



COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY
(A Component Unit of the Commonwealth of Massachusetts)

Financial Statements and Required Supplementary Information

June 30, 2015 and 2014

(With Independent Auditors' Report Thereon)



KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report

The Board of Directors
Commonwealth Health Insurance Connector Authority:

Report on the Financial Statements

We have audited the accompanying financial statements of the Commonwealth Health Insurance Connector Authority (the Health Connector), a component unit of the Commonwealth of Massachusetts, which comprise the Statements of Net Position, the Statements of Revenues, Expenses, and Changes in Net Position and the Statements of Cash Flows as of and for the years ended June 30, 2015 and 2014 and the related notes to the financial statements, which collectively comprise the Health Connector's basic financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Commonwealth Health Insurance Connector Authority as of June 30, 2015 and 2014, and the changes in its financial position and cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Emphasis of Matter

As discussed in Note 1(m), the Health Connector adopted Governmental Accounting Standards Board (GASB) Statement No. 68, *Accounting and Financial Reporting for Pensions*. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

U.S. generally accepted accounting principles require that the Management’s Discussion and Analysis on pages 3–8 and the Schedule of Proportionate Share of Net Pension Liability and Schedule of Funding Progress on pages 26-27 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 5, 2016 on our consideration of the Health Connector’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Connector’s internal control over financial reporting and compliance.

KPMG LLP

February 5, 2016

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Management's Discussion and Analysis - Unaudited

June 30, 2015 and 2014

Introduction

The following discussion and analysis of the financial performance and activity of the Commonwealth Health Insurance Connector Authority (the Health Connector) is intended to provide an introduction to and an overview and analysis of the basic financial statements for the years ended June 30, 2015 (FY2015) and 2014 (FY2014). The management of the Health Connector has prepared this discussion, and it should be read in conjunction with the financial statements and the notes thereto, which follow this section.

Background of the Health Connector

The Health Connector is a body politic and corporate and a public instrumentality of the Commonwealth of Massachusetts (the Commonwealth). The Health Connector is established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, c. 176Q or the Health Connector Governing Act), as added by Section 101 of Chapter 58 of the Acts of 2006 (c. 58 or the Health Care Reform Act of 2006), and is an independent public entity not subject to the supervision and control of any other office, department, commission, board, bureau, agency or political subdivision of the Commonwealth.

The Health Connector is governed by an eleven member public private Board, comprised of four ex-officio members – the Secretary of the Executive Office of Health and Human Services, who serves as chair of the Board; the Secretary of Administration and Finance; the Executive Director of the Group Insurance Commission; and the Commissioner of Insurance – and seven members of the public, four appointed by the Governor and three appointed by the Attorney General. Public sector members encompass a range of interests and expertise, including organized labor, employee health benefits, consumers, small business, actuarial science, health economics and health insurance brokerage.

The Health Connector's primary responsibility is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups. The Health Connector administered two programs for only part of the fiscal year ended June 30, 2015:

- Commonwealth Care – a subsidized health insurance program, administered through January 2015, for adults without access to employer sponsored health insurance and with family income at or below 300% of the federal poverty level (FPL).
- Commonwealth Choice – an unsubsidized program, administered through December 2014, for individuals and small groups including sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business that, on at least 50% of its working days during the preceding year, employed at least one but not more than 50 employees.

Since January 1, 2014, the Health Connector has been operating as a State-Based Marketplace (SBM) that meets the requirements of the Affordable Care Act (ACA). The Health Connector currently offers the following ACA-compliant programs:

- Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) for eligible individuals. Individuals with income up to 400% FPL may be eligible for federal Advanced Premium Tax Credits (APTC); individuals with income up to 250% FPL may be eligible for federal cost-sharing reductions.

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- ConnectorCare is a subsidized health insurance program offering QHPs to individuals at 300% or less of the FPL. In addition to federal tax credits and cost-sharing reductions, ConnectorCare members also receive state subsidies to further offset premium and point-of-service costs.
- Small Business Health Options Program (SHOP) offers QHPs and QDPs to small businesses. Small businesses may be eligible for ACA small business tax credits up to 50% of the cost of health insurance for businesses with fewer than 25 full time equivalent employees, who earn on average \$50,000 a year or less in 2015.
- The Navigator program is required by the ACA and provides grants to community organizations that assist individuals and small businesses with enrollment.
- The Massachusetts-state-based risk adjustment program, the only state-specific program in the nation (federal certification received from CMS in March 2013).
- The Wellness Track program, established by Chapter 288 of the Acts of 2010, allows eligible employers to earn up to a 15% rebate on the premium contribution for promoting a healthy workforce.

In addition, the Health Connector continues to be responsible for, among other things, policy development around the Affordability Schedule and Minimum Credible Coverage rules and public education and outreach.

Health Connector Operations

As of June 30, 2015, the Health Connector employed approximately 54 full-time equivalent personnel in business administration and program functions (*e.g.*, finance, legal, communications and public outreach, plan management and information technology), as well as support functions, including an appeals unit to manage the appeals process for the individual mandate and Commonwealth Care eligibility determinations. Additionally, the Health Connector subcontracts a significant amount of back office operations to public entities and private vendors, primarily IT development and maintenance, customer service and business operations.

The Health Connector has played a critical role in implementing the ACA in Massachusetts. Financing for ACA implementation efforts came, in part from seven grants from the United States Department of Health and Human Services (HHS), including the Exchange Planning Grant and the Level 1, Level 1A, Level 2, Level 1D, Level 1E and Level 1F Exchange Establishment grants totaling \$189.3 million. These funds primarily support one-time, ACA transition and implementation activities but also helped offset the cost of Health Connector personnel and other eligible operating costs through early Calendar Year (CY) 2015. The availability of federal funds was the principal reason the Health Connector was able to suspend issuer administrative fees during CY2014.

Current Year Activities

FY2015 continued to be a transition year for the Health Connector, as the programs established by chapter 58 (Commonwealth Care and Commonwealth Choice), continued through January 2015 and December 2014, respectively. ACA-required programs launched on January 1, 2014, including the offering of QHPs and QDPs to individuals and small businesses, the Navigator program and the Massachusetts-specific risk adjustment program. Many key accomplishments were achieved during FY2015, most significantly the implementation of a new eligibility and enrollment system which allowed for 2015 open enrollment and the transition of members into ACA-compliant programs.

