



Privacy Impact Assessment for the VA IT System called:

FSC Customer Relationship Manager (PEGA
CRM)

Veterans Affairs Central Office (VACO)

Financial Technology Services (FTS)

eMASS ID # 1410

Date PIA submitted for review:

01/16/2025

System Contacts:

System Contacts

	Name	E-mail	Phone Number
Privacy Officer	Morla D. Roberts	Morla.Roberts@va.gov	512-554-8583
Information System Security Officer (ISSO)	Ronald Murray	Ronald.Murray2@va.gov	512-460-5081
Information System Owner	Lee M. Brown	Lee.Brown3@va.gov	512-460-5215

Abstract

The abstract provides the simplest explanation for “what does the system do for VA?”.

FSC Customer Relationship Management (PEGA CRM) is a tool to track and manage our interactions with our customers. The tool is multi-faceted including the interaction portal, self-service portal, and knowledge management portal. The interaction portal is used by our contact center to track and process incoming phone, email, and self-service portal inquiries initiated by customers. The self-service portal is used by VA employees as an alternative option to call or emailing the contact center; here they can search for knowledge articles and submit inquiries. The knowledge management portal is used to create and update knowledge articles such as frequently asked questions and training material. Customers pertain to VA employees that may submit an inquiry or support request for any Payroll, Integrated Financial and Acquisition System (iFAMS), Human Resource Information Systems (HRIS) related queries via the self-service portal. However, these systems may not necessarily integrate with PEGA CRM. As an example, a user can attach a 10091 Form (Vendor File), retirement forms, screen shots, etc., to a case in PEGA CRM.

Overview

The overview is the most important section of the Privacy Impact Assessment (PIA). A thorough and clear overview gives the reader the appropriate context to understand the responses in the PIA. The overview should contain the following elements:

1 General Description

- A. What is the business purpose of the program, IT system, or technology and how it relates to the program office and agency mission?*

PEGA CRM is a help desk application used by various business units, including Payroll. Some of the support activities provided include setting up or modifying an employee record correctly in the relevant systems of records upon receiving requests from its customers. These requests are submitted via PEGA CRM application (as Notes or attachments) and may include SSNs on forms such as Direct deposit form: 2231, W4 (federal and state level), address changes, health insurance forms, Thrifts Savings Plan (TSP), Transit Benefits etc. so that these requests can be processed successfully by Payroll help desk staff.

- B. Who is the owner or has control of the IT system or project? If the system has an eMASS entry, ensure this information matches with the eMASS entry.
The Financial Technology Services (FTS). An Authority to Operate (ATO) is under the Financial Technology Group (FTG) ATO.*

2. Information Collection and Sharing

- C. Indicate the expected number of individuals whose information is stored in the system and include a brief description of the typical client or affected individual?*

There are approximately 250,000 user records present in PEGA CRM which consists of Self-Service Requestors and Service Desk Personnel. PEGA CRM is a PEGA (Not an acronym, the name of the Commercial Off the Shelf (COTS) product) application to be hosted on cloud. PEGA CRM is accessed by internal/ /VA users via Single Sign On capability.

Check if Applicable	Demographic of individuals
<input checked="" type="checkbox"/>	Veterans or Dependents
<input checked="" type="checkbox"/>	VA Employees
<input type="checkbox"/>	Clinical Trainees
<input checked="" type="checkbox"/>	VA Contractors
<input type="checkbox"/>	Members of the Public/Individuals
<input type="checkbox"/>	Volunteers

D. What is a general description of the information in the IT system and the purpose for collecting this information?

PEGA CRM is multi-faceted including the interaction portal, self-service portal, and knowledge management portal. The interaction portal is used by our contact center to track and process incoming phone, email, and self-service portal inquiries initiated by customers. The self-service portal is used by VA employees as an alternative option to call or emailing the contact center; here they can search for knowledge articles and submit inquiries.

E. What information sharing is conducted by the IT system? A general description of the modules and components, where relevant, and their functions.

N/A for Pega CRM

F. Are the modules/subsystems only applicable if information is shared?

N/A for Pega CRM

G. Is the system operated in more than one site to include primary and secondary site, and if so, a description of how use of the system and PII is maintained consistently in all sites and if the same controls are used across sites?

N/A for Pega CRM as it is run on VA Enterprise Cloud (VAEC) Microsoft Azure GovCloud (MAG).

3. Legal Authority and System of Record Notices (SORN)

H. What is the citation of the legal authority and SORN to operate the IT system?

Legal authority to operate: Budget and Accounting Act of 1950; General Accounting Office Title 8, Chapter #3; Social Security Account Number (SSAN) is used to index, and store pay affecting documents. Also, the use of the SSN is required from the customer for IRS tax reporting and cannot be eliminated. It is also required for security clearance processing. Authorized under Executive Orders 9397, 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; Homeland Security Presidential Directive 12.

H. What is the SORN?

SORN:13VA047 Individuals Submitting Invoices-Vouchers For Payment-VA
<https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>

131VA047 Corporate Travel and Charge Cards -VA
<https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf>.

I. SORN revisions/modification

PEGA CRM uses the VAEC Cloud Service Provider (CSP) Microsoft Azure GovCloud (MAG), which is FEDRAMP approved. Per the approval of the Deputy Assistant Secretary, Enterprise Program Management Office (EPMO) [the VA Authorizing Official (AO)], VAEC Azure Government High Assessing was granted an ATO to expire on January 3rd, 2026.

I. If the system is in the process of being modified and a SORN exists, will the SORN require amendment or revision and approval.

No

➤ SORN:13VA047 Corporate Travel and Charge Cards -VA
[2023-18807.pdf \(govinfo.gov\)](https://www.govinfo.gov/content/pkg/FR-2023-18807/pdf/2023-18807.pdf)

4. System Changes

J. Will the business processes change due to the information collection and sharing?

☐ Yes

☒ No

if yes, <<ADD ANSWER HERE>>

K. Will the technology changes impact information collection and sharing?

☒ Yes

☐ No

if yes, Name and SSN will be shared with IRS system in an automated process.

Section 1. Characterization of the Information

The following questions are intended to define the scope of the information requested and collected as well as the reasons for its collection as part of the program, IT system, or technology being developed.

1.1 Information collected, used, disseminated, created, or maintained in the system.

Identify and list all Sensitive Personal Information (SPI) that is collected and stored in the system, including Individually Identifiable Information (II), Individually Identifiable Health Information (IIHI), Protected Health Information (PHI), and Privacy- Protected Information. For additional information on these information types and definitions, please see VA Directives and Handbooks in the 6500 series (<https://vaww.va.gov/vapubs/>). If the system creates information (for example, a score, analysis, or report), list the information the system is responsible for creating.

