

**Department of
Veterans Affairs**

Memorandum

CST 01 2009

Date:

From: Acting Under Secretary for Health (10)

Subj: Use of Centers for Medicare and Medicaid Data within VHA

To: VHA Chief Officers, VHA Field Facility Directors, and Other VHA Key Officials

1. On June 15, 2009, the Veterans Health Administration (VHA) and the Centers for Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS) signed an Information Exchange Agreement (IEA) to allow for the exchange, use, and distribution of CMS data within VHA for research and administrative purposes. The following outlines the requirements for the use and distribution of these data:

- a. The use of CMS data for administrative purposes must be approved by the Medicare Analysis Center (MAC) in Braintree, Massachusetts. To acquire CMS data for administrative purposes contact Mr. Michael Cagan, Director, Medicare Analysis Center, who can be reached at (781) 849-1837 x 200 (Michael.Cagan@va.gov).
- b. The use of CMS data for research purposes must be approved by the VA Information Resource Center (VIREC) in Hines, Illinois. To acquire CMS data for research purposes contact Dr. Denise Hynes, Principal Investigator and Center Director, who can be reached at (708) 202-8387 x 22413 (virec@va.gov).
- c. All existing Data Use Agreements (DUA) between CMS and any VA entity must be reported to the MAC or the VIREC through Mr. Cagan or Dr. Hynes respectively by September 30, 2009.

2. This memorandum rescinds the memorandum "VA Policy for Obtaining Medicare Data," dated December 12, 2007. The Assistant Deputy Under Secretary for Health for Policy and Planning will develop a VHA Directive for the use of CMS data to replace this temporary memorandum concerning the use of CMS data.

Page 2

Interim Process for Access to and Distribution of Centers for Medicare and Medicaid Data within VHA

The ADUSH office will develop a handbook for the distribution of CMS data. This handbook will be incorporated into the comprehensive VHA Office of Health Information (OHI) data management handbook when it is completed:

- The ADUSH office will draft the section on distribution for administrative use, and
- The VIREC office in conjunction with ORD will draft the section on distribution for research use.

3. At all times, CMS data must be protected with the same level of information security and privacy protection that is afforded to information covered by VHA Directive 1605, and its associated Handbooks: 1605.1, 1605.2, and 1605.3, in addition to VA Directive 6500.

4. All questions regarding this memorandum should be directed to Mr. Cagan or Dr. Hynes.



Gerald M. Cross, MD, FAAFP

Attachments:

VA Memo for Obtaining Medicare Data 12/12/2007
Information Exchange Agreement

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Date: June 17, 2009

To: Michael, Cagan, Department of Veterans Affairs, Veterans Health Administration, Office of Assistant Deputy Under Secretary for Health Policy and Planning, VHA Medicare and Medicaid Analysis Center

From: Walter Stone, CMS Privacy Officer, Division of Privacy Compliance

Subject: Final Approval of the Information Exchange Agreement between the Centers for Medicare & Medicaid Services and the Department of Veterans Affairs, Veterans Health Administration, Office of Assistant Deputy Under Secretary for Health Policy and Planning, VHA Medicare and Medicaid Analysis Center.

Attached for records is the executed copy of the Information Exchange Agreement between the Centers for Medicare & Medicaid Services and the Department of Veterans Affairs, Veterans Health Administration, Office of Assistant Deputy Under Secretary for Health Policy and Planning, VHA Medicare and Medicaid Analysis Center." The effective date of the Agreement is June 15, 2009.

This Information Exchange Agreement establishes the terms, conditions, safeguards, and procedures under which the Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) will exchange Medicare and Medicaid claims information with the Department of Veterans Affairs (VA), Veterans Health Administration (VHA). This Agreement is necessary for VHA to accurately assess the current health care usage by the patient population served by VHA, to forecast future demand for VHA medical care by individuals currently eligible for service by VHA medical facilities, and to understand the numerous implications of cross-usage between VHA and non-VA health care systems. The information received from CMS pursuant to this agreement will be used to conduct statistical studies and analyses, which will support VHA research as well as administrative plans and policies. The scope of this agreement does not include the business processes of VHA's health care program, such as eligibility and enrollment determinations, revenue operations (including insurance coverage determination and billing), or purchased care decisions (fee-basis care).

