

Compliance Program
2nd Quarter FY 2021

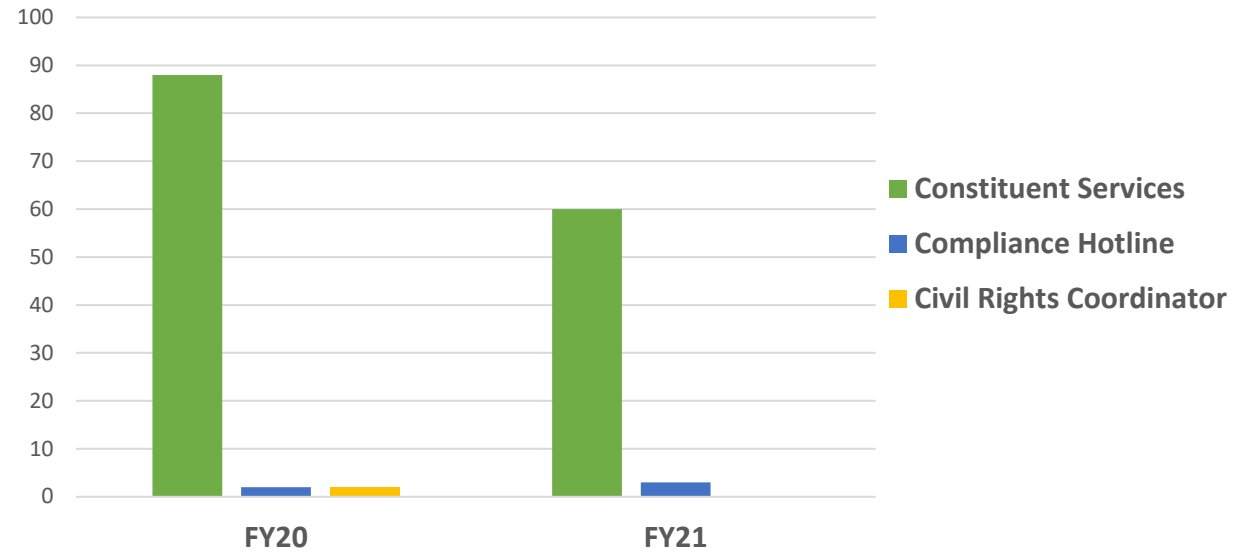
Presentation to

MHBE Board of Trustees

Presented by
Caterina Pañgilinan
January 19, 2021

Q2 FY21 Compliance Hotline

Department	Constituent Services	Compliance Hotline	Civil Rights Coordinator
FY20	88	2	2
FY21	60	3	0



Q2 FY21 Fraud, Waste & Abuse Allegations

- 5 - Allegations
 - ❖ 3 Not Founded
 - ❖ 2 Referred to MDH

Q2 FY21 Audit Status Report

Total Audit Findings

- (1) Independent External Audit Finance PY19
- (0) Recruitment and Evaluation FY19
- (0) Independent External Audit Programmatic PY19
- (0) Internal Revenue Service Triennial (Management, Technical and Operations)

Internal Assessments

- (Approved) Privacy Impact Assessment
- (Approved) Minimum Acceptable Risk-Standards
State-based Exchange
- (1) SMART PY19
Employer Sponsored Coverage*
Failure to Reconcile (FTR) Flags

CMS

Exchange Improper Payment Measurement Pilot

Current/Pending Audits

OLA Triennial Financial and IT Audit

Q2 FY21 Internal Review Program Monitoring

- ❖ Indefinite Delivery Indefinite Quantity (IDIQ) Invoice Process
- ❖ Appeals Process
- ❖ Public Information Act
- ❖ Inventory and Reconciliation Process

Compliance Dashboard – Internal Controls

- ❖ Average number of days to complete an internal review - measured from kick off to first scheduled close out - 60 days
- ❖ Annual internal reviews kicked off within 12-months of prior closeout meeting - 90%
- ❖ Percentage of Internal Review Corrective Actions implemented within 30 and 60 days, respectively, from closeout meeting date - baseline
- ❖ Average number of days from receipt of FWA allegations to investigation closure - > 30 days
- ❖ Rate of overrides performed in prior month - baseline
- ❖ Rate of “Other” overrides performed in prior month - baseline
- ❖ Rate of SEP applications submitted in prior month - baseline
- ❖ Rate of “Other” SEP applications submitted in prior month - baseline