If a requesting system receives information from another system, such as a response to a background check, describe what information is returned to the requesting system. This question is related to privacy control AP-1, Authority to Collect, and AP-2, Purpose Specification.

The information selected below must match the information provided in question 2.1 as well as the data elements columns in 4.1 and 5.1. It must also match the information provided in question 3.4 of the PTA.

Please check any information listed below that your system collects, uses, disseminates, creates, or maintains. If additional SPI is collected, used, disseminated, created, or maintained, please list those in the text box below:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Name | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Military |
| <input checked="" type="checkbox"/> Full Social Security | <input type="checkbox"/> Beneficiary Numbers | <input type="checkbox"/> History/Service |
| Number | <input type="checkbox"/> Account Numbers | <input type="checkbox"/> Connection |
| <input type="checkbox"/> Partial Social Security | <input type="checkbox"/> Certificate/License | <input type="checkbox"/> Next of Kin |
| Number | numbers ¹ | <input checked="" type="checkbox"/> Date of Death |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Vehicle License Plate | <input type="checkbox"/> Business Email |
| <input type="checkbox"/> Mother's Maiden | Number | Address |
| Name | <input type="checkbox"/> Internet Protocol (IP) | <input type="checkbox"/> Electronic Data |
| <input type="checkbox"/> Personal Mailing | Address Numbers | Interchange Personal |
| Address | <input type="checkbox"/> Medications | Identifier (EDIPI) <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Personal Phone | <input type="checkbox"/> Medical Records | Other Data Elements (list |
| Number(s) | <input type="checkbox"/> Race/Ethnicity | below) |
| <input type="checkbox"/> Personal Fax Number | <input checked="" type="checkbox"/> Tax Identification | |
| <input checked="" type="checkbox"/> Personal Email | Number | |
| Address | <input type="checkbox"/> Medical Record | |
| <input type="checkbox"/> Emergency Contact | Number | |
| Information (Name, | <input type="checkbox"/> Sex | |
| Phone Number, etc. of a | <input type="checkbox"/> Integrated Control | |
| different individual) | Number (ICN) | |
| <input checked="" type="checkbox"/> Financial Information | | |

¹ *Specify type of Certificate or License Number (e.g., Occupational, Education, Medical)

- Other PII/PHI data elements:
- Bank Account EFT information (Routing #)
- Notes field (Veteran information)
- Attachments(forms, screenshots, word documents etc.)
- Vendor Name,
- Vendor Address

1.2 List the sources of the information in the system

These questions are related to privacy controls DI-1, Data Quality, and IP-1, Consent.

1.2a List the individual, entity, or entities providing the specific information identified above. For example, is the information collected directly from the individual as part of an application for a benefit, or is it collected from other sources such as commercial data aggregators?

System data is pulled from database: FSCDataDepot, while some of the PEGA CRM application related data collected from individuals/users, resides in database: PRPC8_CRM

1.2b Describe why information from sources other than the individual is required? For example, if a program's system is using data from a commercial aggregator of information or data taken from public Web sites, state the fact that this is where the information is coming from and then in question indicate why the system is using this source of data.

PEGA CRM is a call center application and FSCDataDepot data is needed to address vendor inquiries.

1.2c Does the system create information (for example, a score, analysis, or report), list the system as a source of information?

PEGA CRM is a call center application and FSCDataDepot data is needed to address vendor inquiries.

1.3 Methods of information collection

These questions are related to privacy controls DI-1, Data Quality, and IP-1, Consent.

1.3a This question is directed at the means of collection from the sources listed in question 1.2. Information may be collected directly from an individual, received via electronic transmission from another system, or created by the system itself. Specifically, is information collected through technologies or other technologies used in the storage or transmission of information in identifiable form?

The Name, User email address, Account number, and tax ID is received via electronic transmission that is uploaded to the PEGA CRM ticket as an attachment, through the Identity and Access Management (IAM) framework layer. IAM service is an authentication service specifically designed for controlling access for Department of Veterans Affairs (VA) internal users (employees and contractors) accessing VA applications.

Business rules to process vendor file form (10091) requests have been defined by working with process subject matter experts, implemented in the system, and verified against existing data sources that is periodically sync'd with the relevant system of record. (The FSC Data Depot)

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<https://www.va.gov/vaforms/va/pdf/va10091.pdf>

1.3b If the information is collected on a form and is subject to the Paperwork Reduction Act, what is the form's OMB control number and the agency form number?

OMB Approved No. 2900-0846

1.4 Information checks for accuracy, and how often will it be checked.

These questions are related to privacy controls DI-1, Data Quality, and DI-2, Data Integrity and Integrity Board.

1.4a Discuss whether and how often information stored in the system is checked for accuracy. Is information in the system checked against any other source of information (within or outside your organization) before the information is used to make decisions about an individual? For example, is there a computer matching agreement in place with another government agency? For systems that receive data from internal data sources or VA IT systems, describe the system checks to ensure that data corruption has not occurred during transmission.

PEGA CRM does not check for accuracy of data received.

1.4b Does the system check for accuracy by accessing a commercial aggregator of information, describe this process and the levels of accuracy required by the contract?

PEGA CRM does not check for accuracy of data received.

1.5 Identify the specific legal authorities, arrangements, and agreements that defined the collection of information.

List the full legal authority for operating the system, specifically the authority to collect the information listed in question 1.1. Provide the authorities in a manner understandable to any potential reader, i.e., do not simply provide a legal citation; use statute names or regulations in addition to citations. Legal authorities include Federal laws, regulations, statutes, and Executive Orders. This question is related to privacy control AP-1, Authority to Collect

Budget and Accounting Act of 1950; 38 USC 5101 (C); Social Security Account Number (SSAN), also known as Social Security Number (SSN), is used to index and store pay-affecting documents. Also, the use of the SSAN is required from the customer for IRS tax reporting and cannot be eliminated. It is also required for security clearance processing. Authorized under Executive Orders 9397, 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; Homeland Security Presidential Directive 12.

PEGA CRM collects information VA Internal employees.

System of Records Notice (SORN) is clear about the use of the information, specifically SORN:

- 13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA -

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<https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>

•131VA047 Corporate Travel and Charge Cards -VA -

<https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf>

1.6 PRIVACY IMPACT ASSESSMENT: Characterization of the information

Consider the specific data elements collected and discuss the potential privacy risks and what steps, if any are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete this section)

Consider the following Fair Information Practice Principles (FIPPs) when assessing the risk to individual privacy:

Principle of Purpose Specification: The collection ties with the purpose of the underlying mission of the organization and its enabling authority.