Please refer any questions concerning this renewal to Walter Stone at 410-786-5357 or e-mail at wstone@cms.hhs.gov.

Thank you for your assistance.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Privacy Act of 1974**

**INFORMATION EXCHANGE AGREEMENT
Between
THE CENTERS FOR MEDICARE & MEDICAID SERVICES
and
THE DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
for
DISCLOSURE OF MEDICARE and MEDICAID INFORMATION**

**CMS No. 2009-02
VHA No. 08-200**

***INFORMATION EXCHANGE
AGREEMENT***

**INFORMATION EXCHANGE AGREEMENT
BETWEEN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
THE CENTERS FOR MEDICARE & MEDICAID SERVICES
AND
DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION**

VHA No. 08-200
CMS No. 2009-02

I. PURPOSE, LEGAL AUTHORITY, AND DEFINITIONS

A. Purpose

1. This Information Exchange Agreement (Agreement or IEA) establishes the terms, conditions, safeguards, and procedures under which the Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) will exchange Medicare and Medicaid claims information with the Department of Veterans Affairs (VA), Veterans Health Administration (VHA). This Agreement is necessary for VHA to accurately assess the current health care usage by the patient population served by VHA, to forecast future demand for VHA medical care by individuals currently eligible for service by VHA medical facilities, and to understand the numerous implications of cross-usage between VHA and non-VA health care systems. The information received from CMS pursuant to this agreement will be used to conduct statistical studies and analyses, which will support VHA research as well as administrative plans and policies. The scope of this agreement does not include the business processes of VHA's health care program, such as eligibility and enrollment determinations, revenue operations (including insurance coverage determination and billing), or purchased care decisions (fee-basis care).
2. This Agreement does not constitute a computer matching agreement as set forth in the Privacy Act, 5 U.S.C. § 552a (a) (8). Any exchange of data that meets the computer-matching provisions of the Privacy Act falls outside of the terms, conditions, safeguards, and procedures as set forth in this Agreement.

B. Legal Authority

1. This IEA is executed to comply with the Privacy Act of 1974 (Title 5 United States Code (U.S.C.) § 552a), as amended, the Office of Management and Budget (OMB) Circular A-130, titled "Management of Federal Information Resources" at 65 *Federal Register* (Fed. Reg.) 77677 (December 12, 2000), 61 Fed. Reg. 6435 (February 20, 1996).
2. Under section 527 of Title 38, U.S.C., and the Government Performance and Results Act of 1993, Public Law 103-62, VHA is required to measure and evaluate, on an ongoing basis, the effectiveness of VHA benefit programs and services.
3. The Health Insurance Portability and Accountability Act (HIPAA) (45 CFR §§ 160.103 and 164.500 et seq.): CMS will disclose its raw data and VHA will disclose VA finder data pursuant to 45 C.F.R part 164.512(k) (6), which allows government agencies who are covered entities and who serve same or similar populations to share protected health information (PHI) for the purposes of improving the covered functions of those agencies. Furthermore, CMS and VHA may exchange data pursuant to 45 C.F.R part 164.512(i) (1), subject to an Institutional Review Board (IRB) approval for a research study, which contains a waiver of authorization or authorizations signed by the research subjects.

C. Definitions

1. **Disclose and Disclosure.** Disclose and Disclosure describe the release of identifiable information, with or without consent of the individual or individuals to whom the information pertains, by either CMS or VA.
2. **VHA.** VHA refers to the Department of Veterans Affairs, Veterans Health Administration.
3. **CMS.** CMS refers to the Centers for Medicare & Medicaid Services.
4. **HHS.** HHS refers to the United States Department of Health and Human Services.

