



UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

# **Eliminating the Unnecessary Collection and Use of Social Security Numbers at the Department of Veterans Affairs**

Revised September 2014

## Table of Contents

<b>OVERVIEW</b> .....	<b>3</b>
<b>Policy Development</b> .....	<b>4</b>
<b>SSN Inventory Creation</b> .....	<b>6</b>
<b>Maintain SSN Reduction Action Plans</b> .....	<b>7</b>
<b>Feasibility of Using New Unique Identifiers</b> .....	<b>7</b>
<i>A. New Veteran Identifiers-Background</i> .....	7
<i>B. New Veteran Identifiers-New Veteran Identification Cards</i> .....	8
<i>C. New Veteran Identifiers-Virtual Lifetime Electronic Records (VLER)</i> .....	9
<i>D. New Veteran Identifiers-Integrated Electronic Health Records (iEHR)</i> .....	9
<i>E. New Veteran Identifiers-Creation of Master Veteran Index (MVI)</i> .....	10
<i>F. New Employee Identifiers</i> .....	11
<b>Other Accomplishments</b> .....	<b>11</b>
<b>Other Actions to be Completed in FY 2014 and Beyond</b> .....	<b>12</b>
<b>Briefings, Oversight, and Monitoring</b> .....	<b>15</b>
<b>Issues</b> .....	<b>15</b>
<b>Summary</b> .....	<b>16</b>

## **OVERVIEW**

This is the Department of Veterans Affairs' (VA) revised Social Security Number (SSN) Reduction Plan, which was originally submitted to the Office of Management and Budget (OMB) on September 25, 2007.<sup>1</sup> It highlights what progress has been made, and it clarifies many of the activities that must take place over the next few years to reduce the unnecessary collection and use of the SSN within VA.

VA's mission is to serve America's Veterans and their families with dignity and compassion, to be their principal advocate, and to ensure that they receive the medical care, benefits, social support, and lasting memorials for which they are eligible because of their service to our Nation. VA is the second largest Federal Department with over 320,000 employees. As advocates for Veterans and their families, VA employees are committed to providing world-class services in the provision of benefits.

VA is composed of a Central Office (VACO), located in Washington, DC, and field facilities throughout the United States, American Samoa, Guam, Puerto Rico, the Philippines, and the Virgin Islands. VA has three major line organizations: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). VA currently has over 320,000 employees and provides services and benefits through a nationwide network of 152 medical centers, 802 community-based outpatient clinics, 135 nursing homes, 49 residential rehabilitation treatment programs, 280 readjustment-counseling centers (Vet Centers), 108 comprehensive home-care programs, 58 Veterans' benefits regional offices, and 131 national cemeteries. Almost a quarter of the U.S. population is potentially eligible for VA benefits and services because they are Veterans, family members, or survivors of Veterans.

VA's three Administrations have three very different missions – health, benefits, and memorial affairs. To complete these missions, VA needs to collect and maintain a tremendous store of personal information about Veterans and their beneficiaries. In addition to operating over 1,500 facilities around the country, the Department interfaces with many other Federal agencies including, but not limited to, the Department of Defense (DoD), the Social Security Administration (SSA), the Internal Revenue Service (IRS), and the Department of Education (DOE).

Currently, VA's primary uses of the SSN are to identify employees for employment-related record keeping, and to identify Veterans and their dependents in order to ensure accurate identification associated with the delivery of VA benefits and services. Mistaken identity, particularly in the case of healthcare, could be catastrophic. One of the key goals of the VA's SSN reduction effort is to eliminate the collection and use of the Social Security Number (SSN) as the Department's primary identifier. However, the SSN will still be used if required by law (such as for background investigations and security checks), for validation purposes (such as

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<sup>1</sup> In May 2007, the Office of Management and Budget issued Memorandum 07-16, "Safeguarding Against and Responding to the Breach of Personally Identifiable Information." One of its requirements was for Federal agencies to review their use of SSNs in agency systems and programs to identify instances in which their collection and use is unnecessary. Specifically, Federal agencies were to establish a plan to eliminate the unnecessary collection and use SSNs. These plans are submitted annually with the agency's annual Federal Information Security Management Act (FISMA) report.

computer matching of records between government agencies), as an attribute in support of unique identification, or as a backup identifier if issues arise over new primary identifier(s).