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The Financial Statements

The Health Connector's financial report includes three financial statements: the Statement of Net Position (similar to a balance sheet); the Statement of Revenues, Expenses and Changes in Net Position; and the Statement of Cash Flows. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America as promulgated by the Governmental Accounting Standards Board (GASB). Under this method of accounting, an economic resources measurement focus and an accrual basis of accounting is used, similar to private industry. Revenue is recorded when earned, and expenses are recorded when incurred.

The Statement of Net Position presents information on the Health Connector's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health Connector is improving or deteriorating.

The Statement of Revenues, Expenses and Changes in Net Position reports the operating revenues and expenses and nonoperating revenues and expenses of the Health Connector for the fiscal year. The difference – increase or decrease in net position – is presented as the change in net position for the fiscal year. The cumulative differences from inception forward are presented as the net position of the Health Connector, reconciling to total net position on the Statement of Net Position.

The Statement of Cash Flows presents information showing how the Health Connector's cash and cash equivalents position changed during the fiscal year. The Statement of Cash Flows classifies cash receipts and cash payments as resulting from operating activities, capital and related financing activities, noncapital financing activities and investing activities. The net result of those activities is reconciled to the cash and short-term investment balances reported at the end of the fiscal year. This statement is prepared using the direct method, which allows the reader to easily understand the amount of cash received and how much cash was disbursed.

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Summarized Financial Information

Summarized financial information as of and for the years ended June 30, 2015, 2014, and 2013 is as follows:

	2015	2014	2013
Current assets	\$ 165,769	113,662	53,800
Capital assets	612	743	1,579
Total assets	<u>166,381</u>	<u>114,405</u>	<u>55,379</u>
Current liabilities	129,670	84,266	24,724
Long term liabilities	3,705	3,064	2,529
Total liabilities	<u>133,375</u>	<u>87,330</u>	<u>27,253</u>
Net position:			
Invested in capital assets	612	743	1,579
Unrestricted	32,394	26,331	26,546
Total net position	<u>\$ 33,006</u>	<u>27,074</u>	<u>28,125</u>

	2015	2014	2013
Operating revenues	\$ 501,008	796,882	894,265
Operating expenses	576,086	874,824	918,270
Operating loss	<u>(75,078)</u>	<u>(77,942)</u>	<u>(24,005)</u>
Nonoperating revenue	81,010	76,891	26,212
Increase (decrease) in net position	<u>\$ 5,932</u>	<u>(1,051)</u>	<u>2,207</u>

Financial Highlights

For FY2015, the Health Connector had a net operating loss of \$75,077,957 on operating revenues of \$501,008,089 and operating expenses of \$576,086,046. For FY2014, the Health Connector had a net operating loss of \$77,942,312 on operating revenues of \$796,882,162 and operating expenses of \$874,824,474.

Operating revenues include \$210,831,682 of Commonwealth Care capitation and \$25,331,192 of Commonwealth Care enrollee contributions. Commonwealth Care capitation revenue is received from the Commonwealth Care Trust Fund (CCTF) and is paid to the Managed Care Organizations (MCOs) based on a contractual per member per month (PMPM) capitation rate multiplied by the number of enrollees per month. The CCTF is a fund that is

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managed and administered by the Commonwealth. The MCOs are the health plans contracted by the Health Connector to organize medical services to Commonwealth Care enrollees. Enrollee contributions are paid by individuals enrolled in the Commonwealth Care program with income levels that are above 100% of the FPL. Contribution amounts are on a sliding scale based on income and are collected by the Health Connector. In FY2015, the sum of capitation revenue and enrollee contributions for Commonwealth Care decreased by \$494,558,929 compared with FY2014, offset by the same amount of change in capitation expense. The significant decrease can be attributed to the Commonwealth Care program ending effective January 31, 2015.

Operating revenues also include \$187, 863,608 in premiums billed to QHP and QDP enrollees. Premiums for QHP and QDP enrollees are billed one month in advance of the coverage period. Premium payments collected by the Health Connector from QHP and QDP enrollees are paid to the carriers on a monthly basis. In FY2015, QHP and QDP premiums increased by \$142,987,780 compared to FY2014 due to the end of the Commonwealth Care program and the transition of members in to ACA-compliant coverage. Additional FY2015 operating revenues include state-funded premium subsidies and cost sharing reduction subsidies, which were \$34,295,654 and \$30,736,246 respectively. Both subsidies, which are part of the Health Connector's ConnectorCare program, supplement federal subsidies to further strengthen affordability of coverage for individuals with income at or below the 300% of the FPL. These subsidies, which are funded from the CCTF, are paid to the carriers on a monthly basis. In FY2015, state-funded premium and cost sharing reduction subsidies increased by \$34,100,310 and \$30,496,132, respectively, when compared to FY2014. As was the case with the QHP and QDP premium increases, both subsidies increased significantly from FY2014 due to the end of the Commonwealth Care program and the transition of members in to ACA-compliant coverage.

Additional FY2015 operating revenue includes \$7,162,611, which represents administrative fees assessed to the carriers for the period January through June 2015. The administrative fee charged to the carriers for ConnectorCare QHP enrollees is 3.0% of the sum of enrollee premiums paid, federal APTC and state premium subsidies paid to the carriers. The administrative fee charged to the carriers for non-ConnectorCare QHP enrollees is 2.5% of the sum of enrollee premiums paid and federal APTC. The administrative fee charged to the carriers for QDP enrollees is 3.0% of the enrollee premiums paid. An additional \$4,556,429 represents the Health Connector's Commonwealth Care administrative fee for FY2015, which decreased by \$12,103,201 compared to FY2014, mainly due to the Commonwealth Care program ending on January 31, 2015. Nonoperating revenue, which includes federal grant revenue of \$65,135,791, a state appropriation of \$15,300,000 and investment income of \$44,344, increased by \$4,118,548 compared with FY2014. Most of the change is due to a \$13,300,000 increase in the state appropriation received from the Commonwealth offset by a \$9,694,591 decrease in federal grant revenue received by the Health Connector due to the winding down of ACA implementation activities in FY2015.