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5. **Medicaid.** Medicaid refers to the program of medical assistance established under Title XVIII of The Social Security Act.
 6. **SSN.** SSN is the abbreviation for a Social Security Number maintained in the Social Security Administration (SSA) Master Files of SSN Holders and SSN applications for an SSN.
 7. **Raw CMS data.** Raw CMS data is individually identifiable data maintained in a CMS system of records. Pursuant to CMS internal policies, raw CMS data will remain in a CMS system of records and subject to CMS policies even after proper legal disclosures of such information.
 8. **Merged data.** Merged data is identifiable data disclosed by CMS and, subsequently, combined with VHA data and maintained in a VA system of records. Any merged data will be subject to all VA and VHA policies. In addition, the data will be maintained and destroyed in accordance with the VHA Records Control Schedule 10-1 as approved by the National Archives and Records Administration (NARA).
 9. **CMS DUA.** CMS DUA is the abbreviation for Data Use Agreement, in CMS' standard format, executed prior to the disclosure from CMS Privacy Act system of records that ensures the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule, CMS data release policies, and the terms of this Information Exchange Agreement. All VHA projects already using or newly requesting CMS data require a signed CMS DUA with CMS. The CMS DUA will outline specific details of minimum data requirements.
 10. **DADSS.** DADSS is the abbreviation for Data Agreement and Data Shipping (DADSS) Tracking System that CMS uses to maintain an accounting of disclosures of personally identifiable data within CMS.
 11. **VA finder file.** VA finder file refers to VA data disclosed to CMS consisting of Social Security Numbers (SSNs) to identify Veterans who are Medicare eligible and on whom they want the CMS records.

II. DESCRIPTION OF THE DATA EXCHANGE

- A. Under section 527 of Title 38, U.S.C., and the Government Performance and Results Act of 1993, Public Law 103–62, VHA is required to measure and evaluate, on an ongoing basis, the effectiveness of VHA benefit programs and services. This requires information about the full spectrum of health care services accessed by Veterans, both internal and external to the VHA health care system. Approximately one-half of users of the VHA health care system also have Medicare coverage due to their age or disability status. Information related to care of Medicare eligible Veterans population is especially important because this group may require greater health care use due to their advancing age and/or disability status. As such, VHA policy makers and researchers need information from CMS databases to determine the utilization of Medicare services by Veterans.
- B. VHA attributes its authority to exchange data with CMS as defined under provisions of Title 38, U.S.C. § 527, and the Government Performance and Results Act of 1993 (Public Law 103–62). Prior to the disclosure of any VA finder data to CMS, VHA Privacy Officers will determine and specify the appropriate Privacy Act disclosure authority for each CMS DUA entered into between VHA and CMS. Further, any such disclosures must follow VA information security policies and VHA data release policies and procedures. Additional authority for VHA to share VA finder data with CMS is set forth in 38 U.S.C. § 5701(b) (3). Please note that VHA must obtain special written consent from VA patients in the event that data provided by VHA to CMS for the purposes stated in this Agreement is also protected by 38 U.S.C. § 7332.
- C. Under the terms of this Agreement, VHA will provide a finder file when necessary to CMS using Social Security Numbers (SSNs) to identify Veterans who are Medicare eligible and on whom they want the CMS records. Any CMS or VA data maintained in a Privacy Act system of records shall be disclosed in accordance with proper legal authorities as set forth under the Privacy Act (5 U.S.C. § 552a). The specific disclosure authorities to exchange data under the Privacy Act, to include information concerning specific system of records, will be listed in each CMS Data Use Agreement (DUA) entered into between VHA and CMS.

III. DESCRIPTION OF THE RECORDS

- A. The systems of records that cover the data released from CMS include, but are not limited to, the following:
1. Medicare Provider Analysis File (MEDPAR), System No. 09-70-0514 was published at 71 Fed. Reg. 17470 (April 6, 2006). Data maintained in this system will be released pursuant to routine uses number 4 and 5 as set forth in the system notice. (A copy of the system notice is provided in Attachment 2).
 2. National Claims History File (NCH), System No. 09-70-0558 was published at 71 Fed. Reg. 67137 (November 20, 2006). Data maintained in this system will be released pursuant to routine uses number 2 and 7 as set forth in the system notice. (A copy of the system notice is provided in Attachment 3).
 3. Long Term Care-Minimum Data Set (LTC-MDS), System No. 09-70-0528 was published at 71 Fed. Reg. 64530 (March 19, 2007). Data maintained in this system will be released pursuant to routine uses number 2 and 5 as set forth in the system notice. (A copy of the system notice is provided in Attachment 4).
 4. Home Health Agency (HHA) Outcome and Assessment Information Set (OASIS), System, No. No. 09-70-0522 was published at 72, Fed. Reg. 63906 (November 13, 2007). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 5).
 5. Medicare Current Beneficiary Survey (MCBS), System No. 09-70-0519 was published at 71 Fed. Reg. 60722 (October 16, 2006). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 6).
 6. Unique Physician/Provider Identification Number (UPIN), System No. 09-70-0525 was published at 71 Fed. Reg. 66535 (November 15, 2006). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 7).
 7. Medicaid Statistical Information System (MSIS), System No. 09-70-0541 was published at 71 Fed. Reg. 65527 (November 2, 2006). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the

system notice is provided in Attachment 8).