## ***Policy Development***

VA has developed and implemented several important directives and handbooks that deal with PII:

- VA Directive 6500, *Managing Information Security Risk: VA Information Security Program*, was implemented in August 2006, and revised in September 2012. The associated VA Handbook 6500, *Risk Management Framework for VA Information Systems – Tier 3: VA Security Program* was implemented in September 2007 and was also revised in September 2012. Together they establish VA policy and responsibilities for incorporating National Institute of Standards and Technology (NIST) Special Publication (SP) 800-37, *Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach*; SP 800-39, *Managing Information Security Risk: Organization, Mission, and Information System View*; and SP-800-53, *Recommended Security Controls for Federal Information Systems and Organizations*, requirements into VA's information system environment to ensure appropriate security for VA information technology assets that store, process, or transmit VA information.
- VA Directive 6600, *Responsibility of Employees and Others Supporting VA in Protecting Personally Identifiable Information (PII)*, was implemented in February 2007. This Directive establishes VA policy toward protecting the personal data of all individuals, including Veterans, dependents and employees. This policy extends the protections stated to all data formats and media, including electronic, paper and oral information
- VA Directive 6609, *Mailing of Personally Identifiable and Sensitive Information*, was implemented in November 2007. It supplements existing VA mail policy to ensure the protection of the Personally Identifiable Information (PII) of all individuals, including Veterans, dependents and employees.
- VA Directive 6502, *VA Enterprise Privacy Program*, was updated in August 2013. It reaffirms the Department's policy to protect the privacy of records created or maintained on Veterans, dependents and beneficiaries, employees, and contractors.
- VA Directive 6507, *Reducing the Unnecessary Use of the SSN*, was implemented in November 2008. It issues policy requirements for the Department to reduce and, where possible, eliminate the collection and use of the Social Security Number (SSN) as a primary identifier for uniquely identifying individuals in VA operations, programs and services. While the SSN should not be used as the primary identifier for Veterans and employees, it will still be used if required by law (such as for security clearances), for validation purposes (such

as for Computer Matching), or as a backup identifier if issues arise over new primary identifier(s).

- VA Handbook 6500.5, *Incorporating Security and Privacy into the System Development Lifecycle*, was implemented in March 2010. This Handbook establishes VA policy, responsibilities and processes for incorporating security and privacy in the system development lifecycle of VA IT assets that store, process or transmit VA information by or on behalf of VA.
- VA Handbook 6500.6, *Contract Security*, was implemented in March 2010. It outlines the Department's procedures, responsibilities, and processes for implementing security in appropriate contracts and acquisitions. This Handbook applies when VA sensitive information (including the SSN) is stored, generated, transmitted or exchanged by VA, a contractor, subcontractor, or a third party, on or on behalf of these entities regardless of format or whether it resided on a VA system or contractor or subcontractor's electronic information system(s) operating for or on the Department's behalf.
- VHA Directive 2011-030, *VHA SSN Reduction Policy*, was initially implemented in July 2011, but was rescinded in February 2012 to comply with VA Handbook 6507.1. It was reissued at the end of 2012 as VHA Directive 2012-035. It provides VHA specific guidance on its SSN collections and uses.
- VA Handbook 6507.1, *Acceptable Uses of the Social Security Number and VA SSN Review Board*, was implemented in September 2011. The Handbook provides specific guidance on acceptable uses of the SSN within the Department. It also calls for the creation of a VA SSN Review Board. Composed of representatives from each Administration and key Staff Offices, the VA SSN Review Board will oversee the current use of SSNs required by law, authorized by law, or when there is a compelling business need. Administrations and Staff Offices will need to submit SSN Privacy Reviews for all collections and uses that they want to continue. The focus of this effort will be on when the SSN is used as a primary identifier. Information and system owners with uses that are determined not to be required by law will be given reasonable opportunity to develop and implement a plan to reduce their SSN usage. The Board will also formalize processes to enable a review of all new collections and uses of the SSN during system/application design and before data collection tools (e.g., forms) are finalized.
- VHA Handbook 1907.01, *Health Information Management and Health Records*, was revised in September 2012. Now, only the Veteran's full name and last four of the SSN are required for documents used for patient care and that are scanned into the CPRS medical records.
- The VHA Privacy Office developed VHA Directive 1059, *Use of Physical Logbooks Containing Sensitive Personal Information* in VHA which outlines VHA policy on the creation and use of approved log book and guidance on eliminating unapproved log books.

