



New York State of Health

Performance Audit of Centers for Medicare and Medicaid Services
Rule 9957 Requirements

For the period January 1, 2022–December 31, 2022

May 31, 2023



KPMG LLP
515 Broadway
Albany, NY 12207-2974

May 31, 2023

Danielle L Holahan
Executive Director
New York State of Health
Corning Tower
Albany, New York 12237

Dear Ms. Holahan:

This report presents the results of our work conducted to address the performance audit objectives relative to New York State of Health's (NYSOH) compliance with the Centers for Medicare and Medicaid Services (CMS) Rule 9957 (45 CFR §155) requirements. Our work was performed during the period of December 13, 2022 through May 30, 2023 and our results are as of the 12-month audit period ended December 31, 2022.

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and recommendations based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and recommendations based on our audit objectives.

In addition to GAGAS, we conducted this performance audit in accordance with Consulting Services Standards established by the American Institute of Certified Public Accountants (AICPA). This performance audit did not constitute an audit of financial statements, or an attestation-level report as defined under GAGAS and the AICPA standards for attestation engagements.

The audit objective of our work was to assess NYSOH's compliance with 45 CFR §155 regulations for the 12-month audit period ended December 31, 2022.

KPMG cautions that projecting the results of our evaluation to future periods is subject to the risks that controls may become inadequate because of changes in conditions or because compliance with controls may deteriorate.

This report is intended solely for the use of NYSOH and CMS and is not intended to be, and should not be, relied upon by anyone other than these specified parties.

Very truly yours,

KPMG LLP

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Background

The Patient Protection and Affordable Care Act of 2010 (ACA) was enacted by the U.S. Congress on October 23, 2010 and established the framework for the operation of health insurance exchanges. Specific regulations were further detailed in the Centers for Medicare and Medicaid Services (CMS) Final Rule 9957, published July 19, 2013 and incorporated into 45 CFR §155. In accordance with general program integrity and oversight requirements, 45 CFR §155.1200 requires entities operating as state-based marketplaces (SBMs) to engage an independent qualifying auditing entity, which follows generally accepted government auditing standards to perform an annual independent external performance audit. The SBM must ensure that the audit addresses compliance with Rule 9957 generally and specifically with program integrity and oversight requirements, processes, and procedures designed to prevent improper eligibility determinations and enrollment transactions and to identify errors that have resulted in incorrect eligibility determinations. The SBM is required to provide the results of the audit to CMS and publish a public summary of the results.

New York State of Health (NYSOH), the official health plan marketplace of New York State (the State), authorized by the ACA, was established in April 2012 by Governor Cuomo's Executive Order 42, and codified in Article 2, Title VII of the New York Public Health Law in 2019.

NYSOH is responsible for facilitating enrollment in health coverage and the purchase and sale of Qualified Health Plans (QHPs) in the State's individual market and enrolling individuals in health coverage for which they are eligible in accordance with federal law. NYSOH is responsible for enabling eligible individuals to receive premium tax credits and cost-sharing reductions and to enable eligible small businesses to receive tax credits, in compliance with all applicable federal and state laws and regulations. NYSOH administers ACA programs for QHPs and Qualified Dental Plans (QDPs) for eligible individuals, performs eligibility determinations for federal and state subsidies, administers a Small Business Health Options Program (SHOP) for small businesses, and administers a Navigator program.

NYSOH personnel perform various business administration, program oversight, and support functions, such as finance, legal, communications, public policy and outreach, plan management, operations and information technology (IT), and member appeals. NYSOH contracts a significant amount of its operations to private vendors (e.g., customer service and call center operations, select financial processing activities, and some IT development and maintenance) and relies on other public agencies and their private vendors to provide other key services relating to core IT systems.

Objective,
scope,
methodology,
and procedures

Objective

KPMG LLP (KPMG) was engaged to perform a performance audit in accordance with both 45 CFR §155.1200(c) and Government Auditing Standards (GAS) to assess NYSOH’s compliance with 45 CFR §155 regulations for the 12 months ended December 31, 2022.

KPMG was responsible for preparing a written report communicating the results of the audit, including relevant findings and recommendations. These results should include deficiencies in internal controls that are significant within the context of the objectives of the audit, any identified instances of fraud or potential illegal acts (unless they are inconsequential within the context of the audit objectives), and significant abuse that was identified as a result of this engagement.

