



**COMMONWEALTH HEALTH INSURANCE  
CONNECTOR AUTHORITY**

(A Component Unit of the Commonwealth of Massachusetts)

Independent Auditors' Reports as Required by Title 2 U.S. Code of Federal Regulations  
Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit  
Requirements for Federal Awards* (Uniform Guidance) and  
*Government Auditing Standards* and Related Information

Year ended June 30, 2016

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

June 30, 2016

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**Exhibit 1**

## **Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance**

The Board of Directors  
Commonwealth Health Insurance Connector Authority:

### **Report on Compliance for Each Major Federal Program**

We have audited the Commonwealth Health Insurance Connector Authority's (the Authority), a component unit of the Commonwealth of Massachusetts, compliance with the types of compliance requirements described in the U.S. Office of Management and Budget *OMB Compliance Supplement* that could have a direct and material effect on the Authority's major federal program for the year ended June 30, 2016. The Authority's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs (Exhibit IV).

#### ***Management's Responsibility***

Management is responsible for compliance with the federal statutes, regulations, and terms and conditions of its federal awards applicable to its federal programs.

#### ***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for the Authority's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the Authority's major federal program. However, our audit does not provide a legal determination of the Authority's compliance.

#### ***Opinion on Each Major Federal Program***

In our opinion, the Authority complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2016.



***Other Matters***

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2016-002. Our opinion on the major federal program is not modified with respect to this matter.

The Authority's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Authority's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

**Report on Internal Control Over Compliance**

Management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Authority's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2016-002 that we consider to be a significant deficiency.

The Authority's response to the internal control over compliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Authority's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



## Exhibit I

### Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance

We have audited the financial statements of the Authority as of and for the year ended June 30, 2016, and have issued our report thereon dated November 18, 2016 which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

*KPMG LLP*

Boston, Massachusetts  
November 18, 2016

COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY

Exhibit II

Schedule of Expenditures of Federal Awards

Year ended June 30, 2016

<u>Federal grantor/pass-through grant/program title/grant title</u>	<u>CFDA number</u>	<u>Award/Contract number</u>	<u>Federal expenditures</u>	<u>Pass thru to Subrecipients</u>
U.S. Department of Health and Human Services:				
State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges				
Direct Programs:				
Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges				
Level 1D	93.525	HBEIE150204-01	\$ 3,425,173	\$ 982,674
Level 1E		HBEIE150212-01	246,358	-
Level 2		HBEIE130143-01	6,789,605	1,215,106
Passed-through University of Massachusetts:				
Cooperative Agreements to Support Innovative Exchange Information Technology Systems				
	93.525	WAD0379881/OSP2016134	285,010	-
Total			<u>\$ 10,746,146</u>	<u>\$ 2,197,780</u>

See accompanying notes to the Schedule of Expenditures of Federal Awards.

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Notes to Schedule of Expenditures of Federal Awards

June 30, 2016

**(1) Definition of the Reporting Entity**

The Commonwealth Health Insurance Connector Authority (the Authority) is an authority established by the Massachusetts General Laws and is a component unit of the Commonwealth of Massachusetts (the Commonwealth). The accompanying schedule of expenditures of federal awards presents the activity of all expenditures of federal awards of the Authority. All expenditures of federal awards received directly from federal agencies are included on the schedule.

**(2) Summary of Significant Accounting Policies**

The Authority's accounting policies conform with U.S. generally accepted accounting principles applicable to governmental units as set forth by the Governmental Accounting Standards Board.

***Basis of Presentation***

The accompanying schedule of expenditures of federal awards is presented using the cash basis of accounting.

**(3) Subrecipient Payments**

For the year ended June 30, 2016, the Authority provided \$2,197,780 of federal reimbursements to its subrecipients, the Commonwealth Executive Office of Health and Human Services, the Center for Health Information and Analysis, and Commonwealth of Massachusetts - MassIT, for expenses incurred by the subrecipients in the fiscal year ended June 30, 2016.