## ***SSN Inventory Creation***

In October, 2007, an initial baseline inventory was created, consisting of over 1,600 items. The Veterans Health Administration (VHA) took the lead in developing an SSN “holdings” inventory tool and database. The VHA inventory identified all instances of SSN collections and uses across operational and technical components of VHA, including applications, programs, systems, processes, system displays and outputs, forms, locally-developed software products, commercial-off-the-shelf (COTS) programs, medical devices, web sites, databases and registries. Development took somewhat longer than originally anticipated. The inventory pilot, originally scheduled for the spring of 2009, was conducted in November of 2009 and a second pilot was conducted in December 2009. The survey was rolled out VHA-wide January-March 2010.

The VHA SSN holding survey identified over 25,000 individual instances of the SSN and over 11,500 processes using the SSN<sup>2</sup>. Approximately 96 percent of VHA’s SSN uses are for internal processes, with almost two-thirds of the processes using SSN related directly to identifying patients or Veterans. Interestingly, over 93 percent of the responses indicated “unknown” as the response to the authority for SSN usage. In other words, they did not know if the SSN use was required or authorized by law or if it just met a compelling business need until VA implements new Veteran identifier(s). VHA then conducted an SSN exposure assessment on all of these instances and processes, this assessment was completed in early FY 2011. The exposure assessment had two parts: (1) the development of a vulnerability score and a threat score to create a total risk score; and (2) the potential risk associated with making any changes to the SSN use. In December 2010 VHA established a VHA SSN Review Board to review the inventory, examine the exposure assessment results, prioritize them, and send them to the appropriate program offices and/or local facilities to develop plans of action and milestones. Facility and program office feedback was collected through July 2011.

The findings were compiled into a VHA SSN reduction plan, which contains near term and long term plans, and recommendations, for reducing unnecessary SSN usage within VHA. The final version of this plan was presented at the Health Information Governance Director’s (HIG) meeting in July 2012.

VA’s Office of Information and Technology (OIT) was going to make VHA’s SSN inventory tool and SSN database available to the rest of the Department. The original goal was to have a single SSN inventory database for the entire Department by the end of FY 2013. Unfortunately several contractual and coding issues emerged that delayed this effort. Meanwhile, VHA developed a new SSN Reduction and Management tool that was released in August 2014 to all VHA facilities and Program Offices. OIT SSN Reduction effort was awarded a new contract in June 2014. Several modifications are being made to the tool, database, and reports to enable the Administrations and Staff Offices to track progress made toward the reduction or elimination of SSN usage. NCA, the Office of Finance, the Office of General Counsel, the Office of the Inspector General, and the Office of the Secretary

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<sup>2</sup> Many of the respondents also identified employee SSN usage. Since the scope of VHA’s reduction/elimination efforts did not include employee SSNs, this information was submitted to the Office of Human Resource Management for their information and action.

data will be added to the broader SSN inventory in FY 2015. VBA is in the final stages of planning for its participation in the inventory effort. Also in FY 2015, VHA plans to update its information already contained within the SSN database.

Finally, several offices continue to review their records management processes to determine what information needs to be kept and for how long, and to facilitate timely destruction of records when the retention period is over.

## ***Maintain SSN Reduction Action Plans***

With general guidance from the VA SSN-WG, each Administration and Staff Office is responsible for its methodology for developing medium-term and long-term compliance with OMB's mandate to eliminate the unnecessary collection and use of the SSN. VA Directive 6507 requires each Administration and Staff Office to inventory their SSN collections and uses, develop an SSN reduction action plan, and submit quarterly updates and implementation plans. Unfortunately, without a complete SSN inventory, most of these plans have been and will continue to be general in nature. Once their inventories are complete, the Administrations and Staff Offices will be able to develop realistic priorities and detailed remediation/action plans. VHA has created a fairly comprehensive list of plans of action and milestones. It is expected that the other Administrations and Staff Offices will develop their detailed plans by the end of FY 2015, after they have participated in the SSN inventory survey.

One of the key pieces of information to be collected during the inventory is a determination of whether an SSN collection/use is necessary or not. This is done during the assessment process. All necessary collections and uses not required by law will be reviewed by the VA SSN Review Board, and plans will be developed for their eventual reduction and/or elimination. The information needed to make these determinations is expected to be derived from the SSN inventory. The SSN tool and database will help the Administrations and Staff Offices prioritize, track progress, and report their SSN reduction/elimination activities.

Prioritization of SSN collections and uses to be reduced/eliminated will be based on several criteria, including assessment of risk, overall impact, budgeting, staffing, and availability of other resources. Once prioritized, they will be included in the Administration and Staff Office SSN reduction action plans, which will include short and long-term activities. These plans will then need to be coordinated with OMB Exhibit 300 project funding requests for FY 2015 and beyond.

