



**Privacy Impact Assessment Update
for the**

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

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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 updating this Privacy Impact Assessment (PIA) to clarify the Pharmacy Benefits Management program, and to describe the First Fill program and secure faxing service called Scrypt Secure Fax Services (Sfax).

Overview

The Department of Homeland Security (DHS) Office of the Chief Human Capital Officer (OCHCO) manages the Workers' Compensation Program for the Department. To operate the Workers' Compensation Program, DHS contracts with a Medical Case Management (MCM) Service Provider to provide MCM services for DHS Headquarters and interested Components. The Transportation Security Administration (TSA), Federal Emergency Management Agency (FEMA), U.S. Citizenship and Immigration Services (USCIS), U.S. Coast Guard (USCG, Civilian only), Customs and Border Protection (CBP), and Immigration and Customs Enforcement (ICE) use this service.

The MCM Service Provider includes medical review and oversight of workers' compensation claims and assists injured workers in accessing timely and appropriate medical care. When an employee is injured at work, the employee's supervisor reports it through a telephonic Injury Reporting Hotline or a Component system already in place.¹ Contract staff for the MCM Service Provider then manually enter the information into the Workers' Compensation-Medical Case Management System (WC-MCMS).

As described in the September 2014 PIA, the MCM Service Provider assigns a dedicated Medical Case Manager to each employee with an active workers' compensation case. Medical Case Managers are registered nurses who telephonically assist injured workers to promote a return to health and productivity. If a Medical Case Manager has concerns about a treatment plan or would like a second opinion, he or she may seek the opinion of a Medical Review Physician. The Medical Review Physician will then review case records and provide his or her opinion on the case. Injured workers may decline contact by a Medical Case Manager at any time. However, even if the employee declines contact from the Medical Case Manager, the Medical Case Manager will continue to provide oversight for the case on DHS's behalf.

¹ CBP uses the Employees Compensation Online Management Program (eComp) web portal to collect information about an injured federal worker and transmit it to the Department of Labor. This is a separate system from the U.S. Department of Labor's ECOMP system.



Reason for the PIA Update

DHS is updating this PIA to describe changes to the Workers' Compensation Medical Case Management Program. This PIA describes the Pharmacy Benefits Management (PBM) program in more detail and discusses the new First Fill program. This PIA is also being updated to discuss the use a secure faxing service, Scrypt Secure Fax Services (Sfax).

Pharmacy Benefits Management and the First Fill Program

The MCM Service Provider provides access to a PBM program for participating Components and their employees. A subcontractor to the MCM Service Provider manages this service.² The PBM program acts as an intermediary between the pharmacy and the U.S. Department of Labor (DOL) and reviews prescribed medications for appropriateness for the claimed injury (described below). The PBM program also provides workers' compensation claimants reporting new injuries with expedited access to prescribed medications from a network of pharmacies through the First Fill program.

First Fill Program

The First Fill program allows injured workers to obtain necessary medications for their work-related injuries without any out-of-pocket expenses. The program closes the gap that an employee may experience between when he or she seeks medical treatment and requires prescriptions but before DOL has processed and approved the employee's claim. With the First Fill program, injured employees can get their initial prescriptions without any out-of-pocket expenses.

If the injured employee chooses to participate in the PBM program, the employee's supervisor or Workers' Compensation Coordinator will provide him or her with a form to present to a pharmacy to use the First Fill benefit. This form, which includes the worker's name and date of injury, allows the employee to immediately obtain prescribed medications for a work-related injury from a participating pharmacy with no out-of-pocket costs. The First Fill benefit can only be used one time, and is limited to a 30-day supply of prescribed medications. If the employee chooses not to use the First Fill benefit, the injured worker is responsible for the cost of all prescriptions until DOL accepts the employee's claim.