Principle of Minimization: The information is directly relevant and necessary to accomplish the specific purposes of the program.

Principle of Individual Participation: The program, to the extent possible and practical, collects information directly from the individual.

Principle of Data Quality and Integrity: VA policies and procedures must ensure that personally identifiable information is accurate, complete, and current.

This is related to privacy control AR-1, Governance and Privacy Program, and AR-2, Privacy Impact and Risk Assessment.

Follow the format below when entering your risk assessment:

Privacy Risk: Display of employee name, Banking account number and masked social security number (SSN) on the electronic 10091 vendor form is viewed while processing.

Mitigation: Attachments are encrypted and saved via File.Net. Masking of SSN to display only last 4 digits and banking account number is masked.

Section 2. Uses of the Information

The following questions are intended to clearly delineate the use of information and the accuracy of the data being used.

2.1 Describe how the information in the system that will be used in support of the program's business purpose.

Identify and list each use (both internal and external to VA) of the information collected or maintained. This question is related to privacy control AP-2, Purpose Specification.

PII/PHI Data Element	Internal Use	External Use
Name	For vendor, beneficiary, and entitlement payments, and for processing background security clearances and Admin/HR actions.	Not used
Social Security Number	For processing background security clearances.	Not used
Tax Identification Number	For vendor, beneficiary, and entitlement payments	Not used
Email Address	For vendor, beneficiary, and entitlement payments; for processing background security clearances; and Admin/HR actions	Not used
Mailing Address	For vendor, beneficiary, and entitlement payments, and for processing background security clearances	Not used
Financial Account Information/ Bank Account EFT information (Routing #)	For vendor, beneficiary, and entitlement payments	Not used
DOD (date of death)	For vendor, beneficiary, and entitlement payments	Not used
Notes field	For additional documentation needed to support processing.	Not used
Attachments	For additional documentation needed to support processing.	Not used

2.2 Describe the types of tools used to analyze data and what type of data may be produced.

These questions are related to privacy controls DI-1, Data Quality, DI-2, Data Integrity and Integrity Board, and SE-1, Inventory of Personally Identifiable Information.

2.2a Many systems sift through large amounts of information in response to a user inquiry or programmed functions. Systems may help identify areas that were previously not obvious and need additional research by agents, analysts, or other employees. Some systems perform complex analytical tasks resulting in, among other types of data, matching, relational analysis, scoring, reporting, or pattern analysis. Describe any type of analysis the system conducts and the data that is created from the analysis?

Customer Relationship Management (PEGA CRM) is a tool to track and manage our interactions with our customers. The tool is multi-faceted including the interaction portal, self-service portal, and knowledge management portal. The interaction portal is used by our contact center to track and process incoming phone, email, and self-service portal inquiries initiated by customers. Cases submitted by the customers in the form of inquiries such as Payroll, HRIS, Accounting, or processing requests, Employee Vendor File and their corresponding business

units are worked in the PEGA CRM application to provide timely case resolution and can be used for reporting.

2.2b If the system creates or makes available new or previously unutilized information about an individual, explain what will be done with the newly derived information. Will it be placed in the individual's existing record? Will a new record be created? Will any action be taken against or for the individual identified because of the newly derived data? If a new record is created, will the newly created information be accessible to Government employees who make determinations about the individual? If so, explain fully under which circumstances and by whom that information will be used.

PEGA CRM is an interaction tool, and any new information is used to process inquiry cases submitted by customers.

2.3 How the information in the system is secured.

These questions are related to security and privacy controls SC-9, Transmission Confidentiality, and SC-28, Protection of Information at Rest.

2.3a What measures are in place to protect data in transit and at rest?

Data in PEGA CRM is encrypted at rest and in transit.

2.3b If the system is collecting, processing, or retaining Social Security Numbers, are there additional protections in place to protect SSNs? (refer to PTA question 3.8).

Role Based Access Controls limit access to SSN to only those roles that need access to SSN. SSN is masked for employee vendor, shows last 4 only, on confirmation screen, while SSN which comes in attachment for new employee bank set up is not masked.

2.3c How is PII/PHI safeguarded in accordance with OMB Memorandum M-06-15?

Role Based Access Controls limit access to SSN to only those roles that need access to SSN. SSN is masked for employee vendor, shows last 4 only, on confirmation screen, while SSN which comes in attachment for new employee bank set up is not masked.

2.4 PRIVACY IMPACT ASSESSMENT: Use of the information.

Describe any types of controls that may be in place to ensure that information is handled in accordance with the uses described above. Example: Describe if training for users of the project covers how to appropriately use information. Describe the disciplinary programs or system controls (i.e. denial of access) that are in place if an individual is inappropriately using the information.

Consider the following FIPPs below to assist in providing a response:

Principle of Transparency: Is the PIA and SORN, if applicable, clear about the uses of the information?

Principle of Use Limitation: Is the use of information contained in the system relevant to the mission of the project?

This question is related to privacy control AR-4, Privacy Monitoring and Auditing, AR-5, Privacy Awareness and Training, and SE-2, Privacy Incident response.

PEGA CRM has user authentication through SSOi (Single Sign on Internal) integration with IAM for internal site. Access to the CRM Reports requires approval from CRM Managers. System of Records Notice (SORN) is clear about the use of the information, specifically SORN:

13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA
<https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>

2.4a How is access to the PII determined?

Access is determined based on he/she role and individual must complete appropriate training. PEGA CRM has user authentication through SSOi (Single Sign On Internal) integration with IAM.

2.4b Are criteria, procedures, controls, and responsibilities regarding access documented? How are the documented, i.e. Policy, SOP, other. And where is this documentation located?

Yes.

System of Records Notice (SORN) is clear about the use of the information, specifically SORN: 13VA047 Individuals Submitting Invoices-Vouchers For Payment-VA

[2023-18807.pdf \(govinfo.gov\)](#)

2.4c Does access require manager approval?

Yes, Access to PEGA CRM requires manager approval.

2.4d Is access to the PII being monitored, tracked, or recorded?

Access to PII is being monitored and logged.

2.4e Who is responsible for assuring safeguards for the PII as identified in eMASS?

Responsibility for PII safeguards lies with the VA.

Section 3. Retention of Information

The following questions are intended to outline how long information will be retained after the initial collection.

3.1 What information is retained?

*Identify and list all information collected from question 1.1 that is **retained** by the system. This question is related to privacy controls DM-1, Minimization of Personally Identifiable Information, and DM-2, Data Retention and Disposal*

User access form (9957) is stored in PEGA CRM database. User ID in combination of Tax ID is stored in CRM database.