**(4) Indirect Costs**

For the year ended June 30, 2016, the Authority did not elect to use the 10 percent de minimis indirect cost rate.



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**Exhibit III**

**Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards***

The Board of Directors  
Commonwealth Health Insurance Connector Authority:

We have audited, in accordance with the 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, the financial statement of the Commonwealth Health Insurance Connector Authority (the Authority), which comprise the statement of net position as of June 30, 2016, and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 18, 2016.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as Finding 2016-001 that we consider to be a significant deficiency.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits, and accordingly, we do not express such an opinion. The results





### **Exhibit III**

of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### **Authority's Response to Finding**

The Authority's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Authority's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

#### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

**KPMG LLP**

Boston, Massachusetts  
November 18, 2016

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Schedule of Findings and Questioned Costs

Year ended June 30, 2016

**(1) Summary of Auditors' Results**

- (a) Type of report issued on whether the financial statements were prepared in accordance with generally accepted accounting principles: **Unmodified**
- (b) Internal control deficiencies over financial reporting disclosed by the audit of the financial statements:
  - Material weakness(es): **No**
  - Significant deficiency(ies): **Yes**
- (c) Noncompliance material to the financial statements: **No**
- (d) Internal control deficiencies over major programs disclosed by the audit:
  - Material weakness(es): **No**
  - Significant deficiency(ies): **Yes**
- (e) Type of report issued on compliance for major programs: **Unmodified**
- (f) Audit findings that are required to be reported in accordance with 2 CFR 200.516(a): **Yes**
- (g) Major program:
  - State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges – CFDA number: 93.525
- (h) Dollar threshold used to distinguish between Type A and Type B programs: **\$750,000**
- (i) Auditee qualified as a low-risk auditee: **Yes**

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Schedule of Findings and Questioned Costs

Year ended June 30, 2016

(2) **Findings Relating to Financial Statements Reported in Accordance with *Government Auditing Standards***

**IT System Controls – Significant Deficiency**

*Observation:*

During our fiscal 2016 audit, we reviewed the Authority's premium billing and cash collection entries to the Authority's general ledger noting these amounts are recorded based on information obtained from a third party service organization. When reliance is placed on data from external sources there are a variety of quality assurance and control considerations that should be assessed and implemented by management. The complexity of the third party organizations structure – both domestically and internationally - and the use of sub-servicers makes it critical for management to fully understand the outsourcing arrangement and the extent of risks involved.

While Authority management has been working with the third party service organization to improve controls, a comprehensive review of the system documentation of the automated and manual processing controls needs to be completed. Additionally, management needs to ensure that appropriate quality assurance measures are implemented to address the risks related to completeness and accuracy of information produced by the service organization and upon which management relies.

Finally, we were told that the ownership of the service organization changed at the end of October 2016. Management has been meeting with the new owners to better understand how the change in ownership in the service organization will impact its operations and the operations of the Authority.

A Service Organization Controls (SOC 1) Report outlining the controls and the independent testing of these controls at the service organization is typically obtained in order to ensure the appropriate controls are in place at the service organization and are operating effectively. However, a SOC 1 Report is not available relating to the service organization's enrollment systems processing and information output and therefore management is unable to ensure that controls at the service organization exist and are operating effectively.

*Recommendation:*

We recommend that management fully document policies and procedures around the systems administered by the third party service organization and obtain an annual Type II SOC 1 Report from the service organization related to the entire outsourced operation – including Type II SOC 1 Reports from sub-servicers as needed to help ensure controls at the service organization are in place and operating effectively. Once obtained, management should review the SOC 1 report and ensure appropriate controls are in place and operating effectively, and the user consideration controls are properly addressed. Management should also

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Schedule of Findings and Questioned Costs

Year ended June 30, 2016

ensure quality assurance measures are implemented with the service organization, actively monitored and documented in order to reduce risks related to completeness and accuracy of data sources used by the Authority's accounting, finance and other personnel.