For FY2014, the Health Connector had a net operating loss of \$77,942,312 on operating revenues of \$796,882,162 and operating expenses of \$874,824,474. For FY2013, the Health Connector had a net operating loss of \$24,005,333 on operating revenues of \$894,264,536 and operating expenses of 918,269,869. In FY2014, the sum of capitation revenue and enrollee contributions for Commonwealth Care decreased by \$133,368,105 compared with FY2013, offset by the same amount of change in capitation expense. The main drivers of this change were the migration of Commonwealth Care enrollees at or below 133% of the FPL to Mass Health effective January 1, 2014, offset by an increase in capitation expense due to the addition of the Medical Security Program (MSP) enrollees effective January 1, 2014, and a higher settlement liability from the FY2013 aggregate risk sharing settlement compared with the previous year.

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Operating revenues for FY2014 include \$669,563,966 of Commonwealth Care capitation and \$61,157,837 of Commonwealth Care enrollee contributions. In FY2014, operating revenues also included \$44,875,828 in premiums billed to QHP and QDP enrollees for the period January 1, 2014 through June 30, 2014. Other FY2014 operating revenues included state-funded premium and cost sharing reduction subsidies. Additional operating revenue in FY2014 included the Commonwealth Care and Commonwealth Choice administrative fees, which were \$61,157,837 and \$3,923,113, respectively.

Contacting the Health Connector's Management

This financial report is designed to provide citizens, taxpayers and creditors with a general view of the Health Connector's finances and to show the Health Connector's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact Dom DiVito, Director of Accounting, Commonwealth Health Insurance Connector Authority at 100 City Hall Plaza, 6th Floor, Boston, MA 02108.

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Statements of Net Position

June 30, 2015 and 2014

	2015	2014
Assets:		
Current assets:		
Cash and short-term investments (note 2)	\$ 40,085,488	38,468,506
Restricted asset – short-term investments (note 3)	5,611,776	3,531,792
Accounts receivable – Commonwealth Care enrollees, net (note 4)	—	692,270
Accounts receivable - qualified health and dental plan enrollees, net (note 5)	5,278,806	3,471,208
Accounts receivable – ACA risk adjustment (note 6)	60,126,427	—
Accounts receivable – Federal Grants	17,603,528	33,100,212
Due from Commonwealth (note 7)	28,586,344	34,173,803
Accounts receivable – carriers (note 8)	7,142,827	—
Other assets	1,334,486	223,869
Total current assets	165,769,682	113,661,660
Noncurrent assets (note 12):		
Capital assets – computers and equipment	102,484	102,484
Less accumulated depreciation	(39,191)	(24,550)
Total computers and equipment	63,293	77,934
Capital assets – furniture and fixtures	267,669	267,669
Less accumulated depreciation	(215,003)	(188,236)
Total furniture and fixtures	52,666	79,433
Capital assets – computer software	813,738	813,738
Less accumulated depreciation	(318,080)	(227,960)
Total computer software	495,658	585,778
Total noncurrent assets	611,617	743,145
Total assets	166,381,299	114,404,805
Liabilities:		
Current liabilities:		
Accounts payable	7,623,913	12,217,353
Unearned revenue (note 13)	22,740,036	12,826,529
Accrued salary and benefits (note 1(i))	590,691	623,447
Liabilities to be paid from restricted assets (note 3)	5,611,776	3,531,792
Accounts payable – ACA risk adjustment (notes 6 and 14)	60,126,427	—
Accounts payable – MCO's	13,515,255	23,266,268
Accounts payable – enrollee overpayments	8,535,131	2,087,975
Other liabilities	10,926,720	29,712,803
Total current liabilities	129,669,949	84,266,167
Long term liabilities:		
OPEB obligation (note 10)	3,705,499	3,064,418
Total long term liabilities	3,705,499	3,064,418
Total liabilities	133,375,448	87,330,585
Net position:		
Invested in capital assets	611,617	743,145
Unrestricted	32,394,234	26,331,075
Commitments and contingencies (notes 11, 15 and 16)		
Total net position	\$ 33,005,851	27,074,220

See accompanying notes to financial statements.

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Statements of Revenues, Expenses, and Changes in Net Position

Years ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Operating revenues:		
Commonwealth Care capitation	\$ 210,831,682	669,563,966
Commonwealth Care enrollee contributions	25,331,192	61,157,837
Commonwealth Care administrative fee	4,556,429	16,659,630
Qualified health and dental plan enrollee premiums	187,863,608	44,875,828
State wrap premium subsidy - ConnectorCare	34,295,654	195,344
State cost sharing reduction subsidy - ConnectorCare	30,736,246	240,114
Carrier Administrative fees	7,162,611	—
Commonwealth Choice administrative fee	—	3,923,113
Other revenue	230,667	266,330
	<u>501,008,089</u>	<u>796,882,162</u>
Total operating revenues		
Operating expenses:		
Commonwealth Care capitation	236,162,874	730,721,803
Carrier payments - qualified health and dental plan enrollee premiums	187,863,608	44,875,828
State wrap premium subsidy - ConnectorCare	34,295,654	195,344
State cost sharing reduction subsidy - ConnectorCare	30,736,246	240,114
Enrollment and eligibility services - Commonwealth Care	—	3,312,372
Consulting and professional support (note 15)	47,683,726	56,984,153
Customer service and premium billing	23,638,154	24,421,001
Website development and management services	—	213,165
Navigator program	1,533,229	1,138,860
Salaries, benefits, and payroll taxes	7,073,665	6,587,397
Communications	4,077,721	3,967,114
General and administrative	384,006	283,353
IT and communications	791,240	836,548
Facility and related	691,471	605,123
Depreciation expense	131,527	86,467
Program appeals	250,068	324,982
Pension expense (note 9)	529,453	—
Other expense	243,404	30,850
	<u>576,086,046</u>	<u>874,824,474</u>
Total operating expenses		
Operating loss	<u>(75,077,957)</u>	<u>(77,942,312)</u>
Nonoperating revenue:		
Federal grant revenue	65,135,791	74,830,382
State appropriation	15,300,000	2,000,000
Intergovernmental revenue (note 9)	529,453	—
Investment income	44,344	60,658
	<u>81,009,588</u>	<u>76,891,040</u>
Total nonoperating revenue		
Increase (decrease) in net position	5,931,631	(1,051,272)
Net position – beginning of fiscal year	<u>27,074,220</u>	<u>28,125,492</u>
Net position – end of fiscal year	<u>\$ 33,005,851</u>	<u>27,074,220</u>

See accompanying notes to financial statements.