Compliance Dashboard – Policy and Procedures, Privacy, and Information Requests

- ❖ Number of days between initial submission or request for revision of draft policy/procedure to formal approval - baseline
- ❖ Number of days between formal approval of policy and procedure to posting to intranet- baseline
- ❖ Percentage of Policies and Procedures beyond the review date - baseline
- ❖ Rate of “general document worker portal” privacy incidents caused by MDH - baseline
- ❖ Rate of “unknown work queue” privacy incidents caused by MDH – baseline
- ❖ Percentage of MDH approved requests for information submitted within 10 working days from approval – 95%
- ❖ Percentage of requests for information fulfilled by required deadline – 95%

Q2 FY21 Privacy Program

MHBE Incident Management

- Incident Report Form on MHBE Website
- Breach Notification Timeline Research
- Review DHS Risk of Harm Factors
- Producer Breach Letters Update

Policy - Review

- Incident Handling & Breach Notification
- Accounting of Disclosures
- Periodic Certification of Access

Procedures

- FY20 Maximus Remote Review
- Drafted Privacy Notice Mailer
- Art & Negative Document ID Protocol

Q2 FY21 Privacy Program

NEEAs/DUAs

- LABOR Beacon Data Use Agreement (DUA)
- UMBC PII Exchange DUA
- MIA Standalone DUA

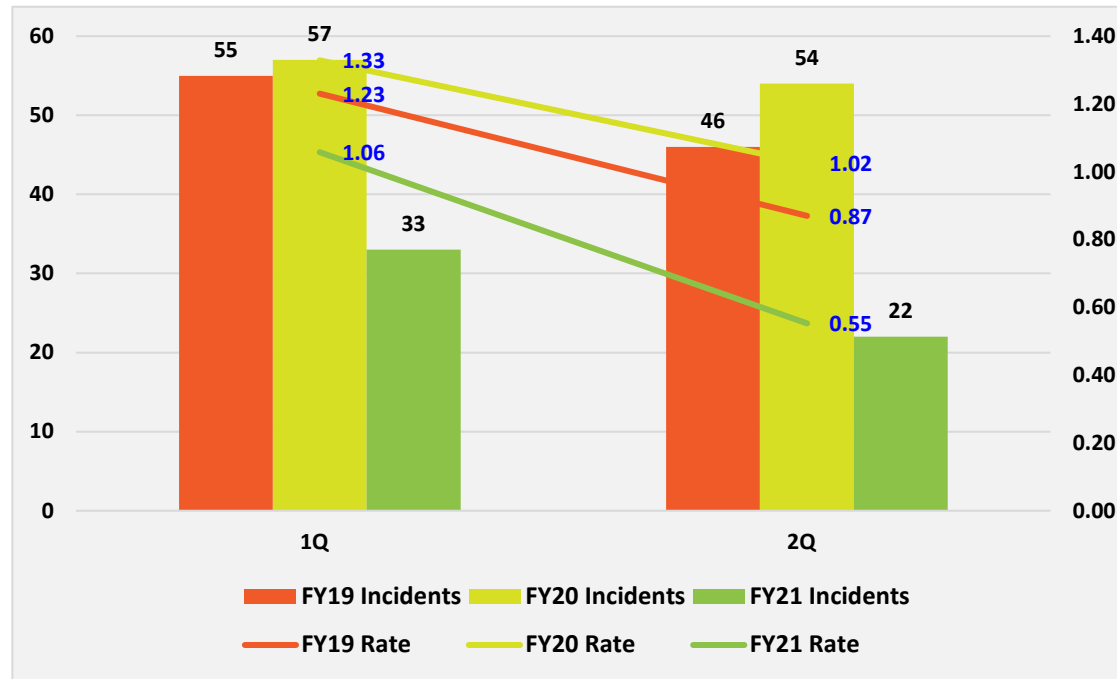
JIRAs

- MH – 45424; Preserving Old Auth. Rep Information – 02/26/21
- MH – 47408; Role-based Access for X03 Form – 03/26/2021

