



Privacy Impact Assessment
for the

Workers' Compensation Program – Medical
Case Management Services (WC-MCMS)

DHS/ALL/PIA-047

September 30, 2014

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Abstract

The U.S. Department of Homeland Security (DHS) Workers' Compensation Program supports the DHS Office of the Chief Human Capital Officer (OCHCO) and Component workers' compensation staff in the medical review and oversight of all DHS employee workers' compensation claims. DHS is conducting this Privacy Impact Assessment (PIA) because DHS, including all Components, collects and maintains personally identifiable information (PII)¹ as part of the Workers' Compensation case management process to ensure injured workers receive timely and appropriate medical care, to enable a successful return to the workforce as soon as medically appropriate, and to share case information with the Department of Labor and third party medical service providers.

Overview

The Department of Homeland Security (DHS) Office of the Chief Human Capital Officer (OCHCO) manages the Workers' Compensation Program for the Department and provides oversight and guidance to the Component Workers' Compensation Programs. The federal workers' compensation program is governed by the Federal Employees' Compensation Act (FECA)² and administered by the Office of Workers' Compensation Program (OWCP) of the U.S. Department of Labor (DOL). All DHS employees are covered under the FECA. Any DHS employee may be provided compensation benefits for disability due to personal injury sustained while in the performance of duty or due to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death.

Medical Case Management Service

As required by FECA, DHS must assist injured employees in a timely and safe return to work. To accomplish this mission, OCHCO has procured a Medical Case Management Service ("MCM Service") to provide medical review and oversight of all workers' compensation claims, and to assist injured workers in accessing timely and appropriate medical care, in support of a successful return to the workforce as soon as medically appropriate.

¹ DHS defines personal information as "Personally Identifiable Information" or PII, which is any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual, regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department. "Sensitive PII" is PII, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. For the purposes of this PIA, Sensitive PII and PII are treated the same.

² 5 U.S.C. § 8101 (2012). Of note, DHS does not have authority to approve or deny any employee's claim for compensation benefits. This authority lies solely within DOL.



The MCM Service facilitates injured worker's access to appropriate medical care in support of his or her recovery and return to work. DHS OCHCO has procured the MCM Service for use by all DHS Components, but they are not required to use this service and may continue to use a previously established workers' compensation claims management system. Components that use, or plan to use, the MCM Service include: U.S. Citizenship and Immigration Services (USCIS), U.S. Customs and Border Protection (CBP), U.S. Coast Guard (USCG), Federal Emergency Management Agency (FEMA), Transportation Security Administration (TSA) (including Federal Air Marshal Service (FAMS)), National Programs and Protection Directorate (NPPD)'s Federal Protection Service (FPS), and Immigration and Customs Enforcement (ICE).

The MCM Service uses an IT system, the Workers' Compensation-Medical Case Management System (WC-MCMS) for case management purposes. Case management is the collaborative process of assessing, planning, and facilitating the needs of the injured worker. Case management activities also include supporting the Components in managing their claims by reviewing medical documentation and recommending strategies for resolution. Case management continues until the injured worker's return to full duty, or DOL/OWCP claim denial or closure. DOL/OWCP closes the claim, and then DHS closes the claim in WC-MCMS when the accepted condition has been resolved or the injured worker is no longer entitled to benefits.

Records maintained within the WC-MCMS records are not a part of DOL/OWCP, and the WC-MCMS retains information in accordance with National Archives and Records Administration (NARA) records retention guidelines and will delete any records five years after the case becomes inactive. Upon termination of the MCM Service contract all DHS information in the WC-MCMS will be returned in a secure file format approved by DHS and then wiped from the WC-MCMS in accordance with the contract.

Medical Case Managers

As part of the MCM Service, a dedicated Medical Case Manager (MCM) is assigned to each DHS injured worker. MCMs are certified registered nurses who proactively manage cases of injured DHS workers and serve as a liaison between the injured worker, medical professionals, and DHS Workers' Compensation staff to assist the injured worker's return to work. MCMs provide telephonic support and oversight to injured or ill employees throughout their recovery process. The MCM facilitates and advocates for medical options and services to assist in the recovery process of DHS employees who have suffered a work-related injury. MCMs also review and evaluate medical documentation to ensure that it continues to support the current claim and work status. The MCM remains a personal, dedicated contact point for the injured worker throughout the workers' compensation process and is a conduit for information sharing between all parties until the work-related injury's resolution.