In accordance with GAS, KPMG was also required in certain circumstances to report fraud, illegal acts, and violations of provisions of contracts or grant agreements, or abuse that we may detect as a result of this engagement, directly to parties outside the auditee.

Scope

KPMG was engaged to assess NYSOH’s compliance with 45 CFR §155 regulations for the 12 months ended December 31, 2022, and our procedures were limited to the following:

Audit area	Representative tasks	Sample documentation
IT privacy and security	<ul style="list-style-type: none"> — Interview IT privacy and security process owners and review process control documentation. — Conduct process walk-throughs to identify and classify certain key controls for testing, including: <ul style="list-style-type: none"> • Personally identifiable information and the confidentiality, disclosure, maintenance, and use of information • Incident management/reporting procedures • Data loss and security breach incidents. — Select samples to test design of certain key controls and document any findings and recommendations. 	<ul style="list-style-type: none"> — Documentation such as relevant IT security policies, application business rules, and physical security provisions — Reports – Incident reporting, user access, etc.
Eligibility (including appeals)	<ul style="list-style-type: none"> — Interview process owners and review process control documentation. — Conduct process walk-throughs to identify and classify certain key controls for testing, including verification of basic applicant data, Modified Adjusted Gross Income (MAGI) eligibility, account update procedures, appeals, and reporting to federal and state agencies. — Select samples to test design and effectiveness of certain key controls and document any findings and recommendations. 	<ul style="list-style-type: none"> — Documentation such as support for eligibility determinations, account updates and terminations, etc. — Management reports – Applications and eligibility determinations activity — Member applications – Electronic

Audit area	Representative tasks	Sample documentation
Enrollment	<ul style="list-style-type: none"> — Interview process owners and review process control documentation. — Conduct process walk-throughs to identify safeguards over enrollment actions, such as: <ul style="list-style-type: none"> • Enrolling individuals in QHP offerings • Generating and correctly populating Forms 834 • Reporting. — Select samples to test compliance and document any findings and recommendations. 	<ul style="list-style-type: none"> — Documentation such as policies and procedures for new members, terminations, status changes, etc. — Enrollment activity reports
General exchange functions	<ul style="list-style-type: none"> — Interview process owners of key roles in the target general exchange functions, e.g., call center, compliance management, data/records maintenance, and small business exchange. — Review process/control documentation for these functions. — Conduct process walk-throughs to identify/confirm controls for testing. — Select samples to test for compliance and document any findings and recommendations. 	<ul style="list-style-type: none"> — Documentation – Policies and procedures on general exchange functions — Customer service representative reports — Navigator/Assister contract and payment information — Issuer QHP application documents

KPMG reviewed documents, performed inquiries, observed processes, conducted walk-throughs, and held interviews with NYSOH management and key process owners who perform select program functions.

KPMG identified controls through our walk-throughs with NYSOH process owners and reviewed applicable third-party reports relating to applicable compliance requirements and identified gaps based on process objectives and associated risks. KPMG conducted compliance tests to consider whether NYSOH’s processes and associated controls were capable of effectively preventing or detecting and correcting noncompliance.¹ We tested processes and identified certain controls and oversight activities within the audit scope and identified three findings.

Specific to 45 CFR §155.1200(c), our scope of work was designed to assess overall compliance with 45 CFR §155, NYSOH’s processes and procedures designed to prevent improper eligibility determinations and enrollment transactions and identify errors that may have resulted in incorrect eligibility determinations.

¹ For the IT privacy and security area, we performed limited tests of design to consider whether the control was implemented and operates in a manner appropriate to accomplish the control objective.

Methodology

The audit was conducted in the following phases: Audit Planning, Information Gathering and Analysis, Audit Execution, and Validation and Reporting. Each phase is described below:

