

Dated: July 31, 2013.

**Michelle Snyder,**

*Chief Operating Officer, Centers for Medicare & Medicaid Services.*

**CMS Computer Match No. 2013–02  
HHS Computer Match No. 1306  
DoD–DMDC Match No. 12**

**NAME:**

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

**SECURITY CLASSIFICATION:**

Level Three Privacy Act Sensitive

**PARTICIPATING AGENCIES:**

The Centers for Medicare & Medicaid Services (CMS); and Department of Defense (DoD), Defense Manpower Data Center (DMDC) and the Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity (TMA)

**AUTHORITY FOR CONDUCTING MATCHING PROGRAM:**

Prior to 1991, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) entitlement terminated when any individual became eligible for Medicare Part A on a non-premium basis. The National Defense Authorization Act(s) (NDAA) for Fiscal Years (FYs) 1992 and 1993 (Pub. L. 102–190) Section 704, provide for reinstatement of CHAMPUS as second payer for beneficiaries entitled to Medicare on the basis of disability/End Stage Renal Disease (ESRD) only if they also enroll in Part B.

This CMP implements the information matching provisions of the NDAA, FY 2001 (Pub. L. 106–398) Sections 711 and 712; the NDAA, FY 1993 (Pub. L. 102–484) Section 705; and the NDAA, FYs 1992 and 1993 (Pub. L. 102–190) Sections 704 and 713.

Section 732 of the FY 1996 NDAA (Pub. L. 104–106), directed the administering Secretaries to develop a mechanism for notifying beneficiaries of their ineligibility for CHAMPUS when loss of eligibility is due to Medicare status (Part A only).

**PURPOSE(S) OF THE MATCHING PROGRAM:**

The purpose of the Computer Matching Agreement is to establish the conditions, safeguards and procedures under which CMS will disclose Medicare enrollment information to the DoD, DMDC, and Health Affairs/TMA. The disclosure by CMS will provide TMA 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 TMA with the information necessary to meet the Congressional mandate outlined in legislative provisions in the NDAA listed above.

Current law requires TMA 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 TMA 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 CHAMPUS/TRICARE. DMDC will receive the results of the computer match and provide the information to TMA for use in its matching program.

**DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:**

The matching program will be conducted with data maintained in the DoD System of Records (SOR) identified as DMDC 02 DoD, entitled “Defense Enrollment Eligibility Reporting System,” at 77 FR 69807 (November 21, 2012) and the SOR identified as DHA 07, entitled “Military Health Information System (MHIS),” at 71 FR 16127 (March 30, 2006). The release of the data for CMS is covered under the “Enrollment Database,” System No. 09–70–0502 published at 73 FR 10249 (February 26, 2008).

**INCLUSIVE DATES OF THE MATCH:**

The matching program will become effective no sooner than 40 days after the report of the matching program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be renewed for an additional 12 month period as long as the statutory language for the match exists and other conditions are met.

[FR Doc. 2013–19013 Filed 8–6–13; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Privacy Act of 1974; CMS Computer Match No. 2013–12; HHS Computer Match No. 1307; SSA Computer Match No. 1097–1899**

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

**ACTION:** Notice of Computer Matching Program (CMP).

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the Social Security Administration (SSA).

**DATES: Effective Dates:** Comments are invited on all portions of this notice. Public comments are due 30 days after publication. The matching program will become effective no sooner than 40 days after the report of the matching program is sent to the Office of Management and Budget (OMB) and Congress, or 30 days after publication in the **Federal Register**, whichever is later.

**ADDRESSES:** The public should send comments to: CMS Privacy Officer, Division of Privacy Policy, Privacy Policy and Compliance Group, Office of E-Health Standards & Services, Offices of Enterprise Management, CMS, Room S2–24–25, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m.–3:00 p.m., Eastern Time zone.

**FOR FURTHER INFORMATION CONTACT:**

Aaron Wesolowski, Director, Verifications Policy & Operations Branch, Division of Eligibility and Enrollment Policy and Operations, Center for Consumer Information and Insurance Oversight, CMS, 7501 Wisconsin Avenue, Bethesda, MD 20814, Office Phone: (301) 492–4416, Facsimile: (443) 380–5531, email: [Aaron.Wesolowski@cms.hhs.gov](mailto:Aaron.Wesolowski@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Computer Matching and Privacy Protection Act of 1988 (Public Law (Pub. L. 100–503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget

Reconciliation Act of 1990 (Pub. L. 101-508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records (SOR) are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the match agreements;
3. Furnish detailed reports about matching programs to Congress and OMB;
4. Notify applicants and beneficiaries that the records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

This matching program meets the requirements of the Privacy Act of 1974, as amended.

