

## Department of Health and Human Services

### Section 1: Highlights of Agency E-Government Activities

#### **A. Enhanced Delivery of Information and Services to the Public - Sec. 202(g)**

*Section 202(g) of the E-Gov Act requires agencies to provide information on how electronic Government is used to improve performance in delivering programs to constituencies. In no more than 250 words, describe one IT agency activity or initiative that enhances the delivery of information and services to the public and others, or makes improvements in government operations. This example should highlight how electronic government improved the effectiveness, efficiency, and quality of services provided by your agency.*

The HHS Health Data Initiative (HDI), represented by HealthData.gov, is an ongoing Department-wide process to promote the most effective uses of data, information and IT systems for positive impacts on health, health care, and social services. Examples of the HDI's impact on improvements in the services provided by HHS include: HealthData.gov was recently modernized to improve the performance of the platform while providing a much better user experience for those attempting to locate and access the wide array of resources. The platform has improved sort and search and is launching new capabilities in an ongoing agile development process. Stronger administrative services are available for our data curators are making the data cataloging and management process easier which builds catalog integrity and supports better metadata management. The CDC makes a vast catalog of epidemiologic, surveillance and public health data available on Data.CDC.gov. The catalog, which federates datasets into HealthData.gov, makes data about mortality, specific disease states, and healthy behavior statistics as part of division's dedication toward data driven disease prevention and health promotion. ACF is focusing on interoperability of social services systems and information flow. Often too many barriers stand in the way of clients getting the services they need. "Interoperability"—a national effort of technological and programmatic coordination—is poised to eliminate many of those barriers. The initiative offers an unprecedented opportunity to connect systems across traditional boundaries in exciting and rewarding ways, facilitating information sharing, improving service delivery, preventing fraud, and providing better outcomes for children and families. HHS has myriad innovative IT and data related activities across all divisions so these examples only represent a small sample.

#### **B. Public Access to Electronic Information - Sec. 207(f)(1)(B)**

*Section 207(f)(1)(B) of the E-Gov Act requires that agency websites assist public users to navigate agency websites, including the speed of retrieval of search results and the relevance of the results. Provide the updated URL(s) that contains your agency's customer service goals and describes activities that assist public users in providing improved access to agency websites and information, aid in the speed of retrieval and relevance of search results, and uses innovative technologies to improve customer service at lower costs. For example, include the URL to your agency's Customer Service Plan.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
<a href="http://www.hhs.gov/open/recorders/customerservice.html">http://www.hhs.gov/open/recorders/customerservice.html</a>	None

## Section 2: Compliance with Goals and Provisions of the E-Gov Act

### A. Performance Integration - Sec. 202(b)

*The E-Gov Act requires agencies to develop performance metrics that demonstrate how electronic government supports agency objectives, strategic goals, and statutory mandates. In no more than 250 words, describe what performance metrics are used and tracked for IT investments and how these metrics support agency strategic goals and statutory mandates. Please discuss performance metrics that focus on customer service, agency productivity, innovative technology adoption and best practices. If applicable, include a description of your agency's evaluation model and how it is used. Provide applicable URL(s) for performance goals related to IT.*

The Enterprise Performance Life Cycle (EPLC) framework enhances IT governance through rigorous application of sound investment and project management principles. It establishes an environment in which HHS IT investments and projects consistently achieve successful outcomes that align with mission, goals, and objectives. The Operations and Maintenance Phase of the EPLC requires that an Operational Analysis (OA) be performed annually to evaluate system performance, user satisfaction, and adaptability to changing business needs, new technologies that might improve the system, and continued viability. The results of the OA are documented in the Annual (OA) Report. This report addresses 17 Key Factors specified in OMB guidance to address cost, schedule, customer satisfaction, strategic business results, financial goals, and innovation. This performance evaluation captures IT investment performance metrics in four key areas: Customer and Stakeholder Satisfaction, Strategic and Business Results, Financial, Performance, and Innovation. The Customer and Stakeholder Satisfaction area assesses feedback from customers and stakeholders to determine the extent to which the investment supports customer needs as designed. The Strategic and Business Results area measures and evaluates the impact on the performance to determine how well the investment is meeting business needs. The Financial Performance area measures and assesses the investment current and expected performance compared to the pre-established cost baseline through performance, baseline metrics, expenditures, and comparative measures. The final area, Innovation, is an opportunity to conduct a qualitative analysis of the investment's performance within the previously mentioned areas