- **Audit Planning:** The first phase of this project involved embedding performance audit project management protocols to effectively conduct the audit, manage stakeholder expectations, and execute communications protocols from the outset. A formal project kickoff meeting was held to introduce key NYSOH stakeholders to the KPMG engagement team and confirm our mutual understanding of the audit scope and objectives for the CY 2020 audit. In addition, individual kickoff meetings were held to discuss the audit timeline, scope, preliminary risks, and document request lists for each work stream. During the course of the audit, regular status meetings were conducted with the NYSOH Administrative Officer serving as the principal NYSOH liaison.
- **Information Gathering and Analysis:** Following Audit Planning, this phase involved further developing our understanding of NYSOH’s activities, processes, and controls for the audit period and developing our audit approach. Specifically, we performed the following tasks:
 - Reviewed existing documentation: We obtained background documentation from NYSOH process owners, including, where applicable, policies and procedures, process flows, sample management reports, and other background documentation. We reviewed this documentation to augment and refine our team’s understanding of NYSOH’s compliance with 45 CFR 155.1200(c).
 - Conducted interviews, walk-throughs, and high-level process reviews: We met with relevant NYSOH process owners, line management, and staff to expand our understanding of the specific and general exchange functions identified in our audit scope. We sought to develop our understanding of the interactions, respective duties, and responsibilities of key roles in targeted general function areas and corresponding key procedures.
- **Audit Execution:** This phase consisted of finalizing our audit program and executing tests of NYSOH’s compliance with regulatory requirements within 45 CFR §155. This involved the following activities:
 - Reviewing and testing select procedures to assess compliance processes around high-risk IT privacy and security control areas following the Minimum Acceptable Risk Standards for Exchanges control catalog
 - Reviewing and testing procedures over member eligibility determinations and appeals
 - Reviewing and testing procedures over enrollment actions, such as enrolling individuals in QHP offerings and generating enrollment reporting forms
 - Reviewing and testing specific procedures relating to oversight and financial integrity responsibilities of general exchange functions, including call center operations and vendor management, governance activities, navigator and assister programs, QHP/QDP certification, and the SHOP.
- **Validation and Reporting:** This phase consisted of validating the draft findings with NYSOH process owners, developing findings and recommendations for improvement, and obtaining NYSOH’s plans for corrective action. Our detailed findings are documented further in the Findings section.

Procedures

We reviewed the requirements of 45 CFR §155 to identify audit objectives relevant to NYSOH's exchange functions. We performed this engagement in accordance with GAS and developed audit programs and testing procedures in accordance with GAS and KPMG audit methodologies:

- **Document review, interview, and walk-through procedures:** We reviewed CMS Final Rule 9957 and associated regulations under 45 CFR §155 to identify compliance requirements subject to this audit.

KPMG worked with NYSOH management to identify process owners for key activities and performed interviews and walk-throughs to document processes and control activities existing during the audit period. Based on this information, KPMG requested supporting documentation to help confirm our understanding of the process activities and controls identified and developed audit procedures to test the design and operating effectiveness of identified controls.

- **Sample testing approach:** In addition to testing select controls related to compliance requirements, our audit effort included reviews of representative transactions and other operational activities. We reviewed system-generated transactional outputs and summary reports from key supporting applications to substantiate oversight activity on the part of NYSOH stakeholders.
- **Consideration of fraud, illegal acts, misconduct, and abuse:** In planning the audit, we had a responsibility to gather and review information to identify and assess the risk of fraud occurring that is significant within the context of audit objectives. When fraud risk factors were identified that the engagement team believed were significant within the context of the audit objectives, we had the responsibility to design procedures to provide reasonable assurance of detecting if such fraud occurred or is likely to have occurred. Assessing the risk of fraud is an ongoing process throughout the audit and relates not only to planning the audit but also to evaluating evidence obtained during the audit. We considered the risks of potential fraud, misconduct, and abuse within each testing area and adjusted testing procedures and sample sizes accordingly based on potential risks. Examples of approach modifications we applied for higher-risk testing areas included increasing sample size, adjusting timing of testing procedures to focus on higher-risk periods, applying judgmental selection of samples, applying analytic procedures, and applying more precise tests. We also conducted specific discussions with the executive director regarding potential exposures for fraud risk.

Findings

Introduction

In accordance with GAS, KPMG prepared this report communicating the results of the completed audit, including relevant findings and recommendations. The findings presented as part of this engagement are restricted to the use stipulated in our contract. We disclaim any intention or obligation to update or revise the findings whether as a result of new information, future events, or otherwise. Should additional documentation or other information become available that impacts the findings reached in our deliverable, we reserve the right to amend our findings and summary documents accordingly.

Our detailed findings are noted below. Please note that each finding is split into five areas:

- **Condition:** Explains the issue found as part of the audit
- **Criteria:** Explains the requirements related to the issue and a determination of how criteria and processes should be executed
- **Cause:** Assessment of the source of the risk area
- **Effect:** Potential result if the condition continues
- **Recommendation:** A short discussion on what should be done to improve the identified condition.