No medical records or financial records are retained in the PEGA CRM. The following data elements are used purely for identification of existing members is not stored in CRM.:

- Name
- Tax Identification Number/ Social Security Number (Only the last four digits are displayed) of individual vendors.
- Personal Email
- Address
- Bank Account Number

3.2 How long is information retained?

*In some cases, VA may choose to retain files in active status and archive them after a certain period. State active file retention periods, as well as archived records, in number of years, for the information and record types. For example, financial data held within your system may have a different retention period than medical records or education records held within your system, please be sure to list each of these retention periods. **The VA records officer should be consulted early in the development process to ensure that appropriate retention and destruction schedules are implemented.** If the system is using cloud technology, will it be following the NARA approved retention length and schedule <https://www.archives.gov/records-mgmt/grs>? This question is related to privacy control DM-2, Data Retention and Disposal.*

User access form (9957) data is retained for 7 years as required by General Record Schedule (GRS) 6.1: Accountable Officers' Accounts Records for each claim as they are recorded separately. <https://www.archives.gov/files/records-mgmt/grs/grs01-1.pdf>

3.3 The retention schedule approved by the VA records office and the National Archives and Records Administration (NARA).

An approved records schedule must be obtained for any IT system that allows the retrieval of a record via a personal identifier. The VA records officer will assist in providing a proposed schedule. Please work with the system VA Records Officer to answer these questions. This question is related to privacy control DM-2, Data Retention and Disposal.

3.3a Are all records stored within the system of record indicated on an approved disposition authority?

Yes, GRS Schedule 1.1, Item #10, Disposition Authority DAA-GRS-2013-0003-0001 Governed by General Accounting Office Regulations which require retention for records created prior to July 2, 1975: 7 years after the period of the account; records created on and after July 2, 1975

3.3b Please indicate each records retention schedule, series, and disposition authority?

All guidance is located at <https://www.archives.gov/files/records-mgmt/grs/grs01-1.pdf> under Records Management Regulations, Policy, and Guidance. User access form (9957) data is retained for 7 years as required by General Record Schedule (GRS) 6.1: Accountable Officers' Accounts Records for each claim as they are recorded separately. <https://www.archives.gov/files/records-mgmt/grs/grs01-1.pdf>

3.4 What are the procedures for the elimination or transfer of SPI?

Explain how records are destroyed, eliminated, or transferred to NARA at the end of their mandatory retention period. Please give the details of the process. For example, are paper records shredded on site, or by a shredding company and accompanied by a certificate of destruction, etc.? This question is related to privacy control DM-2, Data Retention and Disposal.

PEGA CRM follows guidelines required by General Record Schedule (GRS) 6.1: Accountable Officers' Accounts Records for each claim as they are recorded separately.

<https://www.archives.gov/files/records-mgmt/grs/grs01-1.pdf>

The data in the form that requires compliance with the General Record Schedule (GRS) 6.1 does not contain SPI. Nightly job that removes data outside of retention period deletes / destroys metadata and image to re-use file storage. If there are paper records needed to be destroyed, they are placed into large, locked bins throughout the facility. They are destroyed each Friday by a contracted shredder company.

Electronic data and files of any type, including Protected Health Information (PHI), Sensitive Personal Information (SPI), Human Resources records, and more are destroyed in accordance with VA Directive 6500 VA Cybersecurity Program (February 24, 2021) and VA Handbook 6500.1 Electronic Media Sanitization. When required, this data is deleted from their file location and then permanently deleted from the deleted items or Recycle bin. Magnetic media is wiped and sent out for destruction. Digital media is shredded or sent out for destruction.

https://www.va.gov/vapubs/search_action.cfm?dType=1

3.5 Does the system, where feasible, use techniques to minimize the risk to privacy by using PII for research, testing, or training?

Organizations often use PII for testing new applications or information systems prior to deployment. Organizations also use PII for research purposes and for training. These uses of PII increase the risks associated with the unauthorized disclosure or misuse of the information. Please explain what controls have been implemented to protect PII used for testing, training, and research. This question is related to privacy control DM-3, Minimization of PII Used in Testing, Training and Research.

Yes, the VA Financial Services Center uses techniques to minimize the risk to privacy by disallowing the use of PII for research/testing/training. Our Information System Security Officers (ISSOs) enforce the policy that the only environments that can have live data is pre-prod and prod. No exceptions. Per VA Handbook 6500, security control SA-11: Developer Security Testing states: (c) Systems under development should not process "live data" or do any real processing in which true business decisions will be based. Test data that is de-identified should

be used to test systems and develop systems that have not yet undergone security A&A. Furthermore, systems that are in development (pilot, proof-of-concept, or prototype) should not be attached to VA networks without first being assessed and authorized.

Additionally, the FSC Information Technology Service is developing a Standard Operating Procedure (SOP) that describes key procedures and processing steps that Financial Services Center (FSC) Information Technology Service (ITS) functional and/or project teams must follow when requesting production datasets for using in test or non-production environments. This process document outlines key tasks and responsibilities as relates to the proposal process of using production data for testing purposes. It establishes the procedures required to request permission to use live or production data, whether in original or altered form, to test an Information Technology (IT) system or project at the FSC.

3.6 PRIVACY IMPACT ASSESSMENT: Retention of information

Discuss the risks associated with the length of time data is retained and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your System Privacy Officer (PO) to complete all Privacy Risk questions inside the document this section).

While we understand that establishing retention periods for records is a formal process, there are policy considerations behind how long a project keeps information. The longer a project retains information, the longer it needs to secure the information and assure its accuracy and integrity. The proposed schedule should match the requirements of the Privacy Act to keep the minimum amount of PII for the minimum amount of time, while meeting the Federal Records Act. The schedule should align with the stated purpose and mission of the system.

Consider the following FIPPs below to assist in providing a response:

Principle of Minimization: *The project retains only the information necessary for its purpose, additionally, the PII is retained only for as long as necessary and relevant to fulfill the specified purposes.*

Principle of Data Quality and Integrity: *The PIA should describe policies and procedures for how PII that is no longer relevant and necessary is purged. This question is related to privacy controls DM-1, Minimization of Personally Identifiable Information, and DM-2, Data Retention and Disposal.*

Follow the format below:

Privacy Risk: No medical records or financial records are retained in the PEGA CRM. User access form (9957) is stored in PEGA CRM database for Veterans Affairs (VA) internal users. User ID in combination of Tax ID is stored in PEGA CRM database for users. If information is retained longer than specified, privacy information may be released to unauthorized individuals.