### B. Accessibility - Sec. 202(c) and (d)

*The E-Gov Act requires agencies to consider the impact of implementing policies on persons without access to the internet, and ensure accessibility to people with disabilities. Provide the URL(s) for your agency's website which describes actions taken by your agency in accordance with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
<a href="http://www.hhs.gov/web/508/index.html">http://www.hhs.gov/web/508/index.html</a>	
<a href="http://www.hhs.gov/ocio/policy/508_policy.html">http://www.hhs.gov/ocio/policy/508_policy.html</a>	
 <a href="http://www.hhs.gov/web/508/Standards/index.html">http://www.hhs.gov/web/508/Standards/index.html</a>	
<a href="http://www.hhs.gov/web/section-508">change 1st URL www.hhs.gov/web/section-508</a>	

Public Facing Agency URL(s)	Brief Explanation (if necessary)
✖ <a href="http://www.hhs.gov/web/508/Standards/index.html">http://www.hhs.gov/web/508/Standards/index.html</a>	

### **C. Government-Public Collaboration - Sec. 202(e)**

*The E-Gov Act requires agencies to sponsor activities that use information technology to engage the public in the development and implementation of policies and programs. In no more than 250 words, describe one example of how your agency utilized technology to initiate government-public collaboration in the development and implementation of policies and programs.*

The Federal Health Architecture was asked by the federal partners to form the Directed Exchange Work group effort to identify the obstacles which hindered agency adoption and production implementation of Direct Messaging. After significant effort, seven guideline documents were developed and posted to [www.healthit.gov/fha](http://www.healthit.gov/fha) (FHA Recommended Guidelines for Federal Directed Exchange, FHA Directed Exchange Risk Assessment, Patient Identity in Directed Exchange, Direct Headers Security Issue Paper, Federal Directed Exchange Trust Framework, Certificate Issuance and Assurance in Direct Messaging, and the FHA Directed Exchange FAQ). The sub-work group was instrumental in the organization and coordination of the Veterans Affairs (VA) and Indian Health Services (IHS) office of general counsel's ratification and signing the Direct Trust Federal Service Agreement, which paved the way for federal membership to Direct Trust. These two agencies recently cleared one of the last hurdles for access to the Direct Trust community by receiving their accreditation by the Electronic Healthcare Network Accreditation Commission, (EHNAC), which signifies a major boost for care coordination efforts, allowing the federal agencies to communicate securely with virtually any healthcare provider or hospital, regardless of their EHR.

### **D. Credentialing - Sec. 203**

*The E-Gov Act seeks to achieve interoperable implementation of electronic signatures for appropriately secure electronic transactions with Government. In no more than 250 words, describe current activities your agency is undertaking to achieve the interoperable implementation of electronic credential authentication for transactions within the Federal Government and/or with the public (e.g. agency implementation of HSPD-12 and/or digital signatures).*

HHS has issued 121,133 PIV cards to staff out of the total eligible population of 129,799 for an adoption rate of 93%. Currently 89% of non-privileged users are required to use their PIV card to login to HHS networks; 88% of the staff must use the PIV to gain access to the network remotely. HHS has implemented a PIV-interoperable Restricted Local Access (RLA) card for foreign nationals who were not a US resident for a period of at least three years out of the last five years. Thus they cannot have a meaningful NACI adjudicated and do not qualify to receive a PIV card. HHS implemented an Alternate Logon Token (ALT) for privileged network access that provides users with elevated rights, such as systems admins, the requisite discrete role-based credentials. HHS is now able to bind a PIV card issued by other agencies to an HHS identity, which allows cross-agency interoperability through access to HHS physical facilities and IT resources. The HHS Access Management System (AMS) implemented PIV login for users to access HHS Enterprise applications, with 40 Enterprise applications integrated with

AMS Simplified Sign-On or direct PIV login. For instance, the OMB MAX portal and eOPF system allow users to login to OMB MAX using their AMS credential or their HHS PIV badge. AMS also supports external application user authentications for USA Staffing, my Pay, and JPAS that now allow HHS users to login with their PIV badge. HHS is working on additional internal and external applications to use AMS for user authentications. HHS has also implemented integration between the AMS service and the Connect.gov credential brokering service that is run by the US Postal Service and GSA. This service will allow HHS applications to authenticate users with their login credentials from Yahoo, Google, PayPal and other commercial credential providers for access to HHS public facing applications.