MDH Support

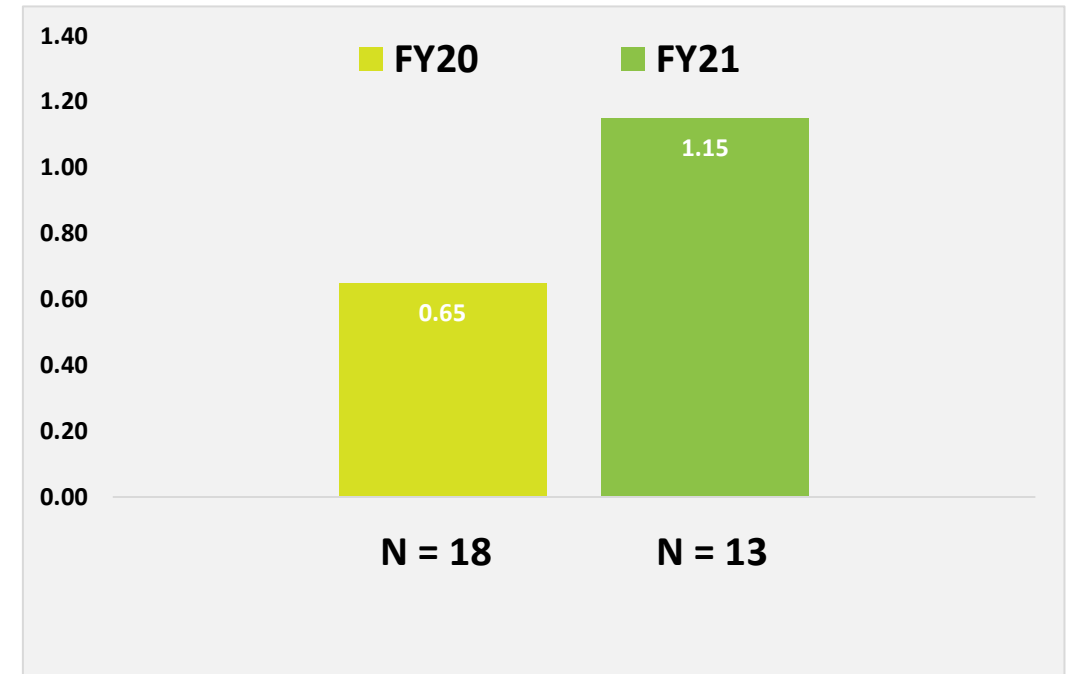
- Misload Reporting & Removal Process Demonstration
- Supporting Documentation Screenshots
- Distinction Between Types of Misloads