**Views of responsible officials**

See Authority's Corrective Action Plan

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Schedule of Findings and Questioned Costs

Year ended June 30, 2016

**(3) Findings and Questioned Costs Relating to Federal Awards**

**Finding 2016-002**

**Federal Programs:**

State Planning and Establishment Grant for the Affordable Care Act (ACA)'s Exchanges  
CFDA#: 93.525

*Federal Agency:*

U.S. Department of Health and Human Services

*Pass-through Entity:*

None

*Federal Award Number:*

HBEIE150204-01

*Federal Award Year:*

October 14, 2014 through October 13, 2016

*Statistically Valid Sample:*

No

**Requirement**

*Period of Availability – Pre-Uniform Guidance:*

Federal awards may specify a time period during which the non-Federal entity may use the Federal funds. Where a funding period is specified, a non-Federal entity may charge to the award only costs resulting from obligations incurred during the funding period and any pre-award costs authorized by the Federal awarding agency. Also, if authorized by the Federal program, unobligated balances may be carried over and charged for obligations of a subsequent funding period. Obligations means the amounts of orders placed, contracts and subgrants awarded, goods and services received, and similar transactions during a given period that will require payment by the non-Federal entity during the same or a future period (A-102 Common Rule, §\_\_\_23; OMB Circular A-110 (2 CFR section 215.28)).

Non-Federal entities shall liquidate all obligations incurred under the award not later than 90 days after the end of the funding period (or as specified in a program regulation). The Federal agency may extend this deadline upon request (A-102 Common Rule, §\_\_\_23; OMB Circular A-110 (2 CFR section 215.71)).

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Schedule of Findings and Questioned Costs

Year ended June 30, 2016

*Period of Performance* – **Post-Uniform Guidance:**

A non-Federal entity may charge to the Federal award only allowable costs incurred during the period of performance and any costs incurred before the Federal awarding agency or pass-through entity made the Federal award that were authorized by the Federal awarding agency or pass-through entity (2 CFR section 200.309).

Unless the Federal awarding agency or pass-through entity authorizes an extension, a non-Federal entity must liquidate all obligations incurred under the Federal award not later than 90 calendar days after the end date of the period of performance as specified in the terms and conditions of the Federal award (2 CFR section 200.343(b)). When used in connection with a non-Federal entity's utilization of funds under a Federal award, "obligations" means orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period (2 CFR section 200.71).

**Condition**

The Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges, Level 1 Establishment and Development (L1D), notice of award specified a time period during which the Authority may expend the Federal funds. The budget period and project period for the L1D grant is October 14, 2014 through October 13, 2016. During the testwork performed, we reviewed twenty-five (25) payments and noted that a portion of one (1) payment made to a subrecipient was outside the specified period of availability as they were incurred prior to the project period start date, October 14, 2014.

**Questioned Costs**

\$318,665

**Cause**

While the Authority has a review process in place that considers the specified period of availability, this finding appears to have resulted from an oversight by the reviewer. On November 9, 2016, the Authority returned the funds to the Federal government. As such, this finding has been remediated.

**Recommendation**

We recommend that management strengthen the controls in place to ensure compliance of the period of availability requirement.

**Views of responsible officials**

See Authority's Corrective Action Plan



The Commonwealth of Massachusetts  
 Commonwealth Health Insurance Connector Authority  
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 Boston, MA 02108

CHARLIE BAKER  
 Governor

MARYLOU SUDDERS  
 Board Chair

LOUIS GUTIERREZ  
 Executive Director

**COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY**

*Corrective Action Plan as required by UG Section 200.511(c)  
 June 30, 2016*

Reference	Finding
2016-001	IT System Controls

**Corrective Action Planned**

The Health Connector has and will continue to engage Dell on a number of efforts focusing on financial integrity, data validation and internal controls, each of which is described below. The ultimate goal is to verify and document how Dell’s Financial Management System (FMS) balances at the member level and that the appropriate internal controls are in place to ensure financial integrity.