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Statements of Cash Flows

Years ended June 30, 2015 and 2014

	2015	2014
Cash flows from operating activities:		
Cash paid to employees	\$ (3,723,797)	(3,378,349)
Cash paid to contractors	—	(17,310)
Cash paid to vendors	(112,371,372)	(78,534,819)
Cash refunds paid due to enrollee overpayments	(1,702,779)	(915,679)
Cash received from Commonwealth	312,310,922	705,919,835
Cash paid to MMCO's (capitation net of stop loss premiums)	(245,065,468)	(700,563,568)
Cash paid to MMCO's (stop loss settlements)	—	(10,818,710)
Interest paid to MMCO's	—	(14,356)
Cash received from Commonwealth Care enrollees	26,187,969	61,871,098
Cash paid to Commonwealth (BOA sweep)	(25,449,391)	(61,112,641)
Cash paid to carriers	(257,344,006)	(43,544,303)
Cash received from qualified health and dental plan enrollees	204,097,598	56,148,928
Interest received	10,018	15,081
Operating revenue:		
Administrative fees	7,434,256	20,582,743
Other	198,531	293,316
Net cash used for operating activities	(95,417,519)	(54,068,734)
Cash flows from capital and related financing activities:		
Cash received from federal grants	80,632,476	57,334,032
Cash received from Commonwealth (state appropriation)	13,083,335	2,000,000
Cash received from Commonwealth (cost allocations)	5,354,330	—
Net cash provided by capital and related financing activities	99,070,141	59,334,032
Cash flow from investing activities:		
Investment earnings	44,344	60,658
Net cash provided by investing activities	44,344	60,658
Net increase in cash and short-term investments	3,696,966	5,325,956
Cash and short-term investments at the beginning of the fiscal year	42,000,298	36,674,342
Cash and short-term investments at the end of the fiscal year	\$ 45,697,264	42,000,298
Reconciliation of operating loss to cash used for operating activities:		
Operating loss	\$ (75,077,957)	(77,942,312)
Adjustments to reconcile operating income to cash used for operating activities:		
(Increase) decrease in nonfederal accounts receivable	(68,151,453)	(37,081,736)
(Increase) decrease in other assets	(1,110,617)	42,601
Depreciation	131,527	86,467
Pension expense	529,453	—
State appropriation	2,216,665	—
Disposal of capital assets	—	749,033
Increase (decrease) in accounts payable, and accrued liabilities	46,044,863	60,077,213
Net cash used for operating activities	\$ (95,417,519)	(54,068,734)

See accompanying notes to financial statements.

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Notes to Financial Statements

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(1) Summary of Significant Accounting Policies

(a) Reporting Entity

The Commonwealth Health Insurance Connector Authority (the Health Connector) is an independent body politic and corporate and public health instrumentality of the Commonwealth of Massachusetts (the Commonwealth) established pursuant to Chapter 176Q of the Massachusetts General Laws as added by Section 101 of Chapter 58 of the Acts of 2006 (c. 58 or the Health Care Reform Act of 2006).

The Health Connector is governed by an eleven member public private Board, comprised of four ex-officio members – the Secretary of the Executive Office of Health and Human Services (Administration and Finance designee), who serves as chair of the Board; the Secretary of Administration and Finance (Mass Health designee); the Executive Director of the Group Insurance Commission; and the Commissioner of Insurance – and seven members of the public, four appointed by the Governor and three appointed by the Attorney General.

Due to its relationship with the Commonwealth, the Health Connector is considered a discretely presented component unit and is presented as such in the Commonwealth's financial statements. The Health Connector has no relationship with other entities that could be considered component units.

(b) Basis of Presentation

Since January 1, 2014, the Health Connector has been operating as an State-Based Marketplace (SBM) that meets the requirements of the Affordable Care Act (ACA) and is responsible for implementing the provisions of the ACA within the Commonwealth of Massachusetts.

The accompanying financial statements of the Health Connector have been prepared in accordance with U.S. generally accepted accounting principles (GAAP), as prescribed by the Governmental Accounting Standards Board (GASB). The Health Connector has prepared a "Statement of Net Position," a "Statement of Revenues, Expenses and Changes in Net Position" and a "Statement of Cash Flows," along with the required supplementary information titled "Management's Discussion and Analysis" which precedes the financial statements.

The Health Connector utilizes the full accrual basis of accounting, which focuses on changes in total economic resources, in the preparation of financial statements. Under the full accrual basis of accounting, long term assets and liabilities are reflected in the financial statements.

(c) Cash and Cash Equivalents

The Health Connector considers all highly liquid investments with an original maturity of 30 days or less when purchased to be cash equivalents.

(d) Investments

The Health Connector is authorized to invest in obligations of the U.S. Treasury, its agencies and instrumentalities, bonds or notes of public agencies or municipalities, bank time deposits, guaranteed investment contracts, money market accounts, and repurchase agreements. These investments are recorded at fair value. Investments consist entirely of amounts held in the Massachusetts Municipal

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Notes to Financial Statements

June 30, 2015 and 2014

Depository Trust (MMDT), an external investment pool maintained by the State Treasurer and managed by Federated Investors. For purposes of risk categorization, MMDT shares are not categorized. For credit quality, the MMDT is unrated.

The fair value of the Health Connector's position in the MMDT is valued using the practical expedient net asset value per share as of June 30, 2015 and 2014.

(e) Capital Assets

The Health Connector defines capital assets as classes of assets with an initial aggregate cost of more than \$49,999 and an estimated useful life in excess of one year. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed.

(f) Depreciation

Depreciation is calculated on the straight-line method based on the estimated useful lives of between 3 and 10 years for the applicable assets beginning in the fiscal year of acquisition.