YTD Non-Producer Privacy Incidents



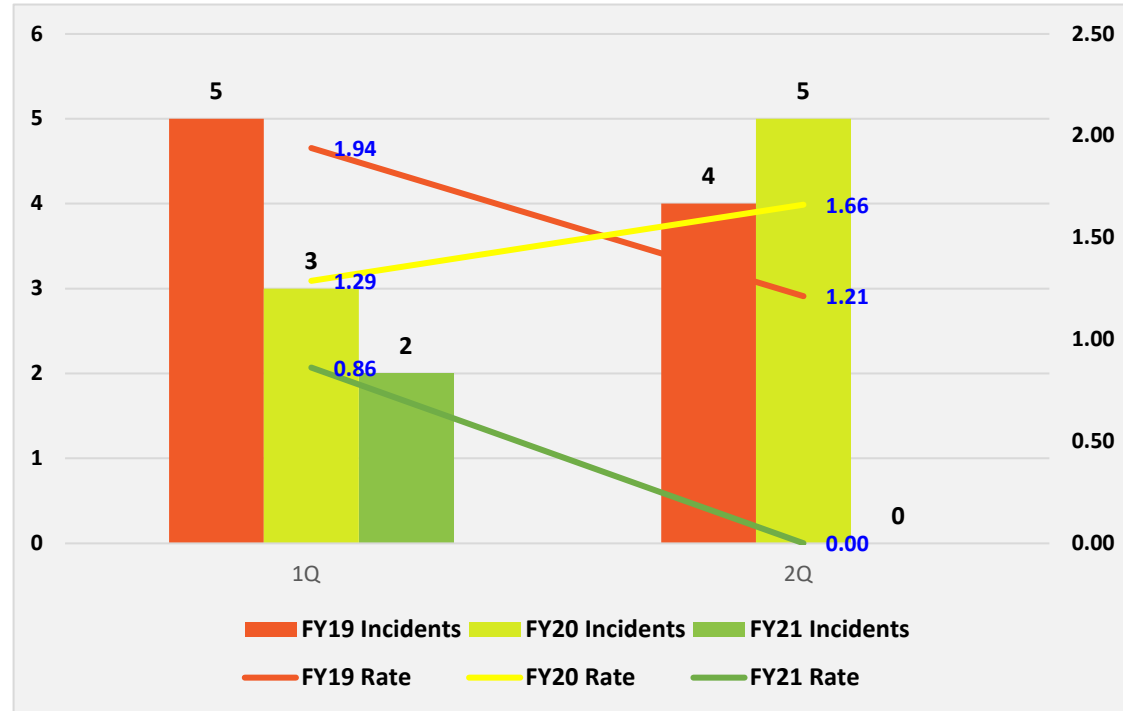
Per 10,000 Enrollments

YTD Rate of Producers – 78% Increase



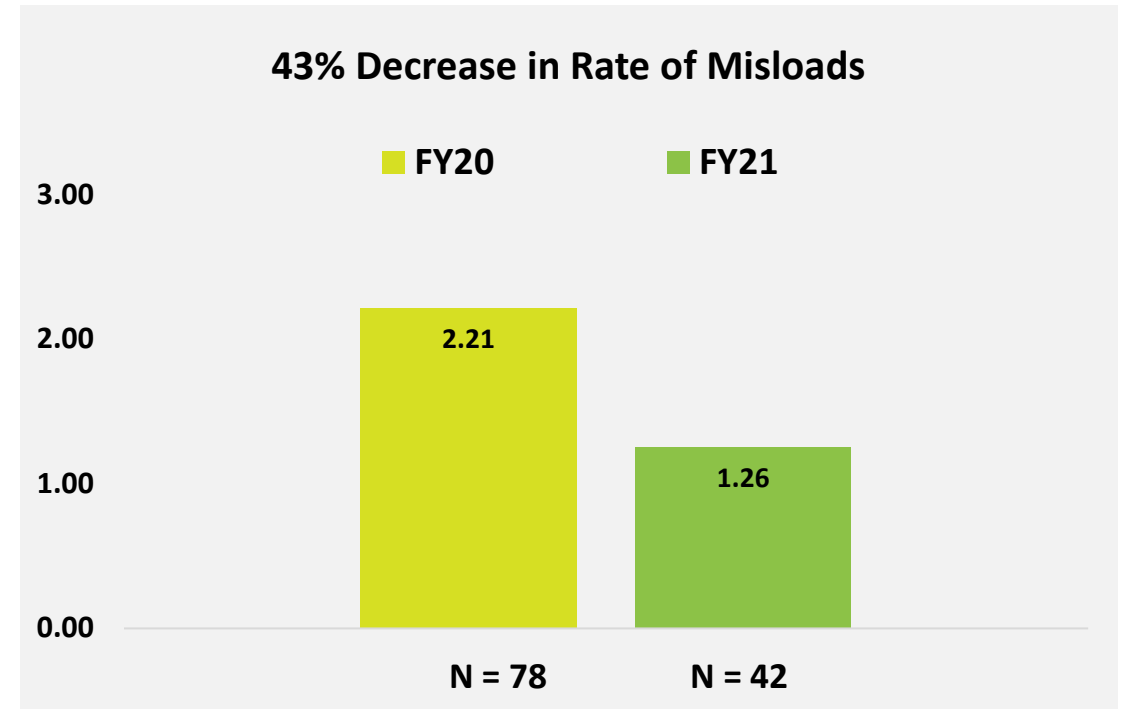
Per 1,000 Producer Enrollments

YTD CSR Error Rate