**E. USA.gov activities - Sec. 204 and Sec. 207(f)**

*In accordance with Section 204 of the E-Gov Act, www.USA.gov serves as an integrated internet-based system for providing the public with access to government information and services. In accordance with Section 207(f)(3), provide the URL(s) your agency's activities on www.USA.gov.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
<a href="http://www.usa.gov/Agencies/Federal/Executive/HHS.shtml">http://www.usa.gov/Agencies/Federal/Executive/HHS.shtml</a>	

**F. eRulemaking - Sec. 206**

*The E-Gov Act seeks to assist the public, including the regulated community, in electronically submitting information to agencies under Federal requirements, by reducing the burden of duplicate collection and ensuring the accuracy of submitted information. In no more than 250 words, provide a description of your agency's use of online electronic regulatory submission capabilities, specifically the usage of www.Regulations.gov and the Federal Docket Management System (FMDS).*

HHS's Public Participation Task force updated the Department's web page dedicated to regulations <http://www.hhs.gov/regulations>. The page serves as a "one-stop shop" that provides information about the entirety of the Dept's regulatory activity. The primary feature is a daily update providing access to all HHS regulatory proposals currently open for comment. Visitors can select a specific division of the Dept. to access current information specific to that division. The Dept. primary goal in creating the web page is to increase meaningful public participation in the Department's regulatory activity. Additionally, <http://www.hhs.gov/regulations> provides the public with electronic access to the Dept. efforts to identify existing regulations that are obsolete, unnecessary, burdensome, or counterproductive. A link to this "retrospective review" initiative gives the public access to this ongoing work, as directed by the president in two executive orders. Suggestions submitted through a visitor nomination form are shared with relevant divisions in the Dept. for consideration. Also available on the page is a regulations "toolkit"; it provides an easy-to-read 9-page overview of the regulations process and how to participate in it, as well as links to various other useful resources. The Dept. continues to seek new ways eRulemaking can enhance the public's involvement in its regulatory activity. Through increasing electronic access to regulations, the Dept. is reaching a broader audience. The OAS for PA's continues to evaluate methods such as social media to direct the public and stakeholders to the Depart's web page for regulations.

**G. National Archives Records Administration (NARA) Recordkeeping - Sec. 207(d-e)**

*The E-Gov Act requires agencies to adopt policies and procedures to ensure that chapters 21, 25, 27, 29, and 31 of title 44, United States Code, are applied effectively and comprehensively to Government information on the Internet and to other electronic records. In no more than 250 words, describe your agency's adherence to NARA recordkeeping policies and procedures for electronic information online and other electronic records. Additionally, please indicate the number of electronic records that have been scheduled with NARA and any pending scheduling for electronic systems at your agency.*

In FY2015 HHS continued to follow its multi-year project of scheduling electronic systems that contain Federal records. Each OPDIV maintains an inventory of non-infrastructure IT systems that tracks whether an IT system contains records. If an IT system contains records, the inventory tracks whether the records have been scheduled, and if scheduled, it keeps track of the associated record schedule. The Department of Health and Human Services uses the General Records Schedules (GRS) NARA maintains whenever feasible. For records the GRS do not address, HHS submits unique records schedules for NARA approval. HHS communicates its records management policies and practices on the Agency Internet website at <http://www.hhs.gov/ocio/policy/recordsmanagement>. HHS is currently revising its Records Management and Email Retention Policies to capture the new NARA retention guidance and recommendations (i.e. Capstone Approach). HHS recently began its Email as a Service cloud initiative, which includes a Microsoft electronic emailing system. This email system is capable of auto archiving, search and discovery for litigation holds. The email system will bring HHS in compliance with the M-12-18, Managing Government Directive deadline to meet this requirement by 2016. Currently, HHS has 2076 approved record schedules associated with information systems, 38 unscheduled record schedules, and 17 records schedules for information systems submitted to NARA that are pending approval.

**H. Freedom of Information Act (FOIA) - Sec. 207(f)(A)(ii)**

*The E-Gov Act requires agency websites to include direct links to information made available to the public under the Freedom of Information Act. Provide the updated URL for your agency's primary FOIA website.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
<a href="http://www.hhs.gov/foia/">http://www.hhs.gov/foia/</a>	
<a href="http://www.hhs.gov/foia/reading/index.html">http://www.hhs.gov/foia/reading/index.html</a>	

**I. Information Resources Management (IRM) Strategic Plan - Sec. 207(f)(A)(iv)**

*The E-Gov Act requires agency websites to include the strategic plan of the agency developed under section 306 of title 5, US Code. Provide the updated URL to your agency's IRM Strategic Plan. This plan should encompass activities in FY14. If your agency does not have an updated plan, please provide the URL to the most recent plan and indicate when an updated plan will be available.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
<a href="http://www.hhs.gov/ocio/">http://www.hhs.gov/ocio/</a>	The latest IRM Plan was submitted to OMB June 2014 and is being formatted to comply with 508. Once 508 compliant, the IRM Plan will be posted to the HHS internet.