## ***Feasibility of Using New Unique Identifiers***

### ***A. New Veteran Identifiers-Background***

As mentioned above, VA often uses the SSN to identify Veterans and their dependents uniquely in order to ensure accurate identification associated with the delivery of VA benefits and services. However, other numbers are also used. For example, in 1998, VHA implemented the Master Veteran Index (MVI) that assigns an Integration Control Number (ICN), a unique identifier for each patient. This **system** identifier allows for a comprehensive view of a patient's electronic healthcare

information across different VA applications and systems, as well as external systems. The ICN is a sequentially assigned, non-intelligent number which, in itself, does not provide any identifying information about the patient. It conforms to the ASTM International standard for a universal healthcare identifier.<sup>3</sup> The ICN was implemented as a VHA system-to-system identifier, as a VHA enterprise identifier, and in some VHA enterprise systems to search for and select patients/beneficiaries, but it was not implemented across the rest of VA but is implemented now.<sup>4</sup> This has been changing since 2010 under the Veterans Relationship Management initiative (see Section E below for more information).

In 2006, VA began to explore the feasibility of minimizing the use of the SSN and reducing its visibility within routine VA health care and business processes.<sup>5</sup> VA found that replacing the present SSN-based identifier would be complex and that broad action would be necessary to accomplish this goal. The replacement of the SSN as an identifier should be approached as a One VA effort: (1) to avoid the possibility of Veterans having multiple identifiers in VA systems (which could have unintended catastrophic consequences), and (2) to recognize the pervasiveness of the SSN look-up and identification functionality in VHA systems and in data sharing initiatives with business partners including DoD, the Social Security Administration, and the Indian Health Service. Changing to a non-SSN based identifier would stop the need for many, but not all, VA systems to capture, store, and display the SSN. Instead, the intent of the change would be to minimize the use of the SSN and to reduce its visibility within routine VA health care and business processes.

In 2007, the Enterprise Identity Management Tiger Team was chartered to develop a single, coherent, department-wide strategy regarding identity and access management for all persons of interest to VA – Veterans, their dependents and families, VA employees, volunteers, contractors, business partners, and other affiliates. Final recommendations issued in May 2008 included the following:

- Create an enterprise identity management governance structure. While much of an enterprise level identity and access management solution is technology focused, the primary purpose remains to meet the business needs. A combination of business and IT leadership will best serve the enterprise level strategy.
- Establish IT Identity and Access Management Program Management Office.

An Identity and Access Management Program Office was created in early 2008 to develop new identifiers. Funds were requested for FY 2010 to begin to design and implement a “One VA Identification System” (now called the Master Veteran Index; see section E below for more information).

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<sup>3</sup> ASTM International, formerly known as the American Society for Testing and Materials (ASTM), is a globally recognized leader in the development and delivery of international voluntary consensus standards.

<sup>4</sup> The ICN is an identifying trait in the magnetic stripe on all Veteran Identity Cards (VICs) issued since 2004. Most active VA patients use the new VIC, but some VA patients still use the old VIC, and the old VIC does not contain the ICN in its magnetic strip. The new card is not required for treatment, and some Veterans do not want to change their cards.

<sup>5</sup> VHA developed a white paper that recommended a single replacement identifier, and the One VA Registration and Enrollment Board recommended a single replacement identifier.

## ***B. New Veteran Identifiers-New Veteran Identification Cards***

When Veterans enroll for VA health care, they receive a Veteran Health identification Card (VHIC).<sup>6</sup> In 2004, the Veteran Identification Card (VIC) was redesigned so that it no longer displayed the Veteran's SSN. Instead, the SSN, as well as the Veteran's ICN, was contained within a barcode and magnetic stripe. In 2011, VHA began a new VIC redesign effort, which was implemented in FY 2013. The new card displays the Veteran's Electronic Data Interchange Personal Identifier (EDIPI)<sup>7</sup> on the front of the card. The EDIPI<sup>8</sup> is also included in the bar code and magnetic stripe, and the SSN has been removed. The ICN will remain in the barcode and magnetic stripe, to serve as the VA's primary patient identifier. Meanwhile, VA will continue to replace the old VIC with the new one for Veterans whose VIC has not been replaced to date. VA person look up functionality has been updated to accept input from the old VIC, the new VHIC, and the DoD Common Access Card (CAC).