(g) Revenue Recognition

The Health Connector's major revenue sources are Commonwealth Care capitation revenue, Commonwealth Care enrollee contributions, Qualified Health Plans (QHP) and Qualified Dental Plans (QDP) enrollee contributions, ConnectorCare state wrap premium subsidies, ConnectorCare state cost sharing reduction subsidies, administrative fees from the Commonwealth Care program and administrative fees collected from the carriers. The Health Connector recognizes revenue when earned. Interest income and investment income is recognized when earned.

(h) Operating and Nonoperating Revenues and Expenses

Operating revenues include Commonwealth Care capitation and Commonwealth Care enrollee contributions. Operating revenues also include Commonwealth Care and Commonwealth Choice administrative fees. Additional operating revenues include premiums billed to QHP and QDP enrollees, state-funded premium wrap subsidies and state-funded cost sharing reduction subsidies. The state wrap and cost sharing reduction subsidies which are part of the Health Connector's ConnectorCare program, supplement federal subsidies to further strengthen affordability of coverage for individuals with income at or below the 300% of the FPL. Starting in January 2015, the Health Connector generated additional revenue through administrative fees assessed to the carriers.

Federal grants and investment income are reported as nonoperating revenue. Also reported in nonoperating revenue is a state appropriation to support the Health Connector's operations.

Operating expenses include capitation payments to the MCOs, which represent payment for medical and administrative costs for Commonwealth Care enrollees. Also included in operating expenses are QHP and QDP enrollee premiums billed and collected by the Health Connector and paid to the carriers. Operating expenses also include state-funded premium and cost sharing reduction subsidies received from the Commonwealth Care Trust Fund (CCTF) and paid to the carriers. In addition, the Health Connector includes as operating expenses payments for customer service and business operations, risk

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adjustment, the Navigator program, the Appeals program, outreach, personnel and other administrative items.

(i) *Compensated Absences and Other Employee Benefits*

Employees earn the right to be compensated during absences for vacation, personal and sick time (earned time or ET). Upon retirement, termination or death, certain employees are compensated for ET (subject to certain limitations) at their then current rate of pay. Accumulated ET is recorded as an expense and liability as benefits accrue. As of June 30, 2015 and 2014, the ET liability was \$371,922 and \$408,597, respectively.

The employees of the Health Connector participate in the Commonwealth's Group Insurance Commission (GIC) for all healthcare benefits except for dental and vision benefits, which are purchased directly through Delta Dental and Vision Service Plan.

(j) *Restricted Assets*

The Health Connector's restricted assets as of June 30, 2015 and 2014 represent Stop Loss premiums paid by the MCOs and held by the Health Connector for payment of claims in excess of stop loss limits.

(k) *Use of Estimates*

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(l) *Retirement Plan*

For purposes of measuring the net pension liability and pension expense, information about the fiduciary net position of the Massachusetts State Employees Retirement System (SERS) and additions to/deductions from SERS's fiduciary net position have been determined on the same basis as they are reported by SERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investment of assets in the SERS is with the Pension Reserves Investment Trust (PRIT) Fund, which is managed by the Pension Reserves Investment Management (PRIM) Board. The PRIM Board seeks to maximize the total return on investments within acceptable levels of risk for public pension funds. Investments are reported at fair value as described in the Comprehensive Annual Financial Report (CAFR) of the Commonwealth of Massachusetts.

(m) *Adoption of New Accounting Pronouncement*

During fiscal 2015, the Health Connector adopted Governmental Accounting Standards Board (GASB) Statement No. 68, *Accounting and Financial Reporting for Pensions*. Under this Statement, the relationship among the Commonwealth, the Health Connector and the State Employees Retirement System (SERS) qualified as a 100% special funding situation. Accordingly, the accompanying statements do not record, as a liability, a net pension liability (NPL) related to its employees. Rather

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the NPL related to the Health Connector's employees is recorded as an obligation of the Commonwealth. As such, the impact of adopting this Statement was to recognize the amount the Commonwealth contributed on behalf of the Health Connector employees as pension expense and an intergovernmental revenue in the accompanying statement of revenues, expenses and changes in net position for the year ended June 30, 2015. In fiscal 2014, the Health Connector followed the guidance in GASB Statement No. 27, *Accounting for Pensions by State and Local Governmental Employers*, which required the disclosure of the Health Connector's relationship with the Commonwealth and SERS, but did not require any accounting or other reporting items.

(2) Cash and Investments

The Health Connector has implemented GASB Statement No. 40, *Deposit and Investment Risk Disclosures*.

(a) Deposits with Financial Institutions

Custodial credit risk is the risk that, in the event of the failure of a depository financial institution, the depositor will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. Deposits are exposed to custodial credit risk if they are uninsured or uncollateralized.

As of June 30, 2015, the Health Connector had bank deposits of \$26,515,956 that exceeded the Federal Deposit Insurance Corporation (FDIC) coverage of \$250,000. As of June 30, 2014, the Health Connector had bank deposits of \$13,728,550 that exceeded the Federal Deposit Insurance Corporation (FDIC) coverage of \$250,000.

(b) Investments

The Health Connector's investment policy is to ensure that cash is invested in a stable investment option with consistent and competitive yields. As of June 30, 2015 and 2014, available cash is invested in the MMDT Cash Portfolio option.

For purposes of risk categorization, MMDT shares are not categorized. The fair value of the Health Connector's position in MMDT as of June 30, 2015 and 2014 was \$21,480,037 and \$29,251,226, respectively, and is the same as the value of MMDT shares. The unrestricted portion of the MMDT investment account funds operating accounts with other financial institutions and is classified as part of cash and short-term investments.

(3) Restricted Assets

As of June 30, 2015 and 2014, the Health Connector recorded restricted assets of \$5,611,776 and \$3,531,792, respectively, which represent Stop Loss premiums paid by the MCOs and held by the Health Connector. Based on the contractual arrangement between the Health Connector and the MCOs, such funds will be paid to the MCOs based on individual claims submitted that exceed contractual stop loss limits. If funds are remaining at the end of the risk settlement period, funds will be paid to all the participating MCOs on a pro-rata basis. If premiums paid by the MCOs are insufficient to cover the cost of individual claims submitted, an invoice will be sent to all the participating MCOs on a pro-rata basis to fund the deficit.

