C. 20201
kia.folsom@hhs.gov , (202) 815-9739

3. Any Changes in Membership or Structure of the DIB

Chairperson changed from John Bardis to Acting Chairperson Heather Flick

Member changed from Catherine Teti to Kim Hutchinson

B. List of HHS Matching Programs from 2017

• **CMA HHS #1402**

Participant Agency: Center for Medicare and Medicaid Services (CMS) and Department of Treasury, Bureau of the Fiscal Service

Title: “Do Not Pay Initiative”

Description: The primary purpose of this matching program is to reduce improper payments by authorizing Fiscal Service to provide CMS, through the U.S. Department of Treasury’s Working System as defined by OMB Memorandum M-13-20 (Protecting Privacy while Reducing Improper Payments with the Do Not Pay Initiative), identifying information from Fiscal Service’s system of records Treasury/Fiscal Service .023 about individual and entities excluded from receiving federal payments, contract awards, and other benefits.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/CMA-1402.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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1506**

Participant Agency: Administration for Children and Families (ACF)/Office of Child Support Enforcement (OCSE) and Social Security Administration (SSA)

Title: “Title II-OCSE Quarterly Match Agreement”

Description: This matching agreement governs a matching program between OCSE and the Social Security Administration (SSA). The matching agreement program will conduct quarterly batch matches, comparing an SSA finder file of Disability Insurance (DI) to quarterly wage and unemployment records in ACF/OCSE’s National Directory of New Hires (NDNH) database. The purpose of this CMA is to identify DI applicants and clients who are working and earning wages, so SSA can make a correct DI entitlement determination, calculate DI payment amounts, and avoid and recover DI overpayments. This agreement also governs the use, treatment, and safeguarding of the information exchanged.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/foia/CMA-1506.pdf>

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

By signing the CMA, the Social Security Administration (SSA) agreed to fully adhere to the terms and conditions of the SSA Prescription Drug-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

The Title II-NDNH matching program began in 2015; therefore, there is no cost benefit data available yet. Continuing this matching program is justified, however, because SSA’s use of NDNH information supports program administration and reduces overpayments. It also satisfies the Government Accountability Office recommendations to improve SSA’s ability to effectively identify federal workers who are likely to incur overpayments and to recover debt and avoid overpayments by obtaining more timely earnings information for DI program beneficiaries who may be working. There is no other administrative activity that can accomplish the same purpose and provide the same security safeguards with the same degree of efficiency as the Title II-NDNH matching program.

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.

HHS Matching Agreement #1506 provides the terms and conditions of a new matching program; therefore, a cost-benefit analysis was not performed or included. However, SSA and OCSE anticipate that the benefits of the matching program will include benefit corrections, recovering detected overpayments, and Continuing Disability Review work cost avoidance. Subsequent written agreements for this matching program will include a cost-benefit analysis.



- **CMA HHS #1513**

Participant Agency: ACF/OCSE and Department of Housing and Urban Development (HUD)

Title: “Verification of Employment and Income Analysis”

Description: The purpose of this matching program is to assist HUD in verifying the employment and income of participants in certain rental assistance programs. OCSE shall provide HUD with new hire, quarterly wage, and unemployment insurance information from the National Directory of New Hires (NDNH) pertaining to participants whose names and Social Security numbers are transmitted to OCSE. HUD may also use the information, after the removal of personal identifiers, for the purpose of conducting analyses of the employment and income reporting of those participants.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/foia/CMA-1513.pdf>

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

By signing the CMA, HUD agreed to fully adhere to the terms and conditions of the HUD-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

The findings from the FY 2015 analysis of NDNH data indicate that unreported tenant income resulted in an estimated overpayment of \$544.4 million in annual HUD subsidy Costs.

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 done in 2014 and was included in HHS CMA #1513. Additionally, a performance report of FY15 NDNH match outcomes demonstrated that ongoing matching provides HUD with valuable information, not available through other HUD resources, to help the agency identify subsidy errors due to unreported income.