**J. Research and Development (R&D) - Sec. 207(g)**

*If your agency funds R&D activities, provide the updated URL(s) for publicly accessible information related to those activities, and specify whether or not each website provides the public information about Federally funded R&D activities and/or the results of the Federal research.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
 <a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	None
<a href="http://publicaccess.nih.gov/policy.htm">http://publicaccess.nih.gov/policy.htm</a>	None
<a href="http://report.nih.gov/index.aspx">http://report.nih.gov/index.aspx</a>	None

**K. Privacy Policy and Privacy Impact Assessments - Sec. 208(b)**

*The E-Gov Act requires agencies to conduct a privacy impact assessment; ensure the review of the privacy impact assessment by the Chief Information Officer, or equivalent official, as determined by the head of the agency; and if practicable, after completion of the review under clause, make the privacy impact assessment publicly available through the website of the agency, publication in the Federal Register, or other means. In no more than 250 words, describe your agency's adherence to this provision, including adherence to OMB's guidance pertaining to the use of IT to collect, maintain, or disseminate identifiable information, or when new systems are procured for this purpose. In addition, describe your agency's process for performing and updating privacy impact assessments for IT.*

The Department of Health and Human Services (HHS) includes a link to its Privacy Policy at the footer of all web pages to inform users of the practices followed by the agency. the Privacy Policy was updated in 2015 to meet OMB compliance and include disclosure requirements for third party analytics software.

**K2. Privacy Policy and Privacy Impact Assessment Links - Sec. 208(b)**

*In addition to the narrative provided above in section K., provide the updated URL(s) for your agency's privacy policy and the website where your agency's privacy impact assessments are available.*

Public Facing Agency URL(s)	Brief Explanation (if necessary)
 <a href="http://www.hhs.gov/ocio/policy/hhs-ocio-2011-003.html">http://www.hhs.gov/ocio/policy/hhs-ocio-2011-003.html</a>	This document is currently not public facing. This link goes to an old

Public Facing Agency URL(s)	Brief Explanation (if necessary)
	version and should have been taken down. I will request that it be removed from the page.

### **M. Agency IT Training Programs - Sec. 209(b)(2)**

*The E-Gov Act calls for agencies to establish and operate information technology training programs. The act states that such programs shall have curricula covering a broad range of information technology disciplines corresponding to the specific information technology and information resource management needs of the agency involved; be developed and applied according to rigorous standards; and be designed to maximize efficiency, through the use of self-paced courses, online courses, on-the-job training, and the use of remote instructors, wherever such features can be applied without reducing the effectiveness of the training or negatively impacting academic standards. In no more than 250 words, describe your agency's IT training program, privacy training program, cross-agency development programs, and competencies reviews for IT workforce.*

The HHS workforce is its most critical IT asset, and HHS OCIO continues working diligently to meet the rapidly growing training needs of the Department's IT workforce. The HHS OCIO IT workforce development strategy targets the following areas: (1) ongoing identification and definition of capability needs across key IT positions; (2) competency, capability, and capacity gap analyses; (3) targeted, data-driven recruitment strategies; and (4) competency-driven career paths that drive talent management and learning and development programs and support continuous role and team-based learning. The Department's comprehensive IT training comprises overarching, Department-wide IT course offerings and focused, Operating Division (OpDiv), mission-centered IT training. The Department offers over 1400 IT training opportunities to its staff through a blended suite of learning modalities and platforms, including: online, self-paced courseware, mentoring assets, virtualized, instructor-led courses, in-person classroom-based, instructor led-training, and IT Certifications. Throughout FY15 and into FY16, OCIO is working with outside vendors to offer specialized security training. In addition, OCIO will continue enabling staff to participate in training in targeted areas to strengthen knowledge, skills, and abilities in areas such as: system administration and management; hardware and server specific topics (e.g., Active Directory Certificate Services in Windows Server); incident response and forensic investigation; business impact for IT professionals; IT project management; security controls and auditing; and professional certification preparation and certifications. Finally, HHS has procured a phishing education tool to simulate phishing attacks and reinforce phishing-focused avoidance techniques to better protect the enterprise.