As a result of our audit procedures, we identified findings relating to specific controls and processes that were subject to review. These findings are detailed further below and on the following page.

CMS Rule 9957 generally requires state exchanges to perform oversight and financial integrity activities over exchange operations, keep an accurate accounting of receipts and expenditures, and perform monitoring and reporting activities on exchange-related activities. GAS further defines internal controls to include the processes and procedures for planning, organizing, directing, and controlling program operations and management's system for measuring, reporting, and monitoring program performance. KPMG identified controls through our walk-throughs with NYSOH process owners and identified gaps based on process objectives and associated risks. We identified processes and certain key oversight activities within the audit scope and noted findings indicating deficiencies in compliance. These deficiencies could increase NYSOH's risks of ineffective oversight and program integrity practices.

Finding #2022-01 – CMS Reporting (Repeat)

Condition: NYSOH did not maintain documentation supporting the accuracy and completeness of supporting data used to compile weekly, monthly, and ad hoc reports submitted to CMS.

Criteria: CMS reporting requirements as defined in 45 CFR 155.1200(b) require that a state exchange must collect and report to the U.S. Department of Health and Human Services performance monitoring data and, per 45 CFR § 155.1210, the exchange must maintain documents, records, and other evidence, which is sufficient to accommodate periodic auditing of the exchange.

Cause: Limitations with the current technology supporting the reporting function prevent the ability to test the completeness and accuracy of audit data when compiling CMS reports.

Effect: Inability to provide evidence and supporting data sufficient for audits puts NYSOH at risk of noncompliance with federal health benefit exchange regulations.

Recommendation: Consider revising the existing technology platform to allow capability to reperform data aggregation and report compilation.

Finding #2022-02 – Navigator/Assistor Decertification (Repeat)

Condition: One Navigator/Assistor agency did not comply with its contractual obligation to submit a Navigator Decertification Report to NYSOH within 48 business hours of a staff member change.

Criteria: Under 45 CFR §155.210(c)(1)(iii), a Navigator agency must “meet any licensing, certification or other standards prescribed by the State or Exchange, if applicable, so long as such standards do not prevent the application of the provisions of title I of the Affordable Care Act.” According to the contractual clauses with the State Department of Health (DOH), Navigator agencies are required to submit a Navigator Decertification Report to DOH within 48 business hours of a staff change at the agency.

Cause: The Navigator/Assistor agency did not comply with its contractual obligation.

Effect: Failure to promptly decertify Navigator/Assistor personnel could result in these individuals inappropriately accessing customer information.

Recommendation: In addition to the recently implemented enhanced oversight and monitoring efforts, NYSOH should continue to reinforce (through training and regular communications) its requirement that Navigator agencies (and their subcontractors) must regularly attest they have promptly notified NYSOH of all decertification requests within 48 business hours of a staff change.

Finding #2022-03 – Employee Financial Disclosures

Condition: NYSOH did not adhere to the NYS Commission on Ethics and Lobbying in Government the Commission (the Commission) requirement to submit annual Financial Disclosure Statements (FDS) by failing to:

- Provide the complete set of sample employee FDS requested to support compliance testing.
- Ensure select personnel completed and filed a disclosure by the due date.

Criteria: According to 45 CFR §155.110 (d), the Exchange must have in place and make publicly available a set of guiding governance principles that include ethics, conflict of interest standards, accountability and transparency standards, and disclosure of financial interest. Per the state’s “Guide to Filing The 2021 New York State Annual State of Financial Disclosure”, NYSOH employees with reporting responsibility are required to submit their annual Financial Disclosure Statements by either the deadline of May 16, 2022; within 30 days of exceeding the annual salary threshold filing rate or being designated as policymakers; or as directed by the Commission.

Cause: Due to personnel changes and a reduced workforce, the Commission was unable to provide the requested documentation.

Effect: Failure to promptly file FDS could result in NYSOH employees being unable to demonstrate compliance with state and federal financial interest and conflict of interest requirements.

Recommendation: Assess and revise as needed, current procedures and interagency coordination steps to secure the necessary information from the Commission to perform disclosure oversight as required. Reinforce the obligation for impacted NYSOH employees to file