Mitigation: PEGA CRM adheres to information security requirements instituted by the VA Office of Information Technology (OIT).

- Both contractor and VA employees are required to take Privacy, HIPAA, and information security training annually.
- We are also finalizing procedures to automate the destruction of media at the appropriate time based on published NARA and VA instructions.

•File access granted only to those with a valid need to know Access to the records is restricted to VA Finance employees. These records are protected from outside access by Federal Protective Service

Section 4. Internal Sharing/Receiving/Transmitting and Disclosure

The following questions are intended to define the scope of information sharing/receiving/transmitting within VA.

PII Mapping of Components

4.1a Pega CRM consists of 2 key components (servers/databases/instances/applications/software/application programming interfaces (API)). Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by Pega CRM and the reasons for the collection of the PII are in the table below.

Note: Due to the PIA being a public facing document, please do not include server names in the table. The first table of 3.9a in the PTA should be used to answer this question.

Internal Components Table

Component Name (Database, Instances, Application, Software, Application Program Interface (API) etc.) that contains PII/PHI	Does this system collect PII? (Yes/No)	Does this system store PII? (Yes/No)	Type of PII (SSN, DOB, etc.)	Reason for Collection/ Storage of PII	Safeguards
PRPC8_CRM	Yes	Yes	<ul style="list-style-type: none">Requestor Notes,Service Item NotesEmployee NameSSNEmail (Employee)Bank Account EFT information.	Customer Inquiry Resolution, Communication	DB Encryption and UI Level Masking

FscDataDepot	Yes	Yes	<ul style="list-style-type: none"> • Vendor tax ID, • Vendor Name, • Vendor Address 	Customer Inquiry Resolution, Communication	DB Encryption and UI Level Masking
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4.1b List internal organizations information is shared/received/transmitted, the information shared/received/transmitted, and the purpose, and how the information is transmitted.

NOTE: Question 3.9b (second table) on Privacy Threshold Analysis should be used to answer this question.

Identify and list the names of any program offices, contractor-supported IT systems, and any other organization or IT system within VA with which information is shared.

State the purpose for the internal sharing. If you have specific authority to share the information, provide a citation to the authority.

For each interface with a system outside your program office, state what specific data elements (PII/PHI) are shared with the specific program office, contractor-supported IT system, and any other organization or IT system within VA.

Describe how the information is transmitted. For example, is the information transmitted electronically, by paper, or by some other means? Is the information shared in bulk, on a case-by-case basis, or does the sharing partner have direct access to the information?

This question is related to privacy controls AP-2, Purpose Specification, AR-3, Privacy Requirements for Contractors and Service Providers, AR-8, Accounting of Disclosures, TR-1, Privacy Notice, and UL-1, Internal Use.

Data Shared with Internal Organizations

<i>IT system and/or Program office. Information is shared/received with</i>	<i>List the purpose of the information being shared /received with the specified program office or IT system</i>	<i>List PII/PHI data elements shared/received/transmitted.</i>	<i>Describe the method of transmittal</i>
FSC, FSCDataDepot	Making payments to vendors, beneficiaries, and medical providers; making entitlement payments to VA employees and Veterans; processing new employee background investigations; and	. Vendor tax ID Vendor Name Vendor Address	Simple Object Access Protocol (SOAP) Service

<i>IT system and/or Program office. Information is shared/received with</i>	<i>List the purpose of the information being shared /received with the specified program office or IT system</i>	<i>List PII/PHI data elements shared/received/transmitted.</i>	<i>Describe the method of transmittal</i>
	processing Administrative and Human Resources-related actions on organizational employees.		
FileNet	FileNet is used as Content Storage System to store attachments of CRM cases	All attachments are stored. May contain PII and PHI.	(SOAP) Service
Integrated Financial and Acquisition System (iFAMS)	The purpose of this integration is to update iFAMS Vendor data with the vendor file form data from the vendor portal.	Notes field Employee Name SSN Address Email (Employee) Bank Account EFT information (Routing #) Vendor Tax ID	(SOAP) Serv
Robo Manager	The purpose of this integration to update FMS system with Vendor data using the 10091 Robot.	Notes field Employee Name SSN Address Email (Employee) Bank Account EFT information (Routing #) Vendor Tax ID	Representational State Transfer Service
Veterans Affairs (VA) FSC IAM (Identity & Access Management) Master Person Information (MPI)	MPI integration is used to validate vendors submitting 10091 vendor file forms for Veterans, Individual Caregivers.	Name SSN Address DOD (date of death)	(SOAP) Serv
Veterans Affairs (VA) FSC Agility	To enable FSC to track the work assigned to CGI which is outcome of CRM Tickets routed to Tier3	Notes Field	(SOAP) Service

4.2 PRIVACY IMPACT ASSESSMENT: Internal sharing and disclosure

Discuss the privacy risks associated with the sharing of information within the VA network and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete all Privacy Risk questions in this section.).

This question is related to privacy control UL-1, Internal Use.

Follow the format below:

Privacy Risk: Privacy information may be released to unauthorized individuals.

Mitigation:

CRM system adheres to information security requirements instituted by the VA Office of Information Technology (OIT).

- Both contractor and VA are required to take Privacy, HIPAA, and information security training annually.
- Information is shared in accordance with VA Handbook 6500
- Database access granted only to those with a valid need to know
- All access requests are logged and recorded.
- FSC Data Depot is an encrypted database inside the VA network

Section 5. External Sharing/Receiving and Disclosure

The following questions are intended to define the content, scope, and authority for information sharing external to VA, which includes Federal, State, and local governments, and the private sector.

5.1 List the external organizations (outside VA) that information shared/received. and information shared/received, and the purpose, and how the information transmitted and what measures are taken to ensure it is secure.

The sharing of information outside the agency must be compatible with the original collection. The sharing must be covered by an appropriate routine use in a SORN. If not covered, please describe under what legal mechanism the IT system is allowed to share the information in identifiable form or personally identifiable information outside of VA.

NOTE: Question 3.10 on Privacy Threshold Analysis should be used to answer this question.

Identify and list the names of any Federal, State, or local government agency or private sector organization with which information is shared.

For each interface with a system outside VA, state what specific data elements (PII/PHI) are shared with each specific partner.

What legal mechanisms, authoritative agreements, documentation, or policies are in place detailing the extent of the sharing and the duties of each party? For example, is the sharing of data compatible with your SORN? Then list the SORN and the applicable routine use from the SORN. Is there a Memorandum of Understanding (MOU), Computer Matching Agreement (CMA), or law that mandates the sharing of this information?