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(4) Accounts Receivable – Commonwealth Care Enrollees

As of June 30, 2015 and 2014, the unpaid portion of health insurance premiums billed to Commonwealth Care enrollees was \$14,683,484 and \$14,042,270, respectively. The allowance for uncollectible accounts receivable at June 30, 2015 and 2014 was \$14,683,484 and \$13,350,000, respectively.

(5) Accounts Receivable – Qualified Health and Dental Plan Enrollees

As of June 30, 2015 and 2014, the unpaid portion of the health insurance premium billed to QHP and QDP enrollees was \$7,348,806 and \$3,871,208, respectively. The allowance for uncollectible accounts receivable at June 30, 2015 and 2014 was \$2,070,000 and \$400,000, respectively.

(6) Accounts Receivable – ACA Risk Adjustment

As of June 30, 2015 the Risk Adjustment Settlement amount due from the carriers for the 2014 calendar year was \$60,126,427. Risk Adjustment which is mandated by the ACA redistributes funds from plans with lower-risk enrollees to plans with higher-risk enrollees. The program was designed to protect against adverse selection in the individual and small group markets inside and outside of the exchanges by spreading financial risk across the markets. Through an actuarial process, the average health risk of the average consumer in the merged market is calculated. Plans with lower risk membership (less costly members) make payments to plans with higher risk membership. Payments among the plans net to zero. In Massachusetts, the risk adjustment process includes 16 issuers and 650,000 people who represent the state's merged market. The Commonwealth created a methodology in conjunction with the carriers, which was approved by the federal Center for Medicare and Medicaid Services in March 2013. In June 2015, the Health Connector applied the approved methodology and reviewed each carrier's 2014 membership and determined how those members fared compared to the overall average. Claims data is provided by the carriers and is analyzed by an independent technical consultant contracted by the Commonwealth. Payments are then made by carriers whose membership has a lower-than-average risk, and payments are made to carriers whose membership has a higher-than-average risk.

(7) Due from Commonwealth

As of June 30, 2015 and 2014, the amount due from the Commonwealth was \$28,586,344 and \$34,173,803, respectively. The FY2015 amount due from the Commonwealth includes \$13,960,553 in State Premium Wrap and State Cost Sharing Reduction subsidies paid to the carriers in June 2015, unpaid Commonwealth Care settlements of \$12,293,231 owed to the MCO's, and an unpaid June 2015 state appropriation of \$2,216,665.

(8) Accounts Receivable – Carriers

As of June 30, 2015, the amount due from the carriers was \$7,142,827 which includes \$4,284,810 in administrative fees assessed to the carriers for the period January 2015 through June 2015 and \$2,858,017 of QHP and QDP subscriber premium payments previously paid to the carriers and owed back to the Health Connector.

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(9) Retirement Plan

Plan description

All eligible employees of the Health Connector are provided with pension benefits through the Massachusetts State Employees Retirement System (SERS), a cost-sharing multiple-employer defined benefit pension plan administered by the Massachusetts State Retirement Board. SERS does not issue a stand-alone publicly available financial report, but its activities are included as a pension trust fund in the Comprehensive Annual Financial Report (CAFR) of the Commonwealth of Massachusetts that can be obtained at <http://www.mass.gov/osc/publications-and-reports/financial-reports/cafr-reports.html>

Benefits provided

SERS provides retirement, disability, survivor and death benefits to members and their beneficiaries. Massachusetts General Laws (MGL) establishes the benefit and contribution requirements for SERS. These requirements provide for superannuation retirement allowance benefits up to a maximum of 80% of a member's highest three-year average annual rate of regular compensation. For employees hired after April 1, 2012, retirement allowances are calculated on the basis of the last five years of consecutive years, whichever is greater in terms of compensation. Benefit payments are based upon a member's age, length of creditable service, group creditable service, and group classification. The authority for amending these provisions rests with the Legislature.

Members become vested after ten years of creditable service. A superannuation retirement allowance may be received upon the completion of twenty years of service or upon reaching the age of 55 with ten years of service. Normal retirement for most employees occurs at the age of 65; for certain hazardous duty and public safety positions, normal retirement is at the age of 55. Most employees who joined the system after April 1, 2012 cannot retire prior to age 60. The retirement systems' funding policies have been established by Chapter 32 of the MGL. The Legislature has the authority to amend these policies. The annuity portion of the SERS retirement allowance is funded by employees, who contribute a percentage of their regular compensation. Costs of administering the plan are funded out of plan assets.

Contributions

SERS funding policies have been established by Chapter 32 of the MGL. Legislature has the authority to amend these policies. Member contributions for SERS vary depending on the most recent date of membership from 5% regular compensation for hires prior to 1975 to 11% of regular compensation for hire dates after July 1, 2001. For members hired after 1979, an additional contribution of 2% of regular compensation in excess of \$30,000 is also required.

The Commonwealth is legally responsible to make employer contributions for the Health Connector's employees participating in SERS. As such, the Commonwealth has a 100% special funding situation for the Health Connector. Accordingly, the Health Connector recognized \$529,453 as pension expense and intergovernmental revenue of the same amount in the statement of revenues, expenses and changes in net position for the year ended June 30, 2015.

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Pension Liabilities and Pension Expense

At June 30, 2015, the Health Connector was allocated a liability of \$7,445,498 for its proportionate share of the net pension liability of SERS but was not required to record this liability as the Commonwealth is legally responsible for paying the liability.

Net pension liability allocated to the Health Connector	\$ 7,445,498
Net pension liability to be paid by the Commonwealth	(7,445,498)

Net pension liability of the Health Connector	\$ _____

The net pension liability was measured as of June 30, 2014 (the Measurement Date), and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of January 1, 2014 and rolled forward to the Measurement Date. The Health Connector’s proportion of the net pension liability was based on actual nonemployer contributions. At June 30, 2014, the Health Connector’s proportion was 0.10029% which was an increase of 9.8% from its proportion of 0.09136% measured as of June 30, 2013.

Actuarial assumptions

The total pension liability in the January 1, 2014 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement.