- **CMA HHS #1601**

Participant Agency: CMS and the State-Based Administering Entities

Title: “Disclosure of Insurance Affordability Programs Information under the Patient Protection and Affordable Care Act”

Description: This Agreement by and between CMS and the Administering Entities (AEs) establishes the terms, conditions, safeguards, and procedures under which CMS will disclose certain information to the AEs in accordance with the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148), as amended by the Health Care and Education Reconciliation Act (Public Law 111-152), which are referred to collectively as the Affordable Care Act (ACA), amendments to the Social Security Act made by the ACA, and the implementing regulations. The AEs, which are state entities, will use the data accessed through the Federal Data Services Hub (Hub), to make Eligibility Determinations for enrollment in “applicable State health subsidy programs” (Section 1414(e) of the ACA), including exemption from the requirement to maintain Minimum Essential Coverage or from the individual responsibility payment. All AEs that are connecting to the Federal Data Services Hub or that receive data under this matching program must sign this Computer Matching Agreement.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/cma-1601.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1602**

Participant Agency: CMS and Department of Defense (DoD)

Title: “Verification of Eligibility for Minimum Essential Coverage under the Patient Protection and Affordable Care Act through a Department Of Defense Health Benefits Plan”

Description: This computer matching agreement (CMA) establishes the terms, conditions, safeguards, and procedures under which the DoD will provide information or data to CMS. Under the authority of the Patient Protection and Affordable Care Act of 2010 (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152) (collectively, the ACA) and the implementing regulations, CMS, in its capacity as operator of the Federally-facilitated Exchanges (FFE) and the Federal enrollment and eligibility platform, will use DoD’s information to verify an Applicant’s or Enrollee’s eligibility for Minimum Essential Coverage (MEC) through a TRICARE Health Care Program for the purpose of making Eligibility Determinations, including Eligibility Determinations for which HHS is responsible under 45 C.F.R. § 155.302. DoD acknowledges that Administering Entities, which include state-based Exchanges and Basic Health Programs, will use DoD data, accessed through Data Services Hub (Hub), to make Eligibility Determinations.

Link posted in the Agency’s website: <http://dpclld.defense.gov/LinkClick.aspx?fileticket=aHFH1s7p9-0%3d&portalid=49>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1603**

Participant Agency: CMS and DoD

Title: “Disclosure of Enrollment and Eligibility Information for Military Health System Beneficiaries who are Medicare Eligible”

Description: The purpose of this agreement is to establish the conditions, safeguards and procedures under which CMS will disclose Medicare enrollment information to DoD, DMDC, Defense Enrollment Eligibility Reporting System (DEERS), and the Office of the Assistant Secretary of Defense (Health Affairs) / Defense Health Agency



(DHA). The disclosure by CMS will provide DHA with the information necessary to determine if Military Health System (MHS) beneficiaries (other than dependents of active duty personnel), who are Medicare eligible, are eligible to receive continued military health care benefits. This disclosure will provide DHA with the information necessary to meet the Congressional mandate outlined in legislative provisions in the National Defense Authorization Act(s) (NDAA) listed below. Current law requires DHA to discontinue military health care benefits to MHS beneficiaries who are Medicare eligible when they become eligible for Medicare Part A unless they are enrolled in Medicare Part B. In order for DHA to meet the requirements of current law, CMS agrees to disclose certain Part A and Part B enrollment data on this dual eligible population, which will be used to determine a beneficiary's eligibility for care under Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/TRICARE.

Link posted in the Agency's website:

<http://dpcl.d.defense.gov/LinkClick.aspx?fileticket=1YwRyKgxuUO%3d&portalid=49>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

• **CMA HHS #1604**

Participant Agency: CMS and SSA

Title: "Determining Enrollment or Eligibility for Insurance Affordability Programs under the Patient Protection and Affordable Care Act"

Description: This CMA establishes the terms, conditions, safeguards, and procedures under which SSA will disclose information to CMS in connection with the administration of Insurance Affordability Programs under the Patient Protection and Affordable Care Act (ACA) (Public Law (Pub. L.) No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152) and its implementing regulations.

CMS will use SSA data to make initial Eligibility Determinations for:

- A Qualified Health Plan (QHP) through an Exchange established under ACA;
- Insurance Affordability Programs and for certifications of Exemption; and
- Redeterminations and Renewal decisions (including appeal determinations) for enrollment in a QHP through an Exchange and Insurance Affordability Programs and for certifications of Exemption.