Describe how the information is transmitted to entities external to VA and what security measures have been taken to protect it during transmission.

This question is related to privacy control UL-2, Information Sharing with Third Parties

Data Shared with External Organizations

List IT System or External Program Office information is shared/received with	List the purpose of information being shared / received / transmitted	List the specific PII/PHI data elements that are processed (shared/received/transmitted)	List agreements such as: Contracts, MOU/ISA, BAA, SORN. etc. that permit external sharing (can be more than one)	List the method of transmission and the measures in place to secure data
Do not pay (DNP) Department of Treasury	To vet vendors submitting the 10091 Vendor file form	<ul style="list-style-type: none"> •Name •SSN •Address •DOD (date of death) 	MOA ISA	<ul style="list-style-type: none"> •ESB (Enterprise Service Bus) services •REST (Representational State Transfer) Services
Internal Revenue Service (IRS) Department of Treasury	To vet vendors submitting the 10091 Vendor file form	<ul style="list-style-type: none"> • Name • SSN 	Publicly available service	<ul style="list-style-type: none"> ESB (Enterprise Service Bus) services •REST (Representational State Transfer) Services

5.2 **PRIVACY IMPACT ASSESSMENT: External sharing and disclosure**

Discuss the privacy risks associated with the sharing of information outside the Department and what steps, if any, are currently being taken to mitigate those identified risks.

*If no External Sharing listed on the table above, **(State there is no external sharing in both the risk and mitigation fields).***

Discuss whether access controls have been implemented and whether audit logs are regularly reviewed to ensure appropriate sharing outside of the Department. For example, is there a Memorandum of Understanding (MOU), contract, or agreement in place with outside agencies or foreign governments.

Discuss how the sharing of information outside of the Department is compatible with the stated purpose and use of the original collection.

This question is related to privacy control AR-2, Privacy Impact and Risk Assessment, AR-3, Privacy Requirements for Contractors and Service Providers, and AR-4, Privacy Monitoring and Auditing

Follow the format below:

Privacy Risk: Exposure of sensitive information

Mitigation: Treasury shared a certificate which is installed on our servers to perform a handshake and the data will be transmitted over https which is secured.

Section 6. Notice

The following questions are directed at providing notice to the individual of the scope of information collected, the right to consent to uses of the information, and the right to decline to provide information.

6.1 The notice provided to the individual before collection of the information. Please provide a copy and/or screen shot of a web notice of the notice as an Appendix-A 6.1 on the last page of the document. (A notice may include a posted privacy policy, a Privacy Act notice on forms, notice given to individuals by the sources system, or a system of records notice published in the Federal Register.) If notice was not provided, explain why.

These questions are related to privacy control TR-1, Privacy Notice, and TR-2, System of Records Notices and Privacy Act Statements, and TR-3, Dissemination of Privacy Program Information.

6.1a Provide the Privacy Notice provided to the public by this system or any source systems. Include a copy of the notice in Appendix A of the PIA, the Federal Register citation, or Privacy Statement from collection of information such as forms or surveys.

PEGA CRM collects information VA Internal employees.

System of Records Notice (SORN) is clear about the use of the information, specifically SORN:

- 13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA -
<https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>

- 131VA047 Corporate Travel and Charge Cards -VA -
<https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf>

6.1b If notice was not provided, explain why.

The SORN is provided to public.

6.1c Provide how the notice provided at the time of collection meets the purpose of use for this system.

The provided SORN explains the reason, purpose, authority, and routine uses of the collected information is adequate to inform those affected by the system that their information has been collected and is being used appropriately.

System of Records Notice (SORN) is clear about the use of the information, specifically SORN:

- 13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA -

<https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>

- 131VA047 Corporate Travel and Charge Cards -VA

[-https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf](https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf)

6.2 Do individuals have the opportunity and right to decline to provide information? If so, is a penalty or denial of service attached?

This question is directed at whether the person from or about whom information is collected can decline to provide the information and if so, whether a penalty or denial of service is attached. This question is related to privacy control IP-1, Consent, IP-2, Individual Access, and IP-3, Redress.

PEGA CRM collects information VA Internal employees who can decline to provide the necessary information, however, without it, the Financial Services Center cannot process reimbursements or payments.

System of Records Notice (SORN) is clear about the use of the information, specifically SORN:

- 13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA

- 131VA047 Corporate Travel and Charge Cards -VA

6.3 Do individuals have the right to consent to particular uses of the information? If so, how does the individual exercise the right?

This question is directed at whether an individual may provide consent for specific uses, or the consent is given to cover all uses (current or potential) of his or her information. If specific consent is required, how would the individual consent to each use? This question is related to privacy control IP-1, Consent.

No. However, individuals can decline to provide the necessary information, but without it the Financial Services Center cannot process reimbursements or payments.

6.4 PRIVACY IMPACT ASSESSMENT: Notice

Describe the potential risks associated with potentially insufficient notice and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your Privacy Officer (PO) to complete all Privacy Risk questions inside the document this section).

Consider the following FIPPs below to assist in providing a response:

Principle of Transparency: This is referring to sufficient notice provided to the individual.

Principle of Use Limitation: The information used only for the purpose for which notice was provided either directly to the individual or through a public notice. The procedures in place must ensure that information is used only for the purpose articulated in the notice.

This question is related to privacy control TR-1, Privacy Notice, AR-2, Privacy Impact and Risk Assessment, and UL-1, Internal Use.

Follow the format below:

Privacy Risk: Individuals/Veterans would not have access to the system.

Mitigation:

- PEGA CRM ensures that users are provided with an individual's notice of information collection and notice of the system's existence through the methods discussed in question 6.1.
- PEGA CRM is an internal application accessible only to users with the appropriate SSOi login methods.

Section 7. Access, Redress, and Correction

The following questions are directed at an individual's ability to ensure the accuracy of the information collected about him or her.

7.1 The procedures that allow individuals to gain access to their information.

These questions are related to privacy control IP-2, Individual Access, and AR-8, Accounting of Disclosures.

*7.1a Cite any procedures or regulations your program has in place that allow access to information. These procedures, at a minimum, should include the agency's FOIA/Privacy Act practices, but may also include additional access provisions. **For example, if your program has a customer satisfaction unit, that information, along with phone and email contact information, should be listed in this section in addition to the agency's procedures. See 5 CFR 294 and the VA FOIA Web page at [VA Public Access Link-Home \(efoia-host.com\)](https://efoia-host.com) to obtain information about FOIA points of contact and information about agency FOIA processes.***

PEGA CRM collects information from VA internal employees. Nevertheless, individuals may always access their information via Freedom of Information Act (FOIA), and Privacy Act procedures. VA employees may access their information by contacting their servicing HR office.