First Report of Injury

Workers' compensation information collection occurs in two separate distinct steps: 1) agency alert at the time of injury and 2) form claim submission by the injured employee. When an employee is injured, he or she must notify his or her supervisor immediately. If he or she is unable to notify his or her supervisor, a report from a colleague will suffice. Under the Occupational Safety and Health Administration (OSHA) recordkeeping regulations,³ covered employers are required to prepare and maintain records of serious occupational injuries and illnesses. This information is important for employers, workers and OSHA in evaluating the safety of a workplace, understanding industry hazards, and implementing worker protections to reduce and eliminate hazards.

DHS has internal policies describing the roles of supervisors and employees to ensure work is completed in a safe and healthy environment.⁴ DHS has expanded the basic OSHA reporting requirements⁵ and requires supervisors to report the following situations:⁶

- Work-related occupational injuries, illnesses, incidents, and cases of property damage involving Department employees, volunteers, and contractors are reported to the local safety and health professional.
- A work-related incident that causes the death of an employee, contractor, or volunteer or the in-patient hospitalization of three or more employees, contractors, or volunteers, is reported to the Department Safety and Health Manager within eight hours of the local responsible individual being informed of the incident.
- Fatalities or multiple hospitalizations due to motor vehicle accidents or incidents on commercial or public transportation are reported to the Department Safety and Health Manager within eight hours of the local responsible individual being informed of the incident.
- Damage to Departmental property exceeding \$2,000 is reported to the local safety and health professional.

³ 29 CFR Part 1904.

⁴ See DHS Management Directive 066-01, "Safety and Health Programs" (July 25, 2008), and corresponding Instruction, available at, <http://dhsconnect.dhs.gov/policies/Instructions/Directive%20066-01%20Safety%20and%20Health%20Programs%20%28Revision%2000%29.pdf>.

⁵ Within eight hours of a work-related incident that causes the death of an employee or the in-patient hospitalization of three or more employees, the local responsible individual notifies the nearest OSHA Area Office. If notification is outside normal business hours, the OSHA Hotline, 1-800-321-OSHA (6742) may be used. (29 CFR 1904.)

⁶ DHS Safety and Health Manual (June 2010), available at, [http://dhsconnect.dhs.gov/policies/Instruction%20Supplements/DHS%20Safety%20Manual%202010%2006-23%20\(2\).pdf](http://dhsconnect.dhs.gov/policies/Instruction%20Supplements/DHS%20Safety%20Manual%202010%2006-23%20(2).pdf).



- Incidents involving the public, either on government property or caused by government actions, are reported to the local safety and health professional. Incidents involving the public resulting in fatalities, multiple hospitalizations, or property damage greater than \$500,000 are reported to the Department Safety and Health Manager within eight hours of the local responsible individual being informed of the incident.
- Damage to Department or public property exceeding \$500,000 is reported to the Department Safety and Health Manager.

Each Component using the MCM Service has its own reporting “hotline,” which is staffed by contract support from the MCM Service to intake the initial injury or illness report. Most first reports of injury are filed by the injured worker’s supervisor. The MCM Service collects the following personally identifiable information (PII) about an injured DHS worker (typically from the supervisor) during this verbal first report of injury:

- Full name of the injured worker;
- Telephone number of injured worker;
- Date of injury;
- Description of injury; and
- Official Duty station.

During the first report of injury call, the MCM Service personnel create a record in the WC-MCMS with the above PII. At the completion of the call, the MCM Service personnel save the new record, and the WC-MCMS immediately sends an alert to the designated health and safety officers for the injured workers component. Generally, WC-MCMS sends an auto-alert about a new first report of injury to:

- Component Operational Manager (at least one level about the supervisor);
- Component health and/or safety office;
- Component workers’ compensation office; and
- MCM Service regional nurse assigned to the case management/service.

All DHS supervisors are required to report a workplace injury to the hotline, per their Component procedures. However, employees are not required to file a workers’ compensation claim under the FECA. Employees have up to three years to file a formal claim after the injury or illness. Should an employee decide to file a formal claim, DHS collects additional information about the claimant and incident and serves as a liaison with DOL.



Due to the sensitive nature of these claims, and because employees are recovering from physical injuries or illnesses, DHS also uses the MCM Service to follow-up and stay in contact with injured employees. Regardless of whether he or she opts to file a claim, any employee whose information is reported in a First Report of Injury is assigned an MCM from the MCM Service. The MCM is a registered nurse who becomes the liaison between the injured employee and DHS to assist the worker in returning to employment. The MCM may assist the injured employee in the claims process and may also refer injured workers to a medical or vocational specialist as needed. Since injured employees have three years to file a formal claim, the MCM is the point of contact with the employee while he or she recovers.