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/CMA-1604.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1605**

Participant Agency: CMS and Veterans Health Administration (VHA)

Title: “Verification of Eligibility for Minimum Essential Coverage under the Patient Protection and Affordable Care Act through a Veterans Health Administration Plan”

Description: This CMA establishes the terms, conditions, safeguards, and procedures under which the VHA will provide records, information, or data (“data”) to CMS. Under the authority of the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act (Public Law No. 111-152) (collectively, the ACA) and the implementing regulations, CMS, in its capacity as operator of the Federally-facilitated Exchanges (FFE) and the Federal enrollment and eligibility platform, will use VHA’s information to verify an Applicant’s or Enrollee’s enrollment in Minimum Essential Coverage (MEC) through a VHA Health Care Program for the purpose of making Eligibility Determinations, including Eligibility Determinations for which HHS is responsible under 45 C.F.R. § 155.302. VHA acknowledges that Administering Entities, which include state-based Exchanges and Basic Health Programs, will use VHA data, accessed through the Data Services Hub (Hub), to make Eligibility Determinations.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/CMA-1605.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1606**

Participant Agency: CMS and the Department of Treasury/ Internal Revenue Service (IRS)

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

Description: This CMA establishes the terms, conditions, safeguards, and procedures governing the disclosures of Return Information by IRS to CMS and by CMS to an Administering Entity through the CMS Data Services Hub (Hub) to support the verification of Household Income and Family Size for an Applicant receiving an Eligibility Determination under the Patient Protection and Affordable Care Act (ACA) (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152).



Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/CMA-1606.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1607**

Participant Agency: CMS and Department of Homeland Security (DHS)/United States Citizenship and Immigration Services (USCIS)

Title: "Verification of United States Citizenship and Immigration Status Data for Eligibility Determinations"

Description: This CMA establishes the terms, conditions, safeguards, and procedures under which USCIS will provide records, information, or data ("data") to CMS under the Patient Protection and Affordable Care Act (ACA) (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152). USCIS will assist CMS with accessing specific USCIS data through the DHS/USCIS Systematic Alien Verification for Entitlements (SAVE) Program, which provides immigration status and naturalized or derived citizenship data to authorized federal, state, and local agencies that agree to the program's terms of use.

Link posted in the Agency's website: <https://www.dhs.gov/sites/default/files/publications/CMA%20USCIS-HHS-CMS%2020160119.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1608**

Participant Agency: CMS and Office of Personnel Management (OPM)

Title: "Verification of Eligibility for Minimum Essential Coverage under the Patient Protection and Affordable Care Act through an Office of Personnel Management Health Benefits Plan"

Description: The purpose of this agreement is to establish the terms, conditions, and safeguards under which OPM will provide information to CMS. The terms and conditions of this agreement will be carried out by authorized officers, employees, and contractors of OPM and CMS. Under the authority of the Patient Protection and



Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152) (collectively, the ACA) and the implementing regulations, CMS, in its capacity as the Federally-Facilitated Exchange, and other Administering Entities will use OPM’s eligibility information to verify an Applicant’s or Enrollee’s eligibility for Minimum Essential Coverage through an OPM Health Benefits Plan.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/CMA-1608.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1609**

Participant Agency: CMS and Peace Corps

Title: “Verification of Eligibility for Minimum Essential Coverage under the Patient Protection and Affordable Care Act through a Peace Corps Health Benefit Plan”

Description: The purpose of this agreement is to establish the terms, conditions, and safeguards under which the Peace Corps will provide records, information, or data to CMS. The terms and conditions of this Agreement will be carried out by authorized officers, employees, and contractors of the Peace Corps and CMS. Under the authority of the Patient Protection and Affordable Care Act of 2010 (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152) (collectively, the ACA), title 26, United States Code (U.S.C.) § 5000A and 26 U.S.C. §36B(c), and the implementing regulations at 45 CFR Parts 155 – 157, CMS, in its capacity as the Federally-facilitated Exchange (FFE), and other Administering Entities will use the Peace Corps’ information to verify an Applicant’s or Enrollee’s eligibility for Minimum Essential Coverage (MEC) through a health plan under 22 U.S.C. §2504(e) (relating to the Peace Corps Volunteers).