## ***C. New Veteran Identifiers-Virtual Lifetime Electronic Records (VLER)***

On April 9, 2009, President Obama, along with VA Secretary Shinseki and Defense Secretary Gates, announced a plan to create a joint Virtual Lifetime Electronic Record (VLER). VLER is neither an Information Technology program nor an information service provider. Instead, VLER is a multi-faceted business and technology initiative that includes a portfolio of health, benefits, personnel, and administrative information sharing capabilities. When VLER is fully implemented, all information needed to quickly and accurately provide services and benefits to our Veterans and Servicemembers will be exchanged electronically and proactively, putting the right information in front of the right people at the right time for them to take action.

The initial phase of VLER focuses on health record interoperability to enable both Departments and selected privacy healthcare providers to share certain health information over a secure network. Direct access to the Veteran's health records is not involved or authorized; only requested information is exchanged via a virtual architecture. As of October 2014, there were 29 participating VA facilities in the VLER health information exchange. Initial identity matching or patient correlation between the VA and an external partner involves matching various patient traits across the organizations, and one of these traits is the SSN. Once a match is made, then future information flows between VA and the external partner will be based on the system health record identifier for each partner. For VA, this is the ICN. For DoD, this is the EDIPI.

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<sup>6</sup> While the VIC is the preferred method for VHA patient identification, VHA will honor other forms for photo or even non-photo identification. To get all but emergent care, however, individuals need to be enrolled into VHA health care program.

<sup>7</sup> The EDIPI is DoD's system identifier. It is a 10-digit non-intelligent number issued by the Defense Enrollment Eligibility Reporting System (DEERS). The EDIPI, in and of itself, does not provide any identifying information about the person. The EDIPI is imbedded in all DoD identification cards. As of June 1, 2011, the EDIPI became DoD's formal identification number. It will replace the printed SSN on all new and renewed DoD identification cards issued after this date. In addition, all new DoD identification cards issued after January 2012 will no longer include the SSN in the bar code.

<sup>8</sup> Over 16 million Veterans have been assigned as EDIPI. However, DoD has agreed to assign EDIPIs for Veterans who do not yet have one. This would most likely apply to Veterans who served before 1982.

### ***D. New Veteran Identifiers-Integrated Electronic Health Records (iEHR)***

Lessons learned from the Captain A. Lovell Federal Health Care Center in North Chicago<sup>9</sup> have shown that it is very difficult to create effective interoperability between VA's existing electronic health record system (the Veterans Health Information Systems and Technology Architecture, or VistA) and DOD's existing electronic health record system (the Armed Forces Health Longitudinal Technology Application, or AHLTA). Thus, VA and DoD began to work collaboratively to create an integrated Electronic Health Record (iEHR) that would eventually replace each Department's legacy electronic health record system. The iEHR would use the EDIPI as the unique patient identifier.<sup>10</sup> The iEHR would rely on shared, common enterprise services and use a common set of services, interface and data standards, data centers, presentation layer, and information interoperability framework. The creation of additional integrated VA-DoD health care facilities would need to rely on the iEHR in order to be successful. This is no longer true, as a new system will not be created or acquired, but the goal is to improve interoperability between the systems of the two Departments utilizing their existing EHR.

### ***E. New Veteran Identifiers Evolution of Master Veteran Index (MVI)***

In June 2010, the Department announced the establishment of a VA Identity Management Policy. Beginning in October 2010, the VA Office of Information and Technology collaborated with the Veterans Relationship Management Initiative to evolve a Master Veteran Index (MVI) system and require MVI integration for every VA system. The MVI serves as the authoritative identity service within VA and provide the following:

- Establish unique identities within VA for all persons of interest to VA (e.g., Veterans, beneficiaries, employees, contractors and affiliates)
- Establish a correlation with any external partners sharing information with VA, including the Department of Defense and the Nationwide Health Information Network
- Manage updates to identity traits and share those with integrated systems
- Maintain the location of all client records (e.g., for Veterans and beneficiaries) known in the VA

Specifically, the MVI was built upon the Master Patient Index (MPI), and currently contains ICNs for more than 26 million Veterans and beneficiaries who have applied for or used VA healthcare. The DoD EDIPI has been added as a trait for all individuals in the MVI. The MVI established a unique index and will maintain the

<sup>9</sup> The Lovell Center was established in October 2010 as a five year demonstration project, combining resources and manpower from the Naval Health Clinic Great Lakes and the North Chicago VA Medical Center. It is the first fully integrated VA-DoD health care facility.