Workers' Compensation Claim Process

If an injured employee or contractor opts to file a formal workers' compensation claim, he or she may submit the formal claim through the DOL ECOMP system.⁷ Injured employees file a claim using either Form CA-1 (for traumatic injury) or Form CA-2 (for occupational disease). After the employees have received an official FECA case number, he or she may also file form CA-7 (Claim for Compensation).

Upon submission of a new claim, ECOMP automatically notifies the employing agency. DHS Workers' Compensation officers then update WC-MCMS with the following information from ECOMP, and from the injured employee if provided directly:

- OWCP claim number;
- Social Security number (SSN);
- Date of birth;
- Medical provider information; and
- Medical documentation.

Only DHS workers' compensation personnel (Human Capital Specialists or Workers' Compensation Coordinators (WCC)), and MCM Service nurses have access to WC-MCMS to view and retrieve narrative medical reports⁸ about an injured worker's current medical status and injury, as well as to communicate with the MCM via secure e-mail to coordinate return-to-work efforts.

Establishing an electronic claim file in a secure, web-based system allows for secure communication and encourages workers' compensation professionals to store all claim

⁷ The Employees' Compensation Operations and Management Portal (ECOMP), owned and operated by DOL, <https://www.ecomp.dol.gov/>.

⁸ Narrative medical reports are scanned as .pdfs and uploaded by the MCMs as part of the injured worker's case file.



information behind the firewall, limiting (and in many cases eliminating) the need to maintain paper files or e-mail with PII.

Section 1.0 Authorities and Other Requirements

1.1 What specific legal authorities and/or agreements permit and define the collection of information by the project in question?

5 U.S.C. § 8145 gives DOL/OWCP the sole authority to manage all federal employee injury claims. DHS, as an “employing agency” under the FECA, has the authority “to carry out the functions vested in the employer under the FECA, including officers or employees delegated responsibility by an employer for authorizing medical treatment for injured employees.”⁹

1.2 What Privacy Act System of Records Notice(s) (SORN(s)) apply to the information?

Records collected, stored, and maintained by WC-MCMS are covered by the following SORNs:

- [DOL/GOVT-1 - Office of Worker's Compensation Programs, Federal Employees' Compensation Act File](#), January 11, 2012 77 FR 1738
- [OPM/GOVT-10 - Employee Medical File System Records](#), June 21, 2010 75 FR 35099

1.3 Has a system security plan been completed for the information system(s) supporting the project?

The WC-MCMS System is currently undergoing certification and accreditation in accordance with DHS Management Directive 4300A, and is anticipated to obtain an Authority to Operate (ATO) on or about October 15, 2014. The FIPS 199 Categorization for this system is “Moderate.”

1.4 Does a records retention schedule approved by the National Archives and Records Administration (NARA) exist?

The WC-MCMS will retain records according to the Personnel Injury Files General Records Schedule published by NARA, N1-GRS-86-4 item 32. Additionally, the WC-MCMS System will be wiped of any and all information at the end of the initial MCM Service contract and any subsequent contracts.

Records maintained within the WC-MCMS records are not maintained by DOL/OWCP. The WC-MCMS retains information in accordance with NARA records retention guidelines and will delete any records five years after the case becomes inactive. Upon termination of the

⁹ 20 CFR Part 10.5.



contract, all DHS information in WC-MCMS will be returned in a secure file format approved by DHS and then wiped from WC-MCMS in accordance with the contract.

1.5 If the information is covered by the Paperwork Reduction Act (PRA), provide the OMB Control number and the agency number for the collection. If there are multiple forms, include a list in an appendix.

The Paperwork Reduction Act does not apply because WC-MCMS does not collect information directly from the public.

Section 2.0 Characterization of the Information

2.1 Identify the information the project collects, uses, disseminates, or maintains.

The WC-MCMS System collects the following information pertaining to Workers' Compensation claims about current and former federal injured workers:

- Incident claim number;
- Date of injury;
- Medical documentation pertinent to claim;
- DOL/OWCP accepted work-related condition(s);
- Official Duty station;
- Full name;
- Home address;
- Office;
- Personal telephone;
- E-mail;
- Date of birth;
- SSN;
- Supervisor name and contact information;
- DHS Component WCC's contact information;
- OWCP Claim's Examiner contact information; and
- Physician contact information for the work related injury.