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/CMA-1609.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.



- **CMA HHS #1610**

Participant Agency: Defense Manpower Data Center, Department of Defense (DoD), the State Public Assistance Agencies (SPAAs) and ACF

Title: “Verification of Continued Eligibility for Public Assistance II (PARIS-II)”

Description: The purpose of this matching program is to provide the SPAAs with data from DoD military and civilian pay files, the military retired pay files, survivor pay files and the OPM civilian retired and survivor pay files to determine eligibility and to ensure fair and equitable treatment in the delivery of benefits attributable to funds provided by the Federal Government. The SPAAs will use the matched data to verify the continued eligibility of individuals to receive public assistance benefits and, if ineligible, to take such action as may be authorized by law and regulation.

ACF, in its role as match facilitator, will support each SPAA’s efforts to ensure appropriate delivery of benefits by assisting with drafting the necessary agreements, helping arrange signatures to the agreements and acting as a central shipping point as necessary.

Link posted in the Agency’s website:

https://www.acf.hhs.gov/sites/default/files/paris/cma_86_aca_20160203_approved.pdf

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1611**

Participant Agency: CMS and SSA

Title: “Disclosure of Nursing Care Facility Admission and Discharge Information”

Description: The purpose of this agreement is to establish the terms, conditions, and safeguards under which CMS will disclose to SSA certain individuals’ admission and discharge information for care received in a nursing care facility. Nursing care facility for purposes of this CMA means certain facilities referenced in CMS’ Long Term Care-Minimum Data Set System Number 09-70-0528 (LTC/MDS), as defined in the agreement. SSA will use this information to administer the Supplemental Security Income (SSI) program efficiently and to identify Special Veterans’ Benefits (SVB) beneficiaries who are no longer residing outside of the United States. Section 1631(f) of the Social Security Act (the Act) (42 U.S.C. § 1383(f)) requires CMS to provide SSA with “such information as the Commissioner of [SSA] needs for purposes of determining eligibility for or amount of benefits, or verifying other information with respect thereto.” Beneficiary information required by SSA for these purposes includes the admission dates, discharge dates, and facility coding information contained in CMS’s LTC/MDS.

Link posted in the Agency’s website: <https://www.hhs.gov/sites/default/files/CMS-CMA-1611.pdf>

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

By signing the CMA, 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.

Yes, the disclosures made for use in the matching program continue to be justified.

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 performed and the results demonstrated that the program is likely to be cost effective.

- **CMA HHS #1612**

Participant Agency: ACF/OCSE and State Agency Administering the Supplemental Nutrition Assistance Program (SNAP).

Title: "Information Comparisons and Disclosures to Assist in Administering the Supplemental Nutrition Assistance Program"

Description: The purpose of this agreement is to assist the state agency with establishing or verifying the eligibility for assistance under SNAP to reduce payment errors and maintain program integrity, including determining whether duplicate participation exists. OCSE shall provide the state agency with new hire, quarterly wage, and unemployment insurance information from the National Directory of New Hires (NDNH) pertaining to individuals who are adult applicants for, and recipients of, SNAP benefits. The state agency may also use the NDNH information for updating recipients' reported participation in work activities and updating contact information maintained by the state agency about applicants and recipients and their employers.

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/foia/CMA-1612.pdf>

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

By signing the CMA, state SNAP agencies agreed to fully adhere to the terms and conditions of the SNAP-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

After verification of previously unknown income, participating state SNAP agencies collectively reported 108, 357 cases that were either closed or benefits were reduced. As a result, state SNAP agencies avoided approximately \$23 million in improper payments to SNAP recipients with previously unknown earnings. The savings are attributed to employment and wage information derived from the SNAP-NDNH computer matching program.

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 done in 2015 and was included in HHS CMA #1612. Additionally, FY16 performance report analysis indicates that the overall cost savings resulting from the matching program exceeds the cost to participate. Collectively, participating state SNAP agencies paid \$200, 934 in FY16 fees but avoided approximately \$23 million costs.