<sup>10</sup> The 2011 memorandum of understanding between the Defense Manpower Data Center (DMDC) and VA that governs the exchange, use, and sharing of data between the two Departments states that data sharing "supports the establishment of a unique identifier to be used across the Departments to reduce the need for using the SSN." The EDIPI has been identified as this unique identifier. In addition, on August 1, 2012, DoD issued DoD Instruction 1000.30, Reduction of Social Security Number (SSN) Use within DoD. It states that the DoD identification number (the EDIPI) can be used by entities outside DoD so long as they are "acting on behalf of or in support of the Department of Defense." DoD has stated that use of the EDIPI by VA is in the best interests of both Departments, Veterans, and Servicemembers.

record locations. Integrations are ongoing with a few left to come into compliance with Identification Management (IdM) requirements to use the MVI services.

In FY 2013, VA systems from NCA had their records enumerated to the MVI, establishing unique VA identifiers, ICNs, for that Veteran, beneficiary or client. In other words, Veterans, beneficiaries, and clients with NCA records were checked with the MVI to ensure that they are enumerated with an ICN and that their system records are linked to that ICN in the MVI. This will also ensure linkage to that person's EDIPI within the MVI. In FY 2012, the analysis phase for the MVI integration with VBA's Corporate Database systems was completed. Design and implementation are the next steps and are in process now.

### ***F. New Employee Identifiers***

On April 28, 2011, VA implemented a new identification number for most VA employees.<sup>11</sup> This number replaces the SSN for internal VA HR services. In addition, VA plans to convert payroll reports to use the new VA employee number where possible. However, the SSN will continue to be the official Federal employee identifier. Thus, the SSN will continue to appear on Office of Personnel and Management employee forms, including the SF 50, Notification of Personnel Action.

The new VA identification number is based on an OPM initiative that was stopped in 2009. Between 2004 and 2008, VA participated in the Multi Agency Executive Strategy Committee (MAESC) to provide feedback to OPM on how to replace the SSN with a nine character alpha-numeric Unique Employee Identification Number (UEID) for all Federal employees. The goal was to have all agencies, including VA, replace their current employee identifier with the UEID. When work on the UEID ended, VA decided to go ahead and implement its own non-SSN employee identification number for internal use.

### ***Other Accomplishments***

- VA continues to develop and enhance the eBenefits Portal, a joint VA/DoD web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families to research, access, and manage their VA and military benefits and personal information. eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions. Registering for and using the DS Logon Premium Account allows the Veteran to access his or her personal information with a username and password through the secure web portal, eliminating the need to provide his or her SSN. Currently, there are more than 30 features available.
- The expansion of Veterans Affairs Authentication Federation Infrastructure (VAAFI) services continues with a successful infrastructure upgrade and deployment to a new Data Center. The Department of Veterans Affairs (VA) originally deployed VAAFI to support the government-wide E-Authentication E-

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<sup>11</sup> Only employees who receive human resource services through VA's Personnel and Accounting Integrated Data (PAID) system received the new VA employee identification number. Other employees will need to wait until their human resource service provider issues non-SSN employee identifiers.

Government Initiative. VA since decided to utilize this capability to implement an Enterprise Authentication Gateway, now called AccessVA. This enterprise service expands the number and type of credentials VA accepts to provide web self-service functionality to our customers. AccessVA allows self-service consumers to utilize an authentication credential they already possess to conduct business with VA web services. This capability reduces the number of credentials VA consumers must obtain. As of February 2013, the number of unique VAAFI users exceeds 340,000, which is a 20% increase from last quarter.

- VA is removing the SSN from the electronic medium on the Veteran Health Identification Card (VHIC) and replacing it with VA's internal identifier.
- VA is modifying look ups to recognize Electronic Data Interchange Personal Identifier (EDIPI/VistA and Call Centers).
- VA is integrating AccessVA to VBA and MyHealthVet (MHV).
- VA has updated and republished 113 of its Privacy Act System of Records Notices (SORNs).<sup>12</sup>
- Medical Records Review Committees have been tasked with reviewing and, where possible, eliminating the use of SSN on forms and templates for either initial use or revision.
- Several VHA sites are continuing to locate and inventory records and are ensuring that record control schedules are being followed (*i.e.*, records that no longer need to be retained are being disposed of appropriately).
- Within VHA facilities, paper forms scanned into the health record containing the full SSN, will be modified as deemed appropriate to only include the last four digits of the SSN as written in the current version of the VHA Handbook 1907.0,1 "Health Information Management and Health Records." This effort will continue into FY 2015 due to the significant volume of forms used in VHA facilities for patient care/treatment purposes.
- VHA is continuing collaboration with the Veterans Service Support Center (VSSC) to create Phase I of the VHA survey inventory tool (for use only within VHA) to capture processes and instances in the current VA SSN survey inventory tool and identified the process and instances where VHA Medical Centers no longer utilize the SSN. Data in the existing VA SSN survey inventory tool that is current will be used to populate the new VHA tool.
- Some sites are beginning to use the new employee identification number instead of the SSN. For example, in VISN 11, the Human Resources Management System is now using the new identification number in at least one of its applications.