7.1b If the system is exempt from the access provisions of the Privacy Act, please explain the basis for the exemption or cite the source where this explanation may be found, for example, a Final Rule published in the Code of Federal Regulations (CFR)?

PEGA CRM is not exempt from the access provisions of the Privacy Act.

7.1c If the system is not a Privacy Act system, please explain what procedures and regulations are in place that covers an individual gaining access to his or her information?

PEGA CRM is a Privacy Act system.

7.2 What are the procedures for correcting inaccurate or erroneous information?

Describe the procedures and provide contact information for the appropriate person to whom such issues should be addressed? If the correction procedures are the same as those given in question 7.1, state as much. This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

Users can contact the Customer Engagement call centers which are specific for the application business units, through the FSC help desk (1-(877) 353-9791) to gain access to information and get any information corrected.

7.3 How are individuals notified of the procedures for correcting their information?

How are individuals made aware of the procedures for correcting his or her information? This may be through notice at collection or other similar means. This question is meant to address the risk that even if procedures exist to correct information, if an individual is not made fully aware of the existence of those procedures, then the benefits of the procedures are significantly weakened.

This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

Corrections are handled at the respective Customer Engagement Call Centers. Additionally, they are informed through email for changes related to their submitted case.

7.4 If no formal redress is provided, what alternatives are available to the individual?

*Redress is the process by which an individual gains access to his or her records and seeks corrections or amendments to those records. Redress may be provided through the Privacy Act and Freedom of Information Act (FOIA), and also by other processes specific to a program, system, or group of systems. **Example: Some projects allow users to directly access and correct/update their information online. This helps ensure data accuracy.***

This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

Corrections are handled at the respective Call Centers.

7.5 **PRIVACY IMPACT ASSESSMENT: Access, redress, and correction**

*Discuss what risks there currently are related to the Department's access, redress, and correction policies and procedures for this system and what, if any, steps have been taken to mitigate those risks. **For example, if a project does not allow individual access, the risk of inaccurate data needs to be discussed in light of the purpose of the project. For example, providing access to ongoing law enforcement activities could negatively impact the program's effectiveness because the individuals involved might change their behavior.** (Work with your Privacy Officer (PO) to complete all Privacy Risk questions in this section).*

Consider the following FIPPs below to assist in providing a response:

Principle of Individual Participation: The individual must be provided with the ability to find out whether a project maintains a record relating to them.

Principle of Individual Participation: If access and/or correction is denied, then is the individual must be provided notice as to why the denial was made and how to challenge such a denial.

Principle of Individual Participation: The mechanism by which an individual is able to prevent information about them obtained for one purpose from being used for other purposes without their knowledge.

This question is related to privacy control IP-3, Redress.

Follow the format below:

Privacy Risk: There is a risk that individuals whose records contain incorrect information may not receive timely correspondence or services from the facility, e.g., incorrect information in a request for travel reimbursement could result in inability to generate proper payment.

Mitigation: PEGA CRM mitigates the risk of incorrect information in an individual's records by authenticating information when possible, using the resources discussed in Question 1.5. Additionally, case managers identify incorrect information in individual records during payment transaction processing. Staff are also informed of the importance of maintaining compliance with VA Release of Information (ROI) policies and procedures and about the importance of remaining alert to information correction requests.

Section 8. Technical Access and Security

The following questions are intended to describe technical safeguards and security measures. (Work with your ISSO to complete this section).

8.1 The procedures in place to determine which users may access the system, must be documented.

These questions are related to privacy control AR-7, Privacy-Enhanced System Design and Development.

8.1a Describe the process by which an individual receives access to the system?

IAM service is an authentication service specifically designed for controlling access for Department of Veterans Affairs (VA) internal users (employees and contractors) accessing VA applications. CRM has user authentication thru SSOi (Single Sign On Internal) integration with IAM for internal site. Standard Operating Procedures (SOP's) are documented in the CRM User Guide.

8.1b Identify users from other agencies who may have access to the system and under what roles these individuals have access to the system. Who establishes the criteria for what PII can be shared?

All CRM users are internal to the agency.

8.1c Describe the different roles in general terms that have been created to provide access to the system? For example, certain users may have "read-only" access while others may be permitted to make certain amendments or changes to the information.

Separation of duties matrix is used to identify user's role and determine their level of access:

- User: read only
- System admin: read and write
- Database admin: read and write
- Application Admin: read and write
- VA Cloud Broker: read and write
- Managers: read and write
- Approvers: read and write

8.2a. Will VA contractors have access to the system and the PII?

Yes

8.2b. What involvement will contractors have with the design and maintenance of the system?

Contractors will have access to system with PII.

8.2c. Does the contractor have a signed confidentiality agreement?

Contractors are required to sign an NDA or confidentiality agreement.

8.2d. Does the contractor have an implemented Business Associate Agreement for applicable PHI?

8.2e. Does the contractor have a signed non-Disclosure Agreement in place?

If so, how frequently are contracts reviewed and by whom? Describe the necessity of the access provided to contractors to the system and whether clearance is required. If Privacy Roles and Responsibilities have been established to restrict certain users to different access levels, please describe the roles and associated access levels. Explain the need for VA contractors to have access to the PII. This question is related to privacy control AR-3, Privacy Requirements for Contractors, and Service Providers.

Contracts are reviewed annually by the Contracting Officer Representative (COR). Clearance levels are determined by the COR and position sensitivity level and risk designation. Access is reviewed annually, and verification of Cyber Security training and Privacy is validated by the COR.

8.3 Describe what privacy training is provided to users either generally or specifically relevant to the program or system?

VA offers privacy and security training. Each program or system may offer training specific to the program or system that touches on information handling procedures and sensitivity of

information. Please describe how individuals who have access to PII are trained to handle it appropriately.

This question is related to privacy control AR-5, Privacy Awareness and Training.

Privacy and Information Security Awareness and Rules of Behavior (Talent Management System course # 10176) is required for all Federal and Contractor personnel that require access to the VA Network. Annual training compliance is closely monitored.