8. End Stage Renal Disease (ESRD) Program Management and Medical Information System (PMMIS), System No. 09-70-0520 was published at 72 Fed. Reg. 26126 (May 8, 2007). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 9).
9. Chronic Condition Data Repository (CCDR), System No. 09-70-0573 was published at 71 Fed. Reg. 54495 (September 15, 2006). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 10).
10. Enrollment Database (EDB), System No. 09-70-0502 was published at 73 Fed. Reg. 10249 (February 26, 2007). Data maintained in this system will be released pursuant to routine uses number 2 and 7 as set forth in the system notice. (A copy of the system notice is provided in Attachment 11).
11. Health Plan Management System (HPMS), System No. 09-70-5000, established at 63 Federal Register 43187 (August 12, 1998). Data maintained in this system will be released pursuant to routine uses number 2 and 3 as set forth in the system notice. (A copy of the system notice is provided in Attachment 12).

B. Number of Records and Operational Time Factors

VHA will transmit to CMS an initial file of approximately 11 million records associated with this information exchange on an annual one time basis. Subsequent finder files will be submitted to CMS on an as needed basis, and a response file returned to VHA in the order received based on the workload and resources of the servicing Research Data Distribution Center (RDDC) contractor.

C. Protected Health Information

This data sharing program employs systems that contain PHI as defined by HHS regulation "Standards for Privacy of Individually Identifiable Health Information" (45 CFR Parts 160 and 164, Subparts Parts A and E) (65 FR 82462 (Dec. 28, 2000)). Disclosures of PHI authorized by these routine uses may only be made if, and as, permitted or required by the "Standards for Privacy of Individually Identifiable Health Information."

IV. RECORDS USAGE AND RE-DISCLOSURE RESTRICTIONS

- A. VHA requestors should become aware of current revisions to CMS data use policies and procedures and adopt procedures to ensure that personal information exchanged is used and disclosed solely as provided in this Agreement. Requestors must review revised policies and procedures for release and reuse of CMS identifiable data that is found on the CMS Web site at <http://www.cms.hhs.gov/PrivProtectedData>.
- B. VHA shall not disclose or otherwise grant access to raw CMS data to entities outside of VHA, with the exception of VHA agents and contractors, unless required by law or consistent with CMS's routine uses; VHA will notify CMS of any such disclosures.

V. SAFEGUARDS AND SECURITY PROCEDURES

A. Procedures for Security

1. CMS assigned a Level 3 security classification designation to the information maintained in all CMS systems of records in an effort to provide added security and protection of the data. This Level 3 security designation has no effect on VHA's use of the data and does not require VHA to take any additional action with respect to the data obtained under this agreement other than the requirements explicitly set forth herein.
2. Both VHA and CMS agree to comply with the requirements of the Federal Information Security Management Act (FISMA), 44 U.S.C. § 3541 et seq.; related OMB circulars and memorandums, such as Circular A-130, Management of Federal Information Resources (November 28, 2000), and Memorandum M-06-16, Protection of Sensitive Agency Information (June 23, 2006); National Institute of Science and Technology (NIST) Federal Information Processing Standards (FIPS) directives; and the Federal Acquisition Regulations. These laws, directives, and regulations include requirements for safeguarding Federal information systems and personally identifiable information (PII) used in Federal agency business processes, as well as related reporting requirements. Both agencies recognize and will implement, if mandated, the laws, regulations, NIST standards, and OMB directives including subsequent publications to the effective date relating to the subject of this Agreement.
3. FISMA requirements apply to all Federal contractors, organizations,

or sources that possess or use Federal information, or that operate, use, or have access to Federal information systems on behalf of an agency. Both VHA and CMS agree to comply with their agency's security requirements in the implementation of FISMA as outlined in their respective directives and policies. The recipient agency is responsible for oversight and compliance of their contractors and agents.

B. Administrative Safeguards

Access to data covered under this IEA is restricted to only those authorized employees and officials who need it to perform their official duties in connection with the uses of the information authorized in this Agreement. Further, all personnel with access to this data are advised of the confidential nature of the information, the safeguards required to protect the data and the civil and criminal sanctions for noncompliance contained in the applicable Federal laws.