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<sup>12</sup> VA System of Records Notices inform the public about what types of records and information (including the SSN) the Department collects and maintains, who the records are about, and what uses are made of them.

- VBA established its Benefits Portfolio Governance Framework. Two governance bodies within this framework – the Benefits Portfolio Executive Board and the Benefits Portfolio Steering Committee – authorized the establishment of the Data Sharing Agreement/Governance Integrated Project Team (IPT). The Data Sharing Agreement /Governance IPT is tasked with improving and streamlining VBA's data access, and documenting formal data sharing agreements ensuring protection of Veterans' personal identifiable information (PII). Consistent standards for data security and privacy will be applied to all data access requests, prior to releasing to internal/external parties. Furthermore, all requests will be subject to business review and approval prior to implementation. This business review will include an assessment of proposed uses for requested SSNs and the exploration of alternative solutions that will satisfy business needs.
- VBA altered its proposed redesign of a system-to-system data exchange that included the Veteran Examination Request Information System (VERIS) after review determined that SSN alternatives could be used. The original request specified utilizing Veteran SSNs in the data stream that would be sent to a third-party vendor.
- In FY2012, VBA began to deploy its new claims processing system. The Veterans Benefits Management System (VBMS) allows VBA staff to process claims without paper claims files. This will result in reduced proliferation of and greater control over SSNs stored on paper.

### ***Other initiatives in FY 2015 and Beyond***

- VHA will continue to assess alternatives to the human readable SSN display on the patient wrist band. One possibility, already implemented in the San Diego VA Healthcare System, is to replace the SSN with a photo of the patient.
- VHA implemented a new VHA SSN Management Tool for use by VA Medical Centers and VHA Program Offices. This tool captures VHA's ongoing use of the SSN.
- VHA will work to rescind unused forms that require the SSN. VHA will also re-evaluate the need for the SSN on all of its remaining forms. All local forms scanned into Computerized Patient Record System (CPRS) or printed for the paper health records that currently contain the full SSN will be modified so that they only require the last four of the SSN. National forms, and local forms not scanned into CPRS, will be reviewed to determine if the full SSN can be reduced to the last four of the SSN.
- The vehicle for accomplishing the MVI is being developed under the Veterans Relationship Management initiative by the Identity Access Management (IAM) Integrated Project Team (IPT). In FY 2015, the IPT will continue to develop the business requirements, acquisition packages, and the project plan for the solution.
- The Financial Services Center will complete its review of its LAN System.