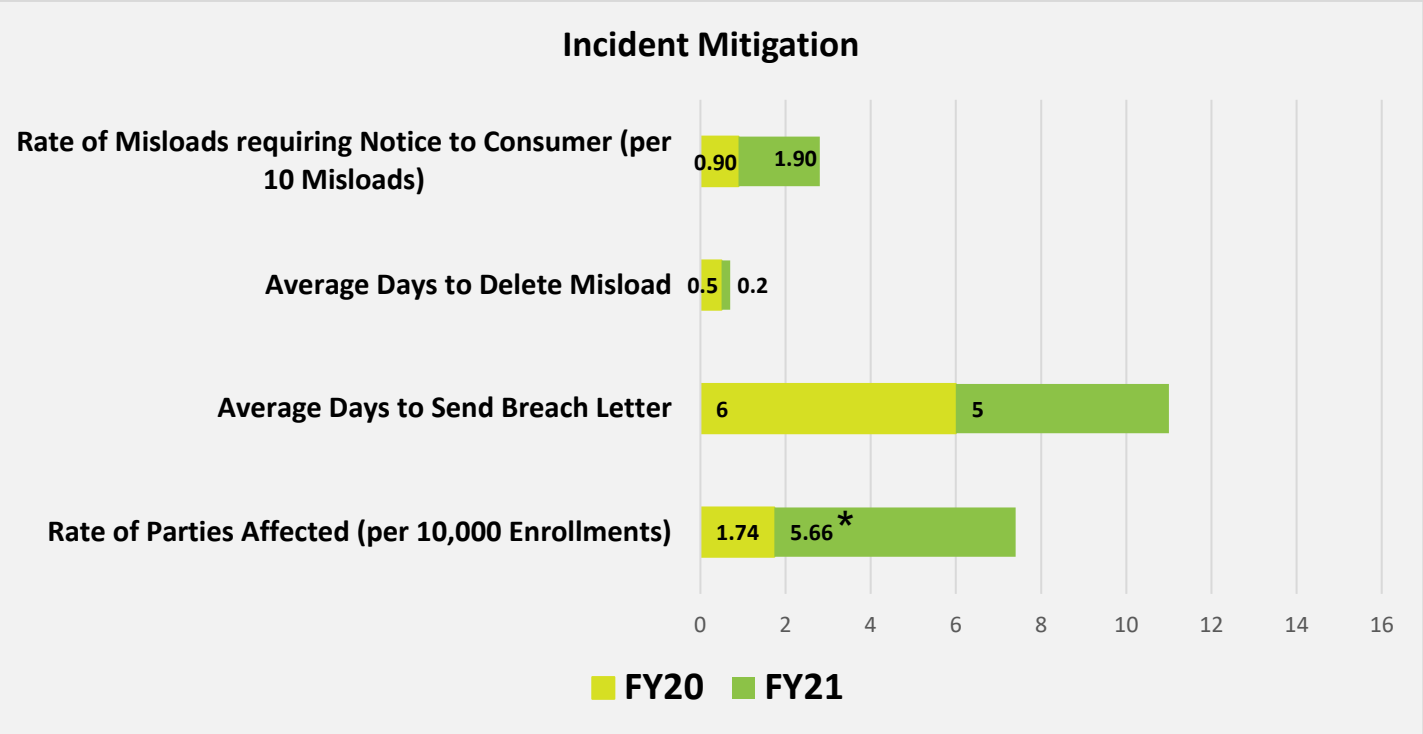
Per 100,000 Calls

YTD Misload Rate



Per 10,000 VCL Uploads

YTD Incident Mitigation



* 432 Rate if MHBE & AHEC West Incidents Included

Questions?

Thank you for your leadership.