Salary increases: 3.5% to 9.0% depending on the group and length of service

Investment rate of return: 8.0% net of pension plan investment expense, including inflation; 3.5% interest rate credited to the annuity savings fund

Cost of living increase: 3.0% per year

Mortality rates were based on the following:

- Pre-retirement – reflects RP 2014 Employees Table projected 20 years with Scale AA (gender district)
- Post-retirement – reflects Healthy Annuity table projected 15 years with Scale AA (gender district)
- Disability – the mortality rate is assumed to be in accordance with the RP-2014 Table projected 5 years

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The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighing the expected future real estate rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of geometric rates of return for each major asset class included in the Pension Reserve Investment Trust (PRIT) Fund's target allocation as of June 30, 2014 are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long Term Expected Real Rate of Return</u>
Core fixed income	13%	2.5%
Value added fixed income	10	6.3
Global equity	43	7.2
Real estate	10	6.3
Private equity	10	8.8
Hedge funds	10	5.5
Timber/natural resources	4	5.0
Total	<u>100%</u>	

Discount Rate

The discount rate used to measure the total pension liability was 8.0%. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that contributions will be made at contractually required rates, actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

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Sensitivity of the Health Connector's proportionate share of the net pension liability to changes in the discount rate

The following presents the Health Connector's proportionate share of the net pension liability calculated using the discount rate of 8.0% as well as what the Health Connector's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (7.0%) or 1-percentage-point higher (9.0%) than the current rate:

	1% Decrease	Discount Rate	1% Increase
Health Connector's proportionate share of the net pension liability	\$ 10,778,971	7,445,498	4,584,172

Pension plan fiduciary net position

Detailed information about the pension plan's fiduciary net position is available in the Commonwealth's financial report.

(10) Other Postemployment Benefits

(a) Plan Description

The Health Connector provides post-employment health care and life insurance benefits (OPEB) for retired employees through the Group Insurance Commission (GIC). The GIC administers and manages health coverage options and benefits to participating employees and retirees. As of January 1, 2014, the date used for actuarial census data, the Health Connector had two retirees and 47 active employees who met the eligibility requirements. The plan does not issue a separate financial report.

(b) Benefits Provided

The Health Connector provides medical, prescription drug, mental health/substance abuse and life insurance to retirees and their covered dependents. All active employees who retire from the Health Connector and meet the eligibility criteria will receive these benefits. The Health Connector also offers dental benefits to retirees; however these benefits are completely paid by the retirees, and therefore there is no OPEB liability for these dental benefits.

(c) Funding Policy

Employees who retire after July 1, 1994 but on or before October 1, 2009 contribute 15% of the cost of the health plan, as determined by the GIC. Employees who retire after October 1, 2009 contribute 20% of the cost of the plan as determined by the GIC. In both cases, the Health Connector contributes the remainder of the health plan costs on a pay-as-you-go basis.

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(d) Annual OPEB Costs and Net OPEB Obligation

The Health Connector's FY2015 annual OPEB expense is calculated based on the annual required contribution (ARC) of the employer, an amount actuarially determined in accordance with GASB Statement No. 45. The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover the normal cost each year and amortize the unfunded actuarial liability over a period of 30 years. The following table shows the components of the Health Connector's annual OPEB cost for the year ending June 30, 2015, the amount actually contributed to the plan, and the change in the Health Connector's net OPEB obligation based on an actuarial valuation as of January 1, 2014 (in thousands).

Annual required contribution (ARC)	\$	620
Adjustment to ARC including interest on net OPEB obligation		31
		651
Annual OPEB cost (AOC)		651
Contributions made		(10)
		641
Increase in net OPEB obligation		641
Net OPEB obligation – beginning of year		3,064
		3,064
Net OPEB obligation – end of year	\$	3,705

The Health Connector's annual OPEB cost, the percentage of annual OPEB cost contributed to the plan, and the net OPEB obligation were as follows for 2015 and the preceding year (in thousands):

	Annual OPEB cost	Percentage of OPEB cost contributed	Net OPEB obligation
Fiscal year ended:			
June 30, 2015	\$ 651	1.6%	\$ 3,705
June 30, 2014	546	2.0	3,064
June 30, 2013	501	1.8	2,529

The Health Connector's net OPEB obligation as of June 30, 2015 and 2014 is recorded in long term liabilities.

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(e) Funded Status and Funding Progress

The funded status of the plan as of June 30, 2015, based on an actuarial valuation as of January 1, 2014, was as follows (in thousands):

Actuarially accrued liability (AAL)	\$	3,239
Actuarial value of plan assets		—
Unfunded actuarial accrued liability (UAAL)	\$	3,239
Funded ratio (actuarial value of plan assets/AAL)		—%
Covered payroll (active plan members)	\$	4,459
UAAL as a percentage of covered payroll		73%

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the Health Connector are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information following the notes to the financial statements, presents multi-year trend information that shows whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

(f) Actuarial Methods and Assumptions

Projections of benefits for financial reporting purposes are based on the plan and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the Health Connector and plan members. The actuarial methods and assumptions used include techniques that are designed to reduce short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

In the January 1, 2014 actuarial valuation the projected unit credit cost method was used. The actuarial value of assets was not determined as the Health Connector has not advance funded its obligation. The actuarial assumptions included a rate of 4.5% investment rate of return and an annual healthcare cost trend rate of 6.5% which decreases to a 5.0% long-term trend rate for all healthcare benefits after ten years. The amortization costs for the initial UAAL is a level percentage of payroll for a closed period of 30 years. This has been calculated assuming the amortization payment increases at a rate of 4.5%.

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(11) Operating Lease

The Health Connector has an operating lease for office space at 100 City Hall Plaza. The lease terminates on August 30, 2016. Future minimum operating lease payments at June 30, 2015 are as follows:

Fiscal year:		
2016	\$	429,865
2017		<u>68,900</u>
	\$	<u><u>498,765</u></u>

During fiscal 2015, the amount of operating lease payments was \$602,453. During fiscal 2014, the amount of operating lease payments was \$520,143.