Meetings

1. Senior Leadership Meeting Oversight and Launch (Attendees: Senior Leadership at Health Connector and Dell)
  - a. Purpose: to oversee the development and launch of a robust financial management program to enable demonstration of end-to-end financial integrity by Dell
2. Financial Integrity Meeting (Attendees: Management at Health Connector and Dell)
  - a. Purpose: to ensure appropriate oversight, monitor and review any changes in Dell performance or processes with respect to financial integrity and accuracy. Also to review the performance of Dell against service level agreements (SLAs) associated with financial integrity
3. Operational Performance Meeting (Attendees: Management at Health Connector and Dell)
  - a. Purpose: To oversee, monitor and review any changes in Dell performance or processes with respect to end to end operations
4. Contract Management Meeting (Attendees: Senior Leadership at Health Connector and Dell)
  - a. Purpose: To review adherence to contract terms and SLAs
5. 820 Check-in Meeting (Attendees: Health Connector and Dell)
  - a. Purpose: to ensure oversight over those specific modifications being made and/or considered for the 820 process (monthly payment file to carriers), including the addition of coverage month, to enable validation and reconciliation

6. FMS Reconciliation Report (Attendees: Health Connector and Dell)
  - a. Purpose: to review Dell's monthly reconciliation reports (enrolled to billed and billed to paid) with the goal of ensuring the monthly billing process is accurate by understanding and resolving any known discrepancies

#### Financial Integrity Assessments

1. Assessment of Dell Internal Controls
  - a. Description: The goal of the project is to assess whether Dell has policies and procedures and internal controls in place with respect to premium billing, data validation and financial operations and reconciliation, preparation to ensure key controls are in place that may be part of a future Type II SOC 1 report. Recognizing the criticality of having sufficient assurances over IT and cash controls, this is part of a larger effort to reduce risks in order to bring the premium billing system to a stable, dependable, predictable and consistent state of operation by introducing proactive controls that prevent errors from affecting key stakeholders.
2. Assessment of Dell's Financial Reconciliation Processes
  - a. Description: The assessment is led by John Wild, a Dell employee. The focus of the project is to demonstrate and evidence the financial integrity of Dell processes and controls. The first phase of the project focuses on the financial reconciliation of FMS with the Health Connector's accounting system to ensure accuracy and consistency across systems. Subsequent project phases, including but not limited to enrollment, billing, and adjustments, will be prioritized by senior leadership.

#### Contract Service Level Agreements (SLAs)

As part of the contract renewal with Dell, new SLAs were implemented to track the accuracy and timeliness of reconciling the cash activity posted in FMS versus the cash activity per the bank, 820 payment process, and monthly billing and payment process.

#### Accounts Receivable, Cash and Refund Reconciliations

The Health Connector and Dell are working together on a project to ensure that Dell's accounts receivable detail in FMS reconciles with the Health Connector's general ledger. The project incorporates data from January 2015 to the present.

#### **Anticipated Completion Date**

June 30, 2018

#### **Contact Person**

Kari Miller, CFO

617-933-3065



Reference	Finding
2016-002	Period of Performance and Period of Availability

**Corrective Action Planned**

The Health Connector was awarded a Level 1 Cooperative Agreement to Support Establishment of State-operated Health Insurance Exchanges (“L1D”) with a project period of October 14, 2014 through October 13, 2016. It was determined during the audit period that a portion of one payment made to a subrecipient represented expenses for services incurred for months outside the project period. The Health Connector notified CMS on October 24, 2016 and the funds were transmitted back to CMS via a wire transfer on November 9, 2016. As such, this finding has been remediated.

In order to ensure compliance with federal grant project periods, effective immediately, the Health Connector will require that the current Notice of Award be attached to each invoice prior to payment that contains expenses eligible for federal reimbursement. This will ensure that invoices containing expenses paid with federal awards will be inside the project period. This is in addition to the requirement that a copy of the active contract also be attached.

**Anticipated Completion Date**

November 15, 2016

**Contact Person**

Kari Miller, CFO  
617-933-3065