PII is maintained until the WC-MCMS contract with DHS is terminated or expires, at which time all data will be returned in a secure file format approved by DHS, and then wiped from the WC-MCMS System as required by contract.



In addition, the WC-MCMS System receives information securely through a secure FTP site from PMSI, Inc., specifically including medications the injured worker has filled through the pharmacy benefits program.¹⁰ PMSI, Inc. is a subcontractor to the parent company of MCM Service. Information from PMSI may include the following:

- Claim number;
- Date of service;
- Medication name;
- Prescribing provider;
- Medication strength;
- Dosage; and
- Amount paid to PMSI, Inc. by DOL/OWCP.

2.2 What are the sources of the information and how is the information collected for the project?

During the First Report of Injury, information is collected either directly from the injured worker, or more typically the injured worker's supervisor immediately following an injury. After a formal claim is filed, information is collected from the injured worker, treating health care providers, DHS workers' compensation professionals, and DOL.

Injured workers (including former employees) submit information via DOL's ECOMP system, which is then manually entered into WC-MCMS by workers' compensation professionals as submitted. This information may include name; SSN; date of birth; home address and phone number; place/date/cause/nature of injury; Employer name/address; OWCP Agency Code; claimant's work address; date notice received; supervisor name; doctor treating the work related injury; medical notes/reports pertinent to the injury; medication name/dosage/strength/prescribing provider; and salary amounts lost.

Injured workers are responsible for submitting their medical evidence to DOL. This medical evidence includes information from treating health care providers such as an injury diagnosis; prognosis; treatment plan; physician name; and office address; medication name, dosage, etc. Treating physicians do not have access to ECOMP or WC-MCMS.

DHS workers' compensation professionals provide a brief summary of the normal work duties and physical requirements of the job, and which duties may safely be performed within specific physical limitations. To assist the injured employee, DHS workers' compensation

¹⁰ A memorandum of understanding (MOU) and a memorandum of agreement (MOA), written in accordance with DHS guidelines, exists between Managed Care Advisors and PMSI, Inc. These documents memorialize the contractual requirements (including but not limited to information and personnel security) for PMSI, Inc., as a subcontractor to Managed Care Advisors under the Workers' Compensation Medical Case Management Program.



professionals may also submit treating physician information; medical notes/reports; medication information; OWCP Agency Code; and fills in any gaps in needed information above

The DOL/OWCP creates a claim number when a claim is filed in ECOMP. Case status information and supporting documentation is available to the employing agency (DHS) via DOL's Agency Query System (AQS), which is an employing agency portal into ECOMP information.

Information may be collected from any of these sources via verbal communications or written communications sent via paper mail or secure e-fax. In addition, DHS may receive information from DOL/OWCP via the AQS (an online password-protected site owned, operated, and managed by DOL/OWCP), the DOL/OWCP online billing web-portal, on-site review of the official claims record, or via the DOL/OWCP ECOMP. Neither AQS nor ECOMP have direct connections to the WC-MCMS. DHS workers' compensation professionals have direct log-in access to AQS so they can query a case status in ECOMP and any other submitted documentation.

2.3 Does the project use information from commercial sources or publicly available data? If so, explain why and how this information is used.

No. However, the MCM Service uses the Presley Reed National Disability Guidelines, a nationally used commercially available guideline to determine the estimated duration of disability (EDD) due to a medical condition. The EDD establishes non-biased expectations of when an injured worker can return to work based on documented diagnoses and his or her job. These guidelines are built into the WC-MCMS case management system.

2.4 Discuss how accuracy of the data is ensured.

When possible, information is collected directly from the injured worker. However, if the initial information submitted during the first report of injury is inaccurate, MCMs will update the WC-MCMS based on information the employees submits as part of the formal claim to DOL. Employees must verify and sign any claim form submitted to DOL. Supervisors must also fill out a section of the claim form, and validate that the accident or injury occurred in the manner described by the employee.

All employing agencies have a responsibility to ensure that they manually enter the claim numbers into their case management systems correctly. Otherwise, the claim number will not match with DOL and the employing agency will not be able to monitor the status of the case with DOL. All information entered from the AQS or ECOMP are reviewed by WCC. Workers' compensation professionals understand that due to the sensitive nature of these claims, it is very important to have accurate information about injured employees to maintain regular contact throughout the recovery and claims process.