- In FY15 VA Privacy Service will be developing a database that will cross check information collections with existing SORNs and PIAs to ensure the SSN use is necessary and relevant to the mission of the program.
- Some Department of Veterans Affairs (VA) Medical Centers (MC) continues to use Laundry/Patient clothing bags that contain the SSN. The SSN has been removed from Laundry/Patient clothing bags at facilities; however, efforts continue to remove SSN from the remaining facilities.
- VBA deployed its new claims processing system, the Veterans Benefits Management System (VBMS), to all 57 Regional Offices. VBMS allows VBA staff to process claims without paper claims files. This will result in reduced proliferation of and greater control over SSNs stored on paper.
- In FY 2015, VBA will continue to scan incoming paper claims and will work on scanning the file banks at the Roanoke and Baltimore Regional Offices through our Veterans Claims Intake Process (VCIP) with the help of our scanning Vendors. The elimination of paper claim folders and creation of electronic records results in greater control over SSNs within the system.
- VBA implemented several benefit application forms into the eBenefits Portal through the VONAPP Direct Connect (VDC) application. Veterans can file the VA Form 21-526EZ, which will enables Veterans to apply for disability compensation benefits and upload supporting documentation without having to mail these documents to VBA. Veterans can file the VA Form 21-22, which enables Veterans to electronically appoint a power of attorney, without having to mail these documents to VBA. Veterans receiving Compensation or Pension benefits can file a VA Form 21-686c or VA Form 21-674b, which allows them to claim dependents. Through the Rules Based Processing System (RBPS), the claim will be automatically processed to payment. All documents are automatically uploaded into the VA document repositories. By removing the mailing aspect of the claims process, SSN control is greatly improved. VBA plans to include several new forms and capabilities to the eBenefits Portal in FY 15, including several VHA forms.
- VBA enhanced the functionality of the Stakeholder Enterprise Portal (SEP) during FY 13 to include the ability for Veteran Service Officers to complete VA forms, such as the 21-526EZ, the 21-686c, and the 21-4142, on behalf of the Veteran. The VSOs can electronically send the completed documents to the Veteran, who can then electronically submit them using the eBenefits Portal. These forms are uploaded directly into VA systems using a secure connection ensuring SSN security and control.
- In FY 2014, VBA implemented Digits 2 Digits (D2D), which is another option for the Veteran Service Officer (VSO) community to submit claims. Currently, VSOs use their own claim management tools to complete claims electronically, but are then required to print them out and mail them to VBA. With D2D, VSOs are able to upload claim forms digitally and securely, ensuring SSN security.

- VHC cards continue to be issued to all new enrollees and veterans who are being issued replacement cards.
- VHA is continuing to evaluate the patient identity verification policies and patient wristband verification policies that require use of the full SSN.
- VHA is continuing to review national and locally created forms with efforts to convert forms into Computerized Patient Record System (CPRS) templates and or reducing/eliminating use of the SSN on forms when forms cannot be automated in CPRS.
- VHA will review VistA/CPRS and other clinical systems where protected health information is created and printed to determine if the SSN can be masked or reduced when printed. NOTE: This review and print parameter changes are contingent upon the patient identity verification policy modifications.

### ***Briefings, Oversight, and Monitoring***

The key to the success of any effort is to monitor and report progress to an oversight body. VA's Chief Information Officer, who is also the VA's Senior Agency Official for Privacy, designated the Office of Privacy and Records Management (OPRM) the responsible office for oversight of the VA plan. The Administrations and Staff Offices provide regular updates to OPRM, and OPRM is responsible for providing updates to VA senior executives on the progress of the plan. OPRM is also responsible for answering the privacy questions in VA's quarterly and annual FISMA reports, and for preparing the annual Department-wide SSN Reduction Plan.

### ***Issues***

There are several major challenges facing VA regarding the elimination of the unnecessary collection and use of the SSN.

- Limited resources must be balanced among high priority projects. An organization wide system analysis needs to be conducted due to the volume of interfaced systems VA uses for clinical care and administrative functions. VA anticipates that there are many system changes needed before VA can implement new unique identifiers that will replace the SSN as the primary identifier. Additionally, there is currently no team of VA staff specifically assigned to address the feasibility of implementing a unique identifier.
- Culture change among employees is required. Long time VA employees are accustomed to using the SSN to authenticate Veterans, as well as VA employees, contractors, and volunteers. VA will need to implement education and retraining programs for employees to break the habit of using the SSN as the primary way to verify identity. This has already begun, but it will take time to instill in the workforce and processes across the Department. After the MVI correlation is complete, it will still take several years to change system look up tables to search for Veterans and beneficiaries with the ICN or EDIPI instead of the SSN.

- Culture change is necessary for Veterans as well. For example, Veterans will need to get a new identification card, and the redesigned VIC will display the EDIPI, a number which will be unfamiliar to most Veterans. Resistance to change will need to be balanced against the continued threat to identity theft if the old card is lost or stolen.
- Lack of OI&T funding to approve New Service Requests from 2009 to remove SSN from printed documents within VistA/CPRS.

## ***Summary***

VA has taken many steps to eliminate the use of SSNs where they are not mission-critical. However, there are instances where the collection and use of the SSN are, and will continue to be, required by regulation or legislation, or to address a compelling business need under the mission of the Department. In these instances protection of the SSN, and all personally identifiable information, is critical. As part of its effort to protect the SSN, VA has been working diligently to develop tools, monitoring capabilities, a governance structure, and policies and guidance to ensure the protection of the SSN. These steps will help to maintain a culture where appropriate uses of the SSN are balanced with data quality and the need for confidential, realistic, and flexible approaches that enhance privacy and security for Veterans, beneficiaries, and our employees.