(12) Capital Assets

Capital assets as of June 30, 2015 and 2014 are as follows:

	Beginning balance June 30, 2014	Increases/ Decreases	Ending balance June 30, 2015
Capital assets:			
Computers and Equipment	\$ 102,484	—	102,484
Furniture and fixtures	267,669	—	267,669
Computer software	813,738	—	813,738
Total capital assets	<u>1,183,891</u>	<u>—</u>	<u>1,183,891</u>
Less accumulated depreciation:			
Computers and Equipment	(24,550)	(14,641)	(39,191)
Furniture and fixtures	(188,236)	(26,767)	(215,003)
Computer software	(227,960)	(90,120)	(318,080)
Total accumulated depreciation	<u>(440,746)</u>	<u>(131,528)</u>	<u>(572,274)</u>
Total capital assets, net	<u>\$ 743,145</u>	<u>(131,528)</u>	<u>611,617</u>

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	Beginning balance June 30, 2013	Increases/ Decreases	Ending balance June 30, 2014
Capital assets:			
Computers and Equipment	\$ 102,484	—	102,484
Furniture and fixtures	267,669	—	267,669
Computer software	1,562,771	(749,033)	813,738
Total capital assets	1,932,924	(749,033)	1,183,891
Less accumulated depreciation:			
Computers and Equipment	(9,910)	(14,640)	(24,550)
Furniture and fixtures	(161,470)	(26,766)	(188,236)
Computer software	(182,900)	(45,060)	(227,960)
Total accumulated depreciation	(354,280)	(86,466)	(440,746)
Total capital assets, net	\$ 1,578,644	(835,499)	743,145

(13) Unearned Revenue

As of June 30, 2015 and 2014, the Health Connector had \$22,740,036 and \$12,826,529 respectively in unearned revenue for QHP and QDP enrollees whose premiums are billed one month in advance of the coverage month.

(14) Accounts Payable – ACA Risk Adjustment

As of June 30, 2015 the ACA Risk Adjustment settlement amount due to the carriers for the 2014 calendar year was \$60,126,427. The ACA Risk Adjustment Program which is intended to protect against adverse selection in the individual and small group markets inside and outside the exchanges, redistributes funds from plans with lower risk enrollees to plans with higher risk enrollees. Refer to note 6 for additional explanation of the Massachusetts ACA Risk Adjustment program.

(15) Commitments and Contingencies

In February 2015, the Health Connector received a grand jury subpoena from the U.S. Attorney's Office of the District of Massachusetts seeking documents regarding the development of an electronic health insurance exchange and integrated eligibility system by the Commonwealth and the private vendors involved in that project. It has been publicly reported that other state entities involved in the project have received a similar subpoena. At this time, the Health Connector is cooperating and is currently in the process of responding to the subpoena. The Health Connector is unable to predict the outcome or time frame of this subpoena or any related investigation.

The Health Connector is also involved in other legal actions arising in the normal course of activities. Although the ultimate outcome of such matters is not determinable at this time, management, after taking

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into consideration advice of legal counsel, believes that the resolutions of pending matters will not have a materially adverse effect, individually or in the aggregate, upon the Health Connector's financial statement.

The Health Connector receives financial assistance from the Federal government principally in the form of grants. As a grant recipient, the Health Connector is responsible for compliance with terms and conditions of grant agreements and applicable Federal regulations, including the expenditure of resources for eligible purposes. All Federal grants received by the Health Connector are subject to audit under the requirements of the Federal Single Audit Act. During FY2015 and FY2014, the Health Connector incurred significant expenditures related to the implementation of the Affordable Care Act (ACA). The spending was primarily for period costs, contractual services and internal costs related to the implementation. Additional costs are expected to be incurred in FY2016 until the implementation is completed.

(16) Health Insurance Exchange/Integrated Eligibility (HIX/IES) Project

In FY2014, the Health Connector contracted with an outside vendor to assist with the assessment of the HIX/IES project to determine a long term strategy for completing the project and assessing the need for remedial work on what had been developed to date. Under this contract, the vendor agreed to provide services, advice and expertise to further the development of the HIX/IES. The services performed under this contract provide long-term benefit to the HIX/IES project, which is a capital project of the Commonwealth's Information Technology Department (ITD). As a result, ITD agreed to fund a portion of the total cost incurred by the Health Connector. Under an agreement entered into by ITD and the Health Connector, \$11,088,067 of costs was billed to ITD in FY2014. The remaining costs of \$9,544,377 associated with this effort are included in consulting and professional support expenses in the accompanying statement of revenues, expenses and changes in net position.

The agreement between the Health Connector and ITD to share HIX/IES development costs ended on April 30, 2014. In September 2014, ITD contracted with the same outside vendor, effective May 1, 2014, to provide future services related to the development of a new HIX/IES. The Health Connector has accrued a liability of \$5,658,453 in the accompanying financial statements for an estimate of its share of the costs due to ITD that were incurred during FY2015. The Health Connector has also recorded a receivable in the same amount for the costs it expects to be paid for with federal funds.

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Schedule of Proportionate Share of the Net Pension Liability
Required Supplementary Information

June 30, 2015

(Unaudited)

	<u>2015</u>
Health Connector's proportion of the net pension liability	0.10029%
Health Connector's share of the net pension liability	\$ —
State's proportionate share of the net pension liability associated with the Health Connector	<u>7,445,498</u>
Total net pension liability	<u>\$ 7,445,498</u>
Health Connector's covered-employee payroll	\$ 5,305,326
Health Connector's proportionate share of the net pension liability as a percentage of its covered-employee payroll	140.34%
Plan fiduciary net position as a percentage of the total pension liability	76.3%

The Health Connector is not required to make contributions to the State Employees Retirement System. Accordingly, the RSI related to statutorily or contractually contributions is not presented.

Data for the past nine years is not currently available.

See accompanying independent auditors' report.

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Schedule of Funding Progress
Required Supplementary Information

June 30, 2015

(Dollars in thousands)

(Unaudited)

Other postemployment benefits

Actuarial valuation	Assets (a)	Actuarial liability (AAL) – (b)	Unfunded AAL (UAAL) (b-a)	Funded ratio (a/b)	Covered payroll (c)	UAAL as a percentage of covered payroll ((b-a)/(c))
January 1, 2014*	—	3,239	3,239	—	4,459	73
January 1, 2011	—	2,130	2,130	—	4,258	50
January 1, 2010	—	2,779	2,779	—	4,809	58
January 1, 2009	—	2,319	2,319	—	4,809	48
January 1, 2008	—	1,869	1,869	—	4,030	46
January 1, 2007	—	813	813	—	2,183	37

* Actuarial valuation update using census data as of January 1, 2014.

See accompanying independent auditors' report.