On both a quarterly and continuous basis, medical documentation and job assignments within injury case files are evaluated to ensure the correct diagnoses and job classifications are documented for each injury or illness. All changes in the system are tracked in real-time with a robust auditing capability. To ensure continuity of information while maintaining current contact and medical information, WC-MCMS users are unable delete any information in a record. If users need to update or change data elements, the old information is archived and available for historical purposes or research. Workers' compensation claims are highly fact-dependent, and may take a significant amount of time to resolve. Therefore it is important to retain previous contact information or previous facts because they may be needed later during the claims process.

2.5 Privacy Impact Analysis: Related to Characterization of the Information

Privacy Risk: There is a risk that information collected during the first report of injury may be inaccurate.

Mitigation: MCMs will update inaccurate data in the WC-MCMS based on the information the employee submits as part of the formal claim to DOL. The employee must verify and sign any claim form submitted to DOL.

Privacy Risk: Since there is no direct connection between the DOL systems (AQS and ECOMP) and WC-MCMS users must manually enter information into WC-MCMS, there is a risk that information may be manually entered incorrectly.

Mitigation: To mitigate this risk, MCMs regularly interact with injured employees to quickly update their contact information if it changes. MCMs regularly query AQS to determine if there is a case status change with DOL and then update WC-MCMS accordingly.

Ideally, any DHS workers' compensation system should have a direct connection to the DOL systems to ensure data accuracy. However, since DOL maintains the official claim record and DHS operates in effect a "shadow system" for purposes of staying in contact with DHS employees, there is little risk of harm to the DHS employee if information is manually entered incorrectly. **Privacy Risk:** Employees are required to submit medical evidence as part of their formal claim. Many employees opt to mail in paper copies of their medical documentation. There is a risk MCMs may mishandle medical information received via mail.

Mitigation: All paper documentation is maintained in a locked cabinet prior to entry into the system. Immediately following entry into the WC-MCMS all paper forms are shredded according to government regulations.



Section 3.0 Uses of the Information

The following questions require a clear description of the project's use of information.

3.1 Describe how and why the project uses the information.

As an employing agency under the FECA, DHS uses information collected as part of the Workers' Compensation claims process to verify billing, to assist in administering FECA, to answer questions about the status of the claim, and to consider rehire, retention, or other actions the agency may be required to take with regard to the claim or to permit the agency to evaluate its safety and health program. DHS uses the MCM Service to maintain regular contact with the injured employee before and during the formal claims process

DHS specifically uses information in the WC-MCMS to assist an employee in returning to work. The DHS HQ Workers' Compensation office also uses the IT system WC-MCMS to conduct statistical reports (at the DHS HQ level).

3.2 Does the project use technology to conduct electronic searches, queries, or analyses in an electronic database to discover or locate a predictive pattern or an anomaly? If so, state how DHS plans to use such results.

No.

3.3 Are there other components with assigned roles and responsibilities within the system?

WC-MCMS is a DHS-wide workers' compensation medical case management service, available for all DHS components to use. Component users are limited to their own data. There is no intra-departmental access of workers' compensation information. Only the DHS HQ Workers' Compensation Office can view all Department workers' compensation data to conduct statistical and management reports, and to ensure compliance and general oversight of the entire program.

Users must have a valid need to know before they are granted access to their Component information in WC-MCMS. The component Workers' Compensation Program Director authorizes user access and level of access to the system. Each component using the MCM Service has an authorizing official (usually the Director of Workers' Compensation) and only the authorizing official can approve users for his or her component. Authorized users are closely tracked in a MCM Service database. Changes are made only with authorization by the component Workers' Compensation Director. Users are provided training on the system prior to being given access.



3.4 **Privacy Impact Analysis: Related to the Uses of Information**

Privacy Risk: There is risk that authorized users may access information from another Component.

Mitigation: Each Component's data is technically segregated from all other Component data in WC-MCMS. Only users with a "need-to-know" are granted user permissions to access to the cases they are directly managing. For example, an authorized user at one Component will not be able to see any PII from another Component. Similarly, a user at one location within a component that does not need access to a second location will not be able to see any PII for injured workers at that second location.

Privacy Risk: There is a risk WC-MCMS users may access sensitive medical information from treating providers.

Mitigation: All medical information that is not related to the work injury must be redacted and cannot be entered into the WC-MCMS. In addition, sensitive medical information related to the claim is maintained in a field that is marked "private" and only available to the assigned clinical team users.