C. Physical Safeguards

Data transferred pursuant to this IEA will be stored in an area that is physically secure from access by unauthorized persons during duty hours, as well as non-duty hours or when not in use. Access to data storage areas is controlled and limited to authorized personnel who must display a photo-identification pass or confidential electronically coded magnetic strip identifier prior to entry.

D. Onsite Inspection

VHA and CMS shall also adopt policies and procedures to ensure that information contained in their respective records and obtained from each other be used solely as provided in this Agreement. VHA and CMS agree to comply with these guidelines and any revision of them. Each agency reserves the right to make onsite inspections or may make other provisions for auditing compliance with the terms of this Agreement such as, requiring recurring self-audits to ensure the preservation of adequate safeguards.

VI. INCIDENT REPORTING

A. Loss Reporting

If CMS or VHA experiences a breach of PII or security incident related to the data covered in this Agreement, they will follow their local policies and procedures for reporting security incidents, which will include notifying the United States Computer Emergency Readiness Team (US-CERT) within one hour of discovery of the breach or potential breach per procedures in the US-CERT Concept of Operations (CONOPS). If the breach or security incident involves VHA information and/or data, CMS will notify the VHA Systems Security contact listed in this Agreement. If within one hour CMS has been unable to speak with the VHA contact or if for some other reason, (e.g., it is outside of the normal business hours), they will call the VA National Security Operations Center (VA-NSOC) at 1-866-407-1566. In addition, CMS will develop and implement policies and procedures for responding to the breach of PII as described in OMB M-07-16.

B. Breach Notification

CMS follows PII breach notification policies and related procedures (as required by OMB M-07-16 (May 22, 2007)). If CMS determines that the risk of harm requires notification to affected individuals or other remedies, CMS will carry out these remedies without cost to VHA.

VII. REIMBURSEMENT

All work performed by CMS in accordance with this Agreement will be performed on a reimbursable basis. Billing will be based on actual costs incurred. VHA agrees to transfer funds to CMS, in the form of progress or periodic payments, at least quarterly, but no later than 30 days after an accountable event to support CMS' activities under this Agreement. Transfers of funds will be by means of the Intra-Governmental Payment and Collection (IPAC) system. The VHA IEA number should be cited on all IPAC submissions.

VIII. INTEGRATION CLAUSE

This Agreement along with Attachment A and Attachments 2-12 constitutes the entire Agreement of the parties with respect to its subject matter. Any and all accompanying CMS DUAs entered into pursuant to this IEA will be bound by the terms of this Agreement and the Attachments. There have been no representations, warranties or promises made outside of this Agreement and the Attachments. This Agreement and the Attachments shall take precedence over any other Information Exchange Agreement or Data Use Agreements between VHA and CMS that may be in conflict with it.

IX. DISPUTE RESOLUTION

- A. Should an Intra-governmental Dispute and/or Major Difference arise during the performance period of this IEA, the agency official seeking relief shall notify the Partner Agency Official, in writing, of the Material Difference(s) and/or Disputed Charge(s). When the Partner Agency's Official receives that official notification, both agencies' Officials will have 10 working days to resolve the dispute. If the dispute is not resolved within 10 days, the dispute and documentation must be referred to the IEA agency signatories who will then have 20 working days to try to resolve the dispute from the date they receive it. Should the dispute not be resolved after the 20-day review period, the dispute is referred to the Chief Financial Officer's Council's Intra-governmental Dispute Resolution Committee as set forth below.
- B. Intra-governmental disputes and major differences unresolved between the participating agencies shall be resolved through a Chief Financial Officer's (CFO) Council's Intra-governmental Dispute Resolution Committee. If intra-governmental differences result from contractual disputes, VHA and CMS shall have 60 calendar days from the date that: 1) the difference is identified in the Material Differences Report (see Attachment 2 of the Treasury Financial Manual Bulletin No. 2007-03); or 2) a charge is disputed, whichever comes first, to agree on the contractual terms. If agreement cannot be reached, both VHA's and CMS's CFOs shall request that a binding decision be rendered by the CFO's Council's Committee established for this purpose. The Committee shall render a decision within 90 calendar days of request. VHA and CMS will then coordinate to ensure any necessary IPAC transaction needed to effect the decision is processed as applicable.
- C. If intra-governmental differences result from differing accounting treatment or method of accounting, VHA and CMS shall have 60 calendar days from the date that: 1) the difference is identified in the Material Differences Report, or 2) a charge is disputed, whichever comes first, to agree on the treatment of an accounting entry. If an agreement cannot be reached, both VHA's and CMS's CFOs shall request that a final decision be rendered by the CFO's Council's Intra-governmental Dispute Resolution Committee established for this purpose. The Committee may, at its discretion, refer disputes or differences to the Accounting and Auditing Policy Committee (AAPC) established by the Federal Accounting Standards Advisory Board. The Committee or the AAPC shall render a decision within 90 calendar days of receiving the request. The decision will be final and both VHA and CMS will then adjust their accounting records to reflect that decision.