- **CMA HHS #1704**

Participant Agency: ACF/OCSE and SSA

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



Description: The purpose of this matching program is to govern the following information exchange operations between OCSE and us from the National Directory of New Hires (NDNH): online query access for Supplemental Security Income (SSI), Disability Insurance (DI), and Ticket-to-Work and Self-Sufficiency (Ticket) programs, and SSI Quarterly Wage batch match. This agreement also governs the use, treatment, and safeguarding of the information exchanged. The agreement assists us (1) in establishing or verifying eligibility or payment amounts, or both under the SSI program; (2) in establishing or verifying eligibility or continuing entitlement under the DI program; (3) in administering the Ticket programs. These activities include overpayment avoidance and recovery for all three programs.

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/cma-1704.pdf>

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

By signing the CMA, the Social Security Administration (SSA) agreed to fully adhere to the terms and conditions of the SSA Prescription Drug-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

The Title II-NDNH matching program began in 2015; therefore, there is no cost benefit data available yet. Continuing this matching program is justified, however, because SSA's use of NDNH information supports program administration and reduces overpayments. It also satisfies the Government Accountability Office recommendations to improve SSA's ability to effectively identify federal workers who are likely to incur overpayments and to recover debt and avoid overpayments by obtaining more timely earnings information for DI program beneficiaries who may be working. There is no other administrative activity that can accomplish the same purpose and provide the same security safeguards with the same degree of efficiency as the Title II-NDNH matching program.

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.

In FY15, the quarterly batch matching and online queries result in an overall savings of about \$922,872,417 (approximately \$14,975,567 for the quarterly wage batch match and about \$916 million for the online query access). The total costs are approximately \$175,142,929 (\$3,548,529 for the quarterly wage batch match and \$168,568,668 for the online query access).

- **CMA HHS #1705**

Participant Agency: ACF/OCSE and SSA

Title: "Verification of Eligibility for Extra Help (Low Income Subsidy) under the Medicare Part D Prescription Drug Coverage Program"

Description: The purpose is to agreement cover information exchange operations between OCSE and SSA that will provide SSA with quarterly wage (QW) and unemployment insurance (UI) information located in the National Directory of New Hires (NDNH) to allow SSA to determine eligibility of applicants for Extra Help (low-income subsidy assistance) under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) (Extra Help). This agreement also governs the use, treatment, and safeguarding of the information exchanged. OCSE is the "source agency" and SSA is the "recipient agency," as defined by the Privacy Act. 5 U.S.C. §§552a(a)(9) and (11).

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/cma-1705.pdf>

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

By signing the CMA, the Social Security Administration (SSA) agreed to fully adhere to the terms and conditions of the SSA Prescription Drug-NDNH computer matching program.



Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

Findings from FY 2015 analysis of NDNH data indicate the benefit of conducting this matching program is the increased assurance that the agency makes the correct subsidy determination, while reducing the need for field offices to verify all income and resource allegations manually on Medicare Part D subsidy initial and redetermination applications.

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.

In FY2016, SSA used NDNH data to identify 121,128 individuals with income over the allowable limit for Medicare Part D subsidy (430,603 individuals were identified in total; however, NDNH data is responsible for 28.13% of those).

- **CMA HHS #1706**

Participant Agency: ACF/OCSE and State Agency Administering the Unemployment Compensation Program

Title: “Administration of Unemployment Compensation Program”

Description: The matching program provides each SWA with new hire and quarterly wage information from OCSE's National Directory of New Hires (NDNH) system of records, pertaining to adult UC applicants and recipients, resulting from comparing client name and Social Security number combinations in the SWA's files to data in NDNH. The match results assist the SWAs in establishing or verifying eligibility for assistance, reducing payment errors, and maintaining program integrity, including determining whether duplicate participation exists or if the client resides in another state. The SWAs may also use the NDNH information for secondary purposes, such as updating UC recipients' reported participation in work activities, updating recipients' and their employers' contact information, and administering the SWAs' tax compliance function.

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/cma-1706.pdf>

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

By signing the CMA, state workforce agencies (SWA) agreed to fully adhere to the terms and conditions of the SWA-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

Findings from CY16 performance outcomes analysis provided by the U.S. Dept. of Labor, the agency overseeing SWAs, noted the wage and employment information maintained in the NDNH provides SWAs with information about whether unemployment compensation claimants have returned to work. NDNH data also includes access to records for multi-state employers and Federal civilian and military data. This supplemental information has yielded a significant increase in the number of overpayments prevented and recovered.