Section 4.0 Notice

The following questions seek information about the project's notice to the individual about the information collected, the right to consent to uses of said information, and the right to decline to provide information.

4.1 **How does the project provide individuals notice prior to the collection of information? If notice is not provided, explain why not.**

All formal claim forms have a Privacy Act Statement. No Privacy Act notice is provided over the phone during the first report of injury because that information is used to alert the agency to an injury and potentially unsafe environment. First reports of injury are not queried by personal identifier.

In addition, injured workers are provided notice via this PIA and the SORN.¹¹

4.2 **What opportunities are available for individuals to consent to uses, decline to provide information, or opt out of the project?**

Injured workers are not automatically enrolled in the Workers' Compensation Program; they must "opt-in" at the time they claim a work-related injury or illness by completing a DOL/OWCP claim form. Failure to disclose the requested information may result in a delay or

¹¹ DOL/GOVT-1 Office of Worker's Compensation Programs Federal Employees Compensation Act File SORN, January 11, 2012, 77 FR 1728, available at, <http://www.gpo.gov/fdsys/pkg/FR-2012-01-11/pdf/2012-345.pdf#page=11>.



denial of a claim. It is the legal right of the injured worker to file a workers' compensation claim; individuals provide consent to use the information when they sign their claim form. This is clearly stated on the workers' compensation claim form. As contractors to DHS, the WC-MCMS Program is permitted to review claim related clinical information under the provisions of the FECA in accordance with the Privacy Act.¹²

Employees are not required to file a claim, and they may also choose to communicate directly with DOL. Employees may decline ongoing communications with the MCM Service, without any detriment to their claim.

4.3 Privacy Impact Analysis: Related to Notice

Privacy Risk: There is a risk that an injured worker will not be aware that his or her information was submitted to the WC-MCMS as a first report of injury.

Mitigation: It is possible for a first report of injury to be submitted without an injured employee's notice, and therefore the information submitted could be inaccurate. However, neither DOL nor DHS rely on the information submitted as a first report of injury for the official information submitted as part of a formal claim. The first report of injury is an alert for the Department or Components that an employee has been injured and there may be a dangerous work environment that must be immediately addressed. As part of the official claims process, the injured employee completes all information and submits the documentation to DOL directly.

Section 5.0 Data Retention by the project

The following questions are intended to outline how long the project retains the information after the initial collection.

5.1 Explain how long and for what reason the information is retained.

The WC-MCMS retains information in accordance with NARA records retention guidelines and will delete any records five years after the case becomes inactive.¹³ Upon termination of the contract, all DHS information in WC-MCMS will be returned in a secure file format approved by DHS and then wiped from WC-MCMS in accordance with the contract.

¹² *Id.*

¹³ Records maintained within the WC-MCMS records are not maintained by DOL/OWCP.



5.2 **Privacy Impact Analysis: Related to Retention**

Privacy Risk: There is a risk if/when the contract expires, DHS-owned data will not be returned to DHS in an appropriate timeframe and purged from the MCM Service.

Mitigation: The MCM Service contract states that all information is owned by DHS and mandates the manner in which the information is returned to the Department and all relevant systems decommissioned.

Section 6.0 Information Sharing

6.1 Is information shared outside of DHS as part of the normal agency operations? If so, identify the organization(s) and how the information is accessed and how it is to be used.

DOL/OWCP is the data steward and system of records owner for all records related to a workers' compensation claim. Copies of claim forms and other documents arising out of a job-related injury that resulted in the filing of a claim under FECA may also be maintained by the employing agency (and when the forms were transmitted to OWCP electronically, the original forms are maintained by the employing agency).

DHS is required to share information with DOL, as the federal data steward of the Workers' Compensation Program. DHS also shares information with medical case management services and health care providers and personnel as part of the case management process. DHS also shares eligibility information with PMSI, Inc., a pharmacy benefits management company, to allow for injured workers to receive expedited access to medications necessary to recovery while providing some cost reduction benefits to the employing agency through negotiated pricing discounts.

6.2 Describe how the external sharing noted in 6.1 is compatible with the SORN noted in 1.2.

Workers' Compensation records are shared outside of DHS pursuant to the following Routine Uses of DOL/GOVT-1:

- Though DOL is the record owner, DHS is permitted receive and to store records of DHS employees pursuant to Routine Use B: "To Federal agencies that employed the claimant at the time of the occurrence or recurrence of the injury or occupational illness in order to verify billing, to assist in administering FECA, to answer questions about the status of the claim, to consider rehire, retention or other actions the agency may be required to take with regard to the claim or to permit the agency to evaluate its safety and health program."