X. APPROVAL AND DURATION OF AGREEMENT

- A. This Agreement is effective upon approval by the VHA and CMS signatories and remains in effect until it is superseded by a new Information Exchange Agreement. It may be modified at any time by a written addendum that satisfies both parties.
- B. This Agreement may be terminated at any time with the consent of both parties. Either party may unilaterally terminate upon written notice to the other party requesting termination. The termination shall be effective 60 days after the date of the notice or at a later date specified in the notice.
- C. However, VHA or CMS may make an immediate, unilateral termination of this Agreement if either agency has determined that there has been an unauthorized use or redisclosure of the data by the other agency or a violation of, or a failure to follow, the terms of this Agreement.
- D. VHA or CMS may make a unilateral suspension of this Agreement if it suspects that either agency breached the terms for security of data until such time as the suspending agency conducts an investigation and makes a definite determination regarding a breach.

XI. PERSONS TO CONTACT

- A. The contact for CMS is:

Privacy and Security Systems Issues:

Walter Stone
CMS Privacy Officer
Division of Privacy Compliance
Enterprise Architecture & Strategy Group
Office of Information Services
Mail-stop N2-04-27
7500 Security Boulevard
Baltimore, MD 21244-1850
Office: (410) 786-5357
E-mail: Walter.Stone@cms.hhs.gov

B. The contacts for the Department of Veteran Affairs, Veterans Health Administration are:

Data Release Issues:

Michael Cagan
Department of Veterans Affairs
Veterans Health Administration
Office of the Assistant Deputy Under Secretary for Health
for Policy & Planning
VHA Medicare and Medicaid Analysis Center
100 Grandview Road, Suite 114
Braintree, MA 02184
Office: (781) 849 1837 x 200
E-mail: michael.cagan@va.gov

VHA Systems Security POC:

James Graham, Jr., ISO
Department of Veterans Affairs
Veterans Health Administration
Office of the Assistant Deputy Under Secretary for Health
for Policy and Planning
810 Vermont Avenue, N.W.,
Washington, DC 20420
Office: 202-461-6894
E-mail: james.graham@va.gov

Research and Development POC:

Gordon Brown, Hines CIO
VIReC Technical Director
Department of Veterans Affairs
Veterans Health Administration
Office of Research and Development
Health Services Research and Development
VA Information Resource Center
5000 S 5th Ave.
Hines, IL 60141
Phone: (708) 202-2413
E-mail: Melissa.brown3@va.gov

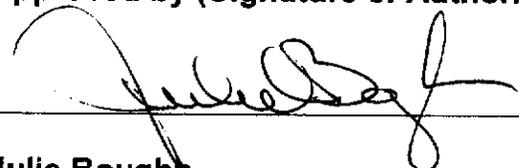
XII. SIGNATURES

In witness whereof, the parties hereby execute this Agreement.

CENTERS FOR MEDICARE & MEDICAID SERVICES

The authorized program officials, whose signatures appear below, accept and expressly agree to the terms and conditions expressed herein, confirm that no verbal agreements of any kind shall be binding or recognized, and hereby commit his/her organization to the terms of this Agreement.