Other required Talent Management System courses monitored for compliance:

- VA 10203: Privacy and HIPAA Training
- VA 3812493: Annual Government Ethics

8.4 The Authorization and Accreditation (A&A) completed for the system.

8.4a If Yes, provide:

1. *The Security Plan Status: Approved ~~Completed~~*
2. *The System Security Plan Status Date: 10/02/2024*
3. *The Authorization Status: ATO Granted*
4. *The Authorization Date: 08/12/2024*
5. *The Authorization Termination Date: 08/12/2025*
6. *The Risk Review Completion Date: 12/06/2024*
7. *The FIPS 199 classification of the system (LOW/MODERATE/HIGH): Moderate*

PEGA CRM Cloud will be under FTG Authority To Operate (ATO) with FIPS 199 Classification estimated to be Moderate.

Please note that all systems containing SPI are categorized at a minimum level of “moderate” under Federal Information Processing Standards Publication 199.

*8.4b If No or In Process, provide your **Initial Operating Capability (IOC) date.***

N/A

Section 9 – Technology Usage

The following questions are used to identify the technologies being used by the IT system or project.

9.1 Does the system use cloud technology? If so, what cloud model is being utilized?

If so, Does the system have a FedRAMP provisional or agency authorization? If the system does use cloud technology, but does not have FedRAMP authorization, explain how the Cloud Service Provider (CSP) solution was assessed and what FedRAMP documents and processes were used for the assessment in order to comply with VA Handbook 6517. Types of cloud models include: Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS), Desktop as a Service (DaaS), Mobile Backend as a Service (MBaaS), Information Technology Management as a Service (ITMaaS). This question is related to privacy control UL-1, Information Sharing with Third Parties. (Refer to question 1.8 of the PTA)

PEGA CRM uses Veteran Affairs Enterprise Center Microsoft Azure Government (MAG) cloud technology. Cloud Service Provider was assessed and approved in FedRAMP.

9.2 Does the contract with the Hosting Cloud Service Provider, Contractors and VA customers establish who has ownership rights over data including PII? (Provide contract number and supporting information about PII/PHI from the contract). (Refer to question 3.3.1 of the PTA)

This question is related to privacy control AR-3, Privacy Requirements for Contractors, and Service Providers.

PEGA CRM uses Veteran Affairs Enterprise Center Microsoft Azure Government (MAG) cloud technology.

9.3 Will the CSP collect any ancillary data and if so, who has ownership over the ancillary data?

Per NIST 800-144, cloud providers hold significant details about the accounts of cloud consumers that could be compromised and used in subsequent attacks. Ancillary data also involves information the cloud provider collects or produces about customer-related activity in the cloud. It includes data collected to meter and charge for consumption of resources, logs and audit trails, and other such metadata that is generated and accumulated within the cloud environment.

This question is related to privacy control DI-1, Data Quality.

PEGA CRM uses Veteran Affairs Enterprise Center Microsoft Azure Government (MAG) cloud technology. No, CSP (Cloud Service Provider) does not collect any ancillary data.

9.4 NIST 800-144 states, “Organizations are ultimately accountable for the security and privacy of data held by a cloud provider on their behalf.” Is this principle described in contracts with customers? Why or why not?

What are the roles and responsibilities involved between the organization and cloud provider, particularly with respect to managing risks and ensuring organizational requirements are met? This question is related to privacy control AR-3, Privacy Requirements for Contractors and Service Providers.

PEGA CRM uses Veteran Affairs Enterprise Center Microsoft Azure Government (MAG) cloud technology.

9.5 If the system is utilizing Robotics Process Automation (RPA), please describe the role of the bots.

Robotic Process Automation is the use of software scripts to perform tasks as an automated process that executes in parallel with or in place of human input. For example, will the automation move or touch PII/PHI information. RPA may also be referred to as “Bots” or Artificial Intelligence (AI).

PEGA CRM system interface with Robotics Process Automation (RPA) which is another system. PEGA CRM sends information to Bots and Bot process the information and returns the status to PEGA CRM.

Section 10. References

Summary of Privacy Controls by Family

Summary of Privacy Controls by Family

ID	Privacy Controls
AP	Authority and Purpose
AP-1	Authority to Collect
AP-2	Purpose Specification
AR	Accountability, Audit, and Risk Management
AR-1	Governance and Privacy Program
AR-2	Privacy Impact and Risk Assessment
AR-3	Privacy Requirements for Contractors and Service Providers
AR-4	Privacy Monitoring and Auditing
AR-5	Privacy Awareness and Training
AR-7	Privacy-Enhanced System Design and Development
AR-8	Accounting of Disclosures
DI	Data Quality and Integrity
DI-1	Data Quality
DI-2	Data Integrity and Data Integrity Board
DM	Data Minimization and Retention
DM-1	Minimization of Personally Identifiable Information
DM-2	Data Retention and Disposal
DM-3	Minimization of PII Used in Testing, Training, and Research
IP	Individual Participation and Redress
IP-1	Consent
IP-2	Individual Access
IP-3	Redress
IP-4	Complaint Management
SE	Security
SE-1	Inventory of Personally Identifiable Information
SE-2	Privacy Incident Response
TR	Transparency
TR-1	Privacy Notice
TR-2	System of Records Notices and Privacy Act Statements
TR-3	Dissemination of Privacy Program Information
UL	Use Limitation
UL-1	Internal Use
UL-2	Information Sharing with Third Parties

Signature of Responsible Officials

The individuals below attest that the information they provided in this Privacy Impact Assessment is true and accurate.

Privacy Officer, Morla D. Roberts

Information System Security Officer, Ronald Murray

Information System Owner, Lee M. Brown

APPENDIX A-6.1

Please provide a link to the notice or verbiage referred to in Section 6 (a notice may include a posted privacy policy; a Privacy Act notice on forms; screen shot of a website collection privacy notice).

- 10091 Form: https://www.blogs.va.gov/nvspse/wp-content/uploads/2019/02/VA_Form_10091_FMS_Vendor_File_Request_Form.pdf
- 13VA047 Individuals Submitting Invoices-Vouchers for Payment-VA - <https://www.govinfo.gov/content/pkg/FR-2020-04-23/pdf/2020-08611.pdf>
- 131VA047 Purchase Credit Card Program-VA - <https://www.govinfo.gov/content/pkg/FR-2021-09-21/pdf/2021-20362.pdf>

HELPFUL LINKS:

Records Control Schedule 10-1 (va.gov)

General Records Schedule

<https://www.archives.gov/records-mgmt/grs.html>

National Archives (Federal Records Management):

<https://www.archives.gov/records-mgmt/grs>

VA Publications:

<https://www.va.gov/vapubs/>

VA Privacy Service Privacy Hub:

<https://dvagov.sharepoint.com/sites/OITPrivacyHub>

Notice of Privacy Practice (NOPP):

VHA Directive 1605.04

[IB 10-163p \(va.gov\)](#)