Dated: July 31, 2013.

**Michelle Snyder,**

*Chief Operating Officer, Centers for Medicare & Medicaid Services.*

**CMS Computer Match No. 2013-12**  
**HHS Computer Match No. 1307**  
**SSA Computer Match No. 1097-1899**

**NAME:**

“Computer Matching Agreement between the Department of Health and Human Services, Centers for Medicare & Medicaid Services and the Social Security Administration for Determining Enrollment or Eligibility for Insurance Affordability Programs under the Patient Protection and Affordable Care Act”.

**SECURITY CLASSIFICATION:**

Unclassified.

**PARTICIPATING AGENCIES:**

Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and the Social Security Administration (SSA).

**AUTHORITY FOR CONDUCTING MATCHING PROGRAM:**

Sections 1411 and 1413 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, the ACA) require the

Secretary of HHS to establish a program for determining eligibility for certain Insurance Affordability Programs, certifications of Exemption, and authorize use of secure, electronic interfaces and an on-line system for the verification of eligibility.

**PURPOSE(S) OF THE MATCHING PROGRAM:**

The purpose of the Computer Matching Agreement (CMA) is to establish 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 ACA and its implementing regulations. SSA will provide data to CMS and CMS will use SSA data needed to make initial Eligibility Determinations, eligibility Redeterminations and Renewal decisions, including appeal determinations, for Insurance Affordability Programs and certifications of Exemption. Insurance Affordability Programs include:

1. Qualified Health Plan through an Exchange established under the ACA,
2. Advance payments of the premium tax credit and cost sharing reductions,
3. Medicaid,
4. Children's Health Insurance Program, and
5. Basic Health Program.

As set forth in the CMA, SSA will provide CMS the following information when relevant: (1) Social Security number (SSN) verifications, (2) a death indicator, (3) an indicator of a finding of disability by SSA under title II of the Social Security Act, (4) prisoner data, (5) monthly and annual Social Security benefit information under title II of the Social Security Act, (6) quarters of coverage, and (7) confirmation that an allegation of citizenship is consistent with SSA records.

**DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:**

The matching program will be conducted with data maintained by CMS in the Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, as amended, published at 78 FR 8538 (Feb. 6, 2013) and 78 FR 32256 (May 29, 2013).

The matching program will also be conducted with data maintained by SSA in the following SORs:

- Master Files of SSN Holders and SSN Applications, SSA/OEEAS, 60-0058, 75 FR 82121 (December 29, 2010), as amended 78 FR 40542 (July 5, 2013);

- Prisoner Update Processing System (PUPS), SSA/OPB, 60-0269, 64 FR 11076 (March 8, 1999), as amended 72 FR 69723 (December 10, 2007) and 78 FR 40542 (July 5 2013);

- Master Beneficiary Record, SSA/ORSIS, 60-0090, 71 FR 1826 (January 11, 2006), as amended 72 FR 69723 (December 10, 2007) and 78 FR 40542 (July 5, 2013);

- Earnings Recording and Self-Employment Income System, SSA/OEEAS, 60-0059, 71 FR 1819 (January 11, 2006), as amended 78 FR 40542 (July 5, 2013).

**INCLUSIVE DATES OF THE MATCH:**

The CMP will become effective no sooner than 40 days after the report of the matching program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Required Data Elements for Paternity Establishment Affidavits.

*OMB No.:* 0970-0171.

*Description:* Section 466(a)(5)(C)(iv) of the Social Security Act (the Act) requires States to develop and use an affidavit for the voluntary acknowledgement of paternity. The affidavit for the voluntary acknowledgement of paternity must include the minimum requirements specified by the Secretary under section 452(a)(7) of the Act. The affidavits will be used by hospitals, birth record agencies, and other entities participating in the voluntary paternity establishment program.

*Respondents:* State and Tribal IV-D agencies, hospitals, birth record agencies and other entities participating in the voluntary paternity establishment program.