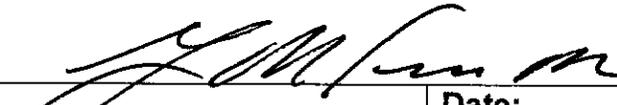
Approved by (Signature of Authorized CMS Program Official)	
	
Maribel Franey, Director Division of Privacy Compliance Enterprise Architecture and Strategy Group Office of Information Services Centers for Medicare & Medicaid Services	Date: 6/3/09

Approved by (Signature of Authorized CMS Program Official)	
	
Julie Boughn Chief Information Officer, and Director Office of Information Services Centers for Medicare & Medicaid Services	Date: 6/15/09

In witness whereof, the parties hereby execute this Agreement.

DEPARTMENT OF VETERANS AFFAIRS, VETERAN'S HEALTH ADMINISTRATION

The authorized program officials, whose signatures appears below, accept and expressly agree to the terms and conditions expressed herein, confirm that no verbal agreements of any kind shall be binding or recognized, and hereby commit his/her organization to the terms of this Agreement.

Approved by (Signature of Authorized VAVHA Program Official)	
Gerald M. Cross, MD, FAAFP	
	
Acting Under Secretary for Health Veterans Health Administration Department of Veterans Affairs	Date: <i>29 May 09</i>

**Department of
Veterans Affairs**

Memorandum

Date: **DEC 12 2007**

From: Under Secretary for Health (10)
Under Secretary for Benefits (20)

Subj: VA Policy for Obtaining Medicare Data

To: See Attached Address List

1. Medicare data has been an important resource for the Department of Veterans Affairs (VA) for almost two decades. Since 2003, the distribution of this data has been coordinated through the Medicare and Medicaid Analysis Center (MAC) in the Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning through a Memorandum of Understanding between VA and the Centers for Medicare and Medicaid Services (CMS).

2. The purpose of this memo is to reaffirm the MAC's central responsibility, per the May 2004 Memorandum of Understanding between CMS and VA/VHA (attached), as the single VA point of contact with CMS for the ordering and distribution of data, management oversight of the CMS relationship, and related privacy and security policies and procedures.

3. VA staff are no longer permitted to directly petition CMS for data. From this point forward, all CMS data will now be obtained by requests to the MAC. For researchers within the Research and Development (R&D) program, VA Information Resource Center (VIReC) will serve as the intermediary to receive CMS data requests. Written requests for exceptions to this policy will be considered individually by the Office of the ADUSH.

4. Some VA researchers with University appointments may be conducting non-VA research with Medicare data obtained by and housed at the University. Such data may NOT be used for VA research, and attempts to circumvent the review and oversight processes within the VIReC (or MAC) for VA work are prohibited. Furthermore, any VA staff who have received data in the past or currently receive data directly from CMS need to contact the ADUSH immediately in order to ensure conformance with VA policy and procedures.

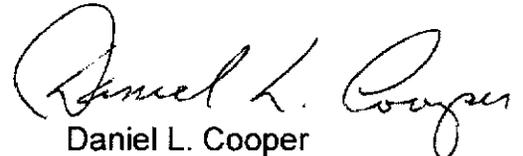
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VA Policy for Obtaining Medicare Data

5. The Veterans Benefits Administration (VBA) requires Medicare data, such as verification of Medicare Part D premiums, to administer its pension program. VBA Central Office staff will determine when recurring data exchanges to obtain Medicare data are needed. Central Office staff will coordinate the receipt of Medicare data through the MAC.

6. For questions regarding the ordering, distribution, use and management of CMS data, please contact the Office of the Associate Deputy Under Secretary for Health for Policy and Planning at 202-461-7100.


Michael J. Kussman, MD, MS, MACP
Under Secretary for Health


Daniel L. Cooper
Under Secretary for Benefits

Attachment

Address List

General Counsel (02)
ADUS, Policy and Program Management (20P)
Director, Compensation and Pension Service (21)
Director, Performance Analysis and Integrity (20B)
Assistant Secretary for Information and Technology (005)
Deputy USH for Operations and Management (10N)
Chief Compliance and Business Integrity Officer (10B3)
Chief Quality and Performance Officer (10Q)
Chief Patient Care Services Officer (11)
Chief Research and Development (12)
Chief Public Health and Environmental Hazards Officer (13)
Chief Academic Affiliations Officer (14)
Chief Readjustment Counseling Officer (15)
Acting Chief Business Officer (16)
Chief Financial Officer (17)
Acting Chief Facilities Management Officer (18)
Chief Information Officer (19)
Chief Employee Education System Officer (102)
Director, Health Data and Informatics (19F)