- Information may be shared with MCA contract medical personnel, and PMSI Pharmacy pursuant to Routine uses D and E:
 - “D. To Federal, State or private rehabilitation agencies and individuals to whom the claimant has been referred for evaluation of rehabilitation and possible reemployment;” and
 - “E. To physicians, pharmacies, and other health care providers for their use in treating the claimant, in conducting an examination or preparing an evaluation on behalf of OWCP and for other purposes relating to the medical management of the claim, including evaluation of and payment for charges for medical and related services and supplies.”

The MCM Service shares eligibility information with PMSI, Inc., by sending eligibility information that allows them to bill DOL/OWCP directly for medications used by injured workers through the WC-MCMS Program. In return, PMSI, Inc. sends the WC-MCMS Program information about the medications and reimbursement amounts for case documentation purposes only. This is compatible with DOL/GOVT-1, which permits records from the system of records, claim forms, and other documents arising out of a job-related injury to be maintained by healthcare providers, other individuals or entities with whom the Department contracts for services. Without exchanging information with PMSI, Inc., the injured worker would be unable to access the pharmacy benefits program.

6.3 Does the project place limitations on re-dissemination?

Information may only be disseminated pursuant to the requirements of the Privacy Act, including the routine uses in the SORNs, as previously noted. DHS does not share information externally in a manner inconsistent with these Privacy Act protections.

6.4 Describe how the project maintains a record of any disclosures outside of the Department.

Any external request for information is directed to the Component or DOL/OWCP.

6.5 Privacy Impact Analysis: Related to Information Sharing

Privacy Risk: There is a risk that information may be disclosed outside of DHS for a purpose that is incompatible with the original purposes of collection by DOL and DHS.

Mitigation: All information maintained within the WC-MCMS is for a workers' compensation related purpose. Since DHS maintains a “shadow copy” of the official DOL records, any official external information requests are routed to DOL for the official records.



DHS Workers' Compensation professionals do not share this information outside of the Department unless the sharing is for a routine use. In addition, all MCM Service personnel are required to sign a DHS non-disclosure agreement and are subject to annual privacy and security training.

Section 7.0 Redress

7.1 What are the procedures that allow individuals to access their information?

A claimant seeking copies of his or her official FECA file should address a request to the District Director of the OWCP office having custody of the file. A claimant seeking copies of FECA-related documents in the custody of the employer should follow the procedures established by that agency.¹⁴ At DHS, if an employee wishes to see his or her information, he or she must provide a written request to see his or her local file. DHS must share the written request with DOL. A WCC schedules a time and place for the employee to sit and review the file, in full view of the WCC. The WCC visually verifies an employee's DHS identification card before he or she will provide a case. Only the employee or their legal representation (upon letter of designation) can see the file, other than DHS appropriate medical personnel, WCC, or the MCM Service personnel.

While an employing agency may establish procedures that an injured employee or beneficiary should follow in requesting access to documents it maintains, any decision issued in response to such a request must comply with the rules and regulations of DOL that govern all other aspects of safeguarding these records.

No employing agency has the authority to issue determinations with respect to requests for the correction or amendment of records contained in or covered by DOL/GOVT-1. That authority is within the exclusive control of OWCP. Thus, any request for correction or amendment received by an employing agency must be referred to OWCP for review and decision.¹⁵

¹⁴ 20 CFR Part 10.12.

¹⁵ For additional information, please visit OWCP's website, *available at*, <http://www.dol.gov/owcp/dfec/>. Any administrative appeal taken from a denial issued by the employing agency or OWCP shall be filed with the Solicitor of Labor in accordance with 29 CFR 71.7 and 71.9.



7.2 What procedures are in place to allow the subject individual to correct inaccurate or erroneous information?

As noted in section 7.1, no employing agency has the authority to issue determinations with respect to requests for the correction or amendment of records contained in or covered by DOL/GOVT-1.

7.3 How does the project notify individuals about the procedures for correcting their information?

DOL/GOVT-1¹⁶ provides notice to individuals on procedures to correct their information. Additionally, this PIA provides notice.

7.4 Privacy Impact Analysis: Related to Redress

Privacy Risk: There is a risk a claimant will not understand that DHS does not hold the official workers' compensation records of the Federal Government and may be unable to correct information held by DOL.