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.

For CY 2016, DOL estimates that NDNH matching prevented and led to the recovery of \$198.63 M.

- **CMA HHS #1707**

Participant Agency: ACF/OCSE and State Agency Administering the Unemployment Compensation Program

Title: “Administration of Unemployment Compensation Program”



Description: The purpose of the matching program is to assist the state agency with establishing or verifying eligibility for benefits under the Temporary Assistance for Needy Families (TANF) program. OCSE will provide the state agency with new hire, quarterly wage, and unemployment insurance information from the National Directory of New Hires (NDNH) pertaining to individuals who are adult applicants for and recipients of benefits under the TANF program. The state agency may also use the NDNH information for updating the applicants' and recipients' reported participation in work activities and updating applicants' and recipients' and their employers' contact information maintained by the state agency.

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/cma-1707.pdf>

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

By signing the CMA, state TANF agencies agreed to fully adhere to the terms and conditions of the TANF-NDNH computer matching program.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

Findings from the TANF-NDNH FY16 performance report provided by the Office of Family Assistance (OFA), the agency overseeing state TANF agencies, indicate state agencies' use of NDNH assisted them in determining eligibility and avoiding improper payments. Additionally, the total amount of the current "first-month" avoided future improper payments is likely higher than reported because the TANF recipients whose earnings were discovered as a result of the TANF-NDNH match would likely have received an incorrect benefit amount for longer than a single month. OFA anticipates that the TANF-NDNH matching program will continue to be beneficial to states in administering their TANF programs.

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.

The most recent cost-benefit analysis was done in 2017 for FY2016 and was included in HHS CMA #1707. Findings from the FY2016 cost-benefit analysis demonstrates that the participating state TANF agencies collectively paid approximately \$222,444 in fees to participate in the matching program but prevented approximately \$1.95 million in improper payments.

- **CMA HHS #1708**

Participant Agency: ACF, Veteran Affairs and State Public Assistance Agencies

Title: "Information Comparisons and Disclosure to Assist in Administering the Public Assistance Reporting Information System"

Description: The purpose of this computer matching program is to provide State Public Assistance Agencies (SPAAs) with Department of Veterans Affairs (VA) compensation and pension data on a periodic basis to use in determining public assistance applicants' and recipients' eligibility for benefits under the Medicaid, Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and general assistance programs. The matching program helps ensure fair and equitable treatment in the delivery of benefits attributable to funds provided by the federal government. The matching program will be re-established with no substantive changes. As under the prior agreement, the matches will be conducted by the Department of Defense, Defense Manpower Data Center (DOD/DMDC) which provides computer support to HHS/ACF, by comparing the Social Security Numbers provided to DMDC by SPAAs to VA pay and pension data provided to DMDC by VA. (Note that HHS/ACF also facilitates a related PARIS matching program between the Department of Defense (DOD) and SPAAs which uses DOD and OPM pay and pension data for the same purposes.)

Link posted in the Agency's website: <https://www.hhs.gov/sites/default/files/cma-1708.pdf>



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

By signing the CMA, the Department of Veterans Affairs (VA) agreed to fully adhere to the terms and conditions of the ACF, VA and State Public Assistance Agencies "Information Comparisons and Disclosure to Assist in Administering the Public Assistance Reporting Information System (PARIS)" computer matching program by providing a data file for the quarterly PARIS matching service.

Please provide an account of whether all disclosures of agency records for use in the matching program continue to be justified.

The agency records provided by the Department of Veterans Affairs (VA) for the quarterly PARIS match continue to be justified and during the computer matching agreement renewal time period, PARIS seeks to add new data element fields.

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.

The cost- benefit analysis was conducted and showed that the average State cost to close a case (secondary verification, client notice, hearings and appeals, etc.) is estimated at \$500, average Department of Defense, VA and ACF cost per case is \$.04 for a total of \$500.04.

The alternatives to computer matching are far more expensive and, in most cases, impractical. Manual comparison of millions of payroll and retirement records with State records would take an enormous amount of human resources and time.

C. Programs Where Cost/Benefit Analysis was Waived

N/A

D. Matching Agreements the DIB Disapproved

N/A

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

N/A