Once DOL accepts a claim, the employee remains eligible for the PBM program for as long as his or her claim remains open with the DOL Office of Workers' Compensation Programs (OWCP). When DOL accepts the employee's claim, WC-MCMS electronically sends updated employee eligibility information to the PBM program system, called "Universe." The PBM program uses the information in Universe to bill DOL³ and mail a permanent ID card to the injured worker, which

² A memorandum of understanding (MOU) and a memorandum of agreement (MOA), written in accordance with DHS guidelines, exists between Managed Care Advisors and Helios (formerly PMSI, Inc.). These documents memorialize the contractual requirements (including but not limited to information and personnel security) for Helios, as a subcontractor to Managed Care Advisors under the Workers' Compensation Medical Case Management Program.

³ The PBM bills DOL via the DOL Affiliated Computer Services' (ACS) Medical Bill Processing Portal, which is DOL's electronic system for billing medical expenses related to workers' compensation claims.



enables him or her to continue receiving medications related to their accepted claim through the PBM program. The permanent ID card includes the Rx Bank Identification Number (RxBIN),⁴ Rx Processor Control Number (RxPCN),⁵ issuer number, date of injury, employee name, employing agency, and a PBM internal ID number.

The PBM program also provides WC-MCMS with payment files (including filled prescriptions). The Workers' Compensation PMO requires this information to effectively manage all cases and return-to-work activities. The MCM must maintain a full treatment file, including all filled prescriptions. In addition, the PBM program uses this information to confirm whether a prescription is appropriate for a specific injury or illness, analyze program use and associated costs, and identify potential cost and safety concerns. If the PBM program determines a prescription may not be appropriate, it will contact the MCM Service Provider requesting clarification. The PBM program will not process payment for a prescription through the card if DOL denies the claim or if the card has become inactive due to inactivity after 120 days. If the pharmacy chooses not to participate in the PBM program, or the MCM Service Provider will not process payment for a prescription that appears to be ineligible for the benefit, the injured worker can still get the prescription by paying out of his or her own pocket and as appropriate seeking reimbursement directly from DOL or his or her Group Health Insurer at a later time. The PBM program is covered under an Interconnection Security Agreement.⁶

Secure Faxing

WC-MCMS will now use a secure faxing service, called Scrypt Secure Fax Services (Sfax) to support inbound and outbound fax capabilities. Medical Case Managers generate outbound faxes within WC-MCMS and typically send them to treating providers in the form of a faxed letter that requests information related to an open case. Inbound faxes usually originate from the treating providers in response to a request for specific documentation. DHS Component workers' compensation staff may also fax documents to be included in the injured worker's electronic case file within WC-MCMS. DHS workers' compensation staff enter the documents and information received through Sfax into WC-MCMS to become part of the electronic case file. Some of the data faxed with Sfax may be sensitive personally identifiable information (SPII). Sfax only sends and receives documents; it does not recognize or store any data.

WC-MCMS initiates a request to Sfax at 10-minute intervals to receive or send any documentation. Sfax and WC-MCMS each have a token that changes every 15 minutes, which reduces the likelihood of gaining access to the connection between Sfax and WC-MCMS. The connection is networked, reoccurring, and non-persistent. Sfax does not have users, but is a secured

⁴ RxBIN is a 5 digit number that tells a pharmacist which company will reimburse them for the cost of the prescription and where to send the claim for reimbursement.

⁵ RxPCN provides additional detail for a pharmacy to route a claim for reimbursement.

⁶ Interconnection Security Agreement means "an agreement established between the organizations that own and operate connected IT systems to document the technical requirements of the interconnection." *See* Nat'l Institute of Standards and Tech., Special Publication 800-47 Security Guide for Interconnecting Information Technology Systems (2002).



fax line that passes information directly into WC-MCMS. Information sent through Sfax can only be accessed by authorized WC-MCMS users. Sfax does not store or retain any information.

Authorities and Other Requirements

There are no changes to the authority for this program. Since DHS published the original PIA for WC-MCMS in September 2014, WC-MCMS completed its security plan and received an Authority to Operate (ATO) on September 21, 2015, for a three year term.

Characterization of the Information

Once the MCM Service creates a case for an injured employee in WC-MCMS, WC-MCMS sends the following eligibility information to the PBM's Universe system for the First Fill program through a daily, secure file transfer as an encrypted zip file:

- Last four digits of Social Security number (SSN);⁷
- Home Phone;
- Last Name;
- First Name;
- Middle Initial;
- Injured Worker Address;
- Date of Birth;
- Sex;
- Date of Injury;
- Third Party Administrator (TPA) Close Date;⁸
- DOL Claim Number;
- Federal Employee Flag;⁹

⁷ WC-MCMS uses the combination of the last 4 digits of the SSN and the Date of Injury as a unique identifier to confirm and verify the identity of the DHS employee. In addition to confirming identity, capturing the last four of SSN supports interaction with OWCP/DOL. The PBM uses SSN to match up newly assigned DOL claim numbers to individuals who filled a prescription using the First Fill program. In addition, pharmacies separately capture the SSN and forward it to the PBM through normal operations for workers' compensation pharmacy claims.

⁸ This is used by the Medical Case Manager to designate whether a claim is open or closed for case management. It does not reflect whether or not the claim is open at DOL.

⁹ This identifies the employee as a federal worker, who is therefore covered under the Federal Employees Compensation Act (FECA), 5 U.S.C. § 8101 *et seq.*, and not state workers' compensation laws.



- Approval Code from DOL;¹⁰
- International Classification of Diseases Version 9 or Version 10 (ICD-9 or ICD-10) Accepted Conditions;¹¹
- Permanent ID Card Holder Verification;
- WC-MCMS Case ID;¹²
- Worksite Location; and
- DHS Component.

Participating pharmacies send the following information to the PBM program for reimbursement:

- Name;
- SSN;
- Medication cost;
- Medication type;
- Medication dose;
- Date of Injury;
- Date of Birth; and
- National Drug Code Directory (NDC) Number.

As described in the September 2014 PIA, the PBM program sends the following payment information to WC-MCMS through a secure file transfer:

- Claim number;
- Date of service;
- Medication name;
- Prescribing provider;
- Medication strength;
- Dosage; and

¹⁰ i.e., A (claim is open for billing), P (claim under review at DOL, no billing at this time), or D (claim is denied or closed by DOL, no billing).

¹¹ These are DOL-determined conditions for which the injured worker may seek medical treatment and other workers' compensation benefits.

¹² This is the WC-MCMS Case ID.



- Amount paid to the PBM program by DOL/OWCP.

Sfax transmits information in the form of PDF scans of documentation. This documentation varies by case, and may include medical treatment notes, progress notes, test results, physical therapy notes and results, and work restrictions. Sfax does not retain this information. MCM staff upload the faxed documentation to the appropriate case in WC-MCMS and transmit it to DOL.

WC-MCMS transmits documents from case files to DOL either via paper mail to its London, Kentucky Central Mailroom or through ECOMP, DOL's electronic claims filing system.¹³ Not all DHS Components are using electronic filing through DOL's ECOMP system or another electronic method.¹⁴ DOL requires this information for continued workers' compensation claim management and benefits.

Privacy Risk: There is a risk that WC-MCMS will send incorrect information to the PBM because the information collected from the first report of injury may be inaccurate.

Mitigation: This risk is mitigated in two ways. First, the Medical Case Manager reviews the file regularly, and verifies the information with the injured worker, his or her supervisor, or his or her Workers' Compensation Coordinator. The Medical Case Manager may also use the Agency Query System (AQS), a database of claims information provided by DOL, to verify information. If the MCM recognizes an error, it will correct the WC-MCMS file and push a corrected file to the PBM.

Second, if the MCM does not recognize an error, the PBM may attempt to bill DOL for a prescription, and the bill may be rejected. In this scenario, the PBM would then call the Account Manager for the client and warn him or her of an incorrect file. The Account Manager and Medical Case Manager would then correct the file and push it to the PBM. The PBM would then resubmit the bill to DOL.

Uses of the Information

When the injured worker goes to a pharmacy, he or she presents his or her PBM card instead of payment. The PBM then uses the eligibility information received from WC-MCMS to bill DOL directly for prescriptions filled through network pharmacies.

DOL/OWCP issues a unique claim number for each injured employee. Because it can take weeks for an injured worker to get a DOL/OWCP claim number, the PBM uses an injured employee's last four digits of his or her SSN and date of injury to match the eligibility file from WC-MCMS with an employee's First Fill claim. Once the injured worker has a DOL/OWCP claim number, the PBM and WC-MCMS use the DOL/OWCP claim number as the unique identifier for the employee.

¹³ See Department of Labor, Office of Worker's Compensation Programs Integrated Federal Employees' Compensation System (iFECS) PIA, available at <http://www.dol.gov/oasam/ocio/programs/PIA/OWCP/OWCP-iFECS.htm>.

¹⁴ In the event of an emergency, DOL's choice of filing will be paper, by claims examiners sent to the scene's perimeter. This statement is meant to cover both situations.



The PBM uses the Component and worksite as filters for analytics and reporting. The PBM uses Microstrategy, which is an analytical software embedded in Universe, to analyze non-PII data. The data may be aggregated within DHS for reporting to the PMO, but is not aggregated with other PBM clients. Cases are flagged within Universe for possible problems. The PBM uses Universe to conduct proprietary analysis to identify trends in pharmaceutical usage, and flag cases for potential contra-indicated medications, narcotic abuse, compound medications, and provider or employee fraud. The PBM addresses findings with the Medical Case Manager or DHS Component, or both.

If a case is flagged for possible employee fraud, the case is referred to the Component for review and investigation. If the Component investigation confirms fraud, waste, or abuse, the Component may take appropriate action, which may include verbal or written reprimands and may result in removal from employment. If a case is flagged for any reason and further investigation proves the prescriptions are correct, the flag will be removed.

The MCM Service uses documentation from the PBM and transmissions through Sfax to build a complete record of the employee's injury or illness, including treatment, work restrictions, and progress towards recovery. Medical Case Managers use these files to inform their actions in monitoring and managing cases, including assessing when an employee may be eligible for return to work. Medical Review Physicians use the information in WC-MCMS to review the case for appropriateness of care, next actions, and recommendations to DOL. The MCM Service also shares the MCM's recommendations to inform decisions regarding return to work, job offers, limited duty, and vocational rehabilitation.

Privacy Risk: There is a risk that PBM will incorrectly identify an employee and improperly associate him or her fraud, waste, or abuse, which may result in adverse actions against him or her.

Mitigation: When possible fraudulent activity is identified, the assigned Account Manager will contact the Component lead point of contact for workers' compensation (typically the Workers' Compensation Director or Program Manager), either in person or via phone call. The Component is then responsible for investigating and confirming whether there is fraud, waste, or abuse. A flag for possible fraudulent activity identified by the PBM program is not considered proof, and cannot be used as standalone evidence for adverse employee actions. A flag should not be used to infer that an employee has acted inappropriately until those facts have been independently established.

Privacy Risk: There is a risk of data inaccuracy that documents submitted via Sfax may become associated with the wrong claim.

Mitigation: Medical Case Managers regularly review the claims assigned to them. When reviewing the case, Medical Case Managers check all information in the claim, including what documents have been attached. If a document is uploaded to the wrong claim, Medical Case Managers delete it and re-upload it to the correct claim. This process is documented in the MCM training for record attachment and is reflected in document management policies.



Privacy Risk: There is a privacy risk that the storage of investigative reports, containing sensitive or adverse information about employees, across multiple offices and within multiple systems, increases the risk of unauthorized access.

Mitigation: This risk is not mitigated. The DHS Office of the Inspector General, Component Workers' Compensation Office, General Counsel, Employee/Labor Relations, and the DOL/OWCP Claim file all store investigative files; however, the WC-MCMS does not store investigative reports or files. Investigative files or reports are covered by the investigating component IT system and corresponding investigatory records SORN.

Notice

As described in the September 2014 PIA, all formal claim forms have a Privacy Act Statement. No Privacy Act Statement 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 and therefore do not trigger the Privacy Act requirements.

Privacy Risk: There is a risk that an individual may be unaware that his or her information was passed to the PBM even though he or she declined to participate in the PBM and the First Fill program.

Mitigation: Every employee who files an injury claim using the required CA-1 form is provided notice in the form of a Privacy Act Statement from the DOL. The Privacy Act Statement informs employees that DOL may share information with the employee's employing federal agency, other federal agencies, Government entities, and to private sector agencies as part of the rehabilitation and return to work program and services.

This PIA provides specific notice to DHS employees that DHS (and participating Component) claims are sent to the PBM program. If an injured worker declines PBM benefits, he or she will not be enrolled in the program, and therefore there will be no specific claims information passed from the PBM to WC-MCMS.

Privacy Risk: There is a risk that an individual may be unaware that his or her information was passed to a Medical Case Manager even though he or she declined contact by a Medical Case Manager.

Mitigation: The employee provides the supervisor the information needed to call the injury into the Hotline. The supervisor is trained to inform the injured worker that the injury will be reported to the program, which will provide the information to a Medical Case Manager.



Data Retention by the project

Sfax retains information for up to 10 minutes while it waits for WC-MCMS to make a connection and retrieve the fax. The PBM program retains information for 3 years, in accordance with General Records Schedule 1, Section 31. There is no privacy risk to data retention.

Information Sharing

The WC-MCMS program is expanding the PBM program and First Fill program. These vendors are under contractual obligation with DHS and therefore must protect all personally identifiable information in the same manner as DHS. There are no changes to external information sharing from the September 2014 PIA.

Redress

If an injured worker believes his or her information is incorrect with the PBM program, he or she may call into PBM's Customer Service Line and request his or her information be corrected. The PBM program will then contact the MCM Service Provider to note a change in the file.

Privacy Risk: There is a risk that an individual may be unaware that his or her information is stored by PBM, as opposed to the MCM Service Provider or employing agency.

Mitigation: This risk is mitigated because the PBM is a voluntary program to assist workers who have filed a workers' compensation claim. Participation in the PBM is voluntary. The worker is provided with documentation explaining the PBM at the time he or she becomes eligible for benefits (at initial injury, or when being sent a permanent ID card). The documents explain the role of the PBM, and contain information on how to learn more about the PBM online or through telephonic customer service representatives.

Auditing and Accountability

The program follows documented Audit and Accountability Policy and Procedures, dated August 6, 2015. This has been updated from the previous version, which was dated February 28, 2014.

The WC-MCMS system sends automatic alerts daily that identify any potential vulnerabilities or intrusion attempts. This is sent to designated representatives for review and investigation (e.g., MCM Service Provider Information System Security Officer (ISSO), MCM Service Provider Alternate ISSO, and MCM Service Provider System Owner) in accordance with the WC-MCMS Incident Response Plan, dated July 31, 2015. DHS representatives will be notified if the automatic alerts identify any credible issues. This has been updated from the previous plan, dated February 10, 2015.



Privacy Training is stipulated under the Security Awareness Training Policy and Procedures, dated July 31, 2015, which fully describes the general and role-based privacy training that is provided to users. This has been updated from the previous version, dated March 8, 2015. The PBM's training policies are a flow down from the DHS requirements for MCM Service Provider as the main contractor.

The WC-MCMS Access Control Policy and Procedures, dated August 6, 2015, fully describe the process and authorization by which an individual receives access to the WC-MCMS system. This has been updated from the previous version, dated February 28, 2014.

DHS updated each of the above policies to reflect the move of the WC-MCMS system into the CGI Federal Cloud Data Center. These policies were originally written to address NIST 800-53 Revision 3, and have since been updated to address NIST 800-53 Revision 4 as well as DHS 4300A.¹⁵

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¹⁵ <http://www.dhs.gov/publication/dhs-4300a-sensitive-systems-handbook>.