Mitigation: DHS does not have the authority to correct or amend records contained in or covered by DOL/GOVT-1. DHS refers all requests to DOL for review and decision.

This risk is partially mitigated since DOL/OWCP has a robust public facing website with considerable information and resources for injured workers. Policies, procedures, and frequently asked questions (FAQs) described on the website alert injured workers to the proper methods to update, rescind, correct, or amend existing DOL records.¹⁷ DHS workers' compensation professionals are also trained to direct injured workers seeking information about themselves to DOL.

Section 8.0 Auditing and Accountability

The following questions are intended to describe technical and policy based safeguards and security measures.

8.1 How does the project ensure that the information is used in accordance with stated practices in this PIA?

The WC-MCMS Audit and Accountability Policy and Procedures, dated February 28, 2014, fully describe the auditing measures that have been put in place to ensure that the information is used in accordance with the stated practices in this PIA. The system uses a variety of automated tools to indicate when information is modified by system administrators, general

¹⁶ DOL/GOVT-1 Office of Worker's Compensation Programs Federal Employees Compensation Act File SORN, January 11, 2012, 77 FR 1728, available at, <http://www.gpo.gov/fdsys/pkg/FR-2012-01-11/pdf/2012-345.pdf#page=11>.

¹⁷ For additional information, please visit OWCP's website, available at, <http://www.dol.gov/owcp/dfec/>.



users (nurses, case workers), and data administrators. The output from these tools is reviewed by the WC-MCMS Information System Security Officer (ISSO) on a weekly basis and misuse is reported to designated representatives (e.g., DHS Program Manager, System Owner, and security operations center personnel) in accordance with the WC-MCMS Incident Response Plan, dated February 10, 2014.

8.2 Describe what privacy training is provided to users either generally or specifically relevant to the project.

The WC-MCMS Security Awareness Training Policy and Procedures, dated March 8, 2014, fully describe the general and role-based privacy training that is provided to users. All users must complete mandatory WC-MCMS security awareness training prior to accessing the WC-MCMS system and on an annual basis thereafter. To ensure that users of the system have completed training relevant to the project, all users are required to sign acknowledgement of the WC-MCMS Rules of Behavior in order to access the WC-MCMS system. A copy of the signed acknowledgement of the WC-MCMS Rules of Behavior must be submitted for all new account requests. The MCA Program Manager reviews personnel security records on a quarterly basis and reviews the WC-MCMS Security Awareness Training Policy and Procedures on an annual basis.

8.3 What procedures are in place to determine which users may access the information and how does the project determine who has access?

The WC-MCMS Access Control Policy and Procedures, dated February 28, 2014, fully describe the process and authorization by which an individual receives access to the WC-MCMS system. All users must pass a background investigation, have a verified need to know, complete mandatory WC-MCMS security awareness training, and sign acknowledgement of the WC-MCMS Rules of Behavior in order to access the WC-MCMS.

Users must have a valid need to know before they are granted access to their Component information in WC-MCMS. The component Workers' Compensation Program Director authorizes user access and level of access to the system. Each component has an authorizing official (usually the Director of Workers' Compensation) and only the authorizing official can approve users for his or her component. Authorized users are closely tracked in a MCM Service database. Changes are made only with authorization by the component Workers' Compensation Director. Users are provided training on the system prior to being given access.

All authorized users are permitted to access the WC-MCMS system remotely. Remote access to WC-MCMS is provided through the use of an encrypted (https) session and multi-factor authentication. Nurses and case managers access the system via an encrypted Citrix session. System, network, and data administrators performing maintenance access the system using a virtual private network (VPN) and multi-factor authentication. Multi-factor



authentication is provided via the use of hardware based FIPS 140-2 compliant Entrust Homeland Security Presidential Directive 12 (HSPD-12) certificate with medium identity proofing in a universal serial bus (USB) form factor.

8.4 How does the project review and approve information sharing agreements, MOUs, new uses of the information, new access to the system by organizations within DHS and outside?

All MOUs are reviewed by the component program manager, component Privacy Officer, and counsel and then sent to the DHS Workers' Compensation Program Office for formal review.

Responsible Officials

Vicki Brooks
Deputy Chief Human Capital Officer
U.S. Department of Homeland Security

Approval Signature

Original signed copy on file with the DHS Privacy Office.

Karen L. Neuman
Chief Privacy Officer
U.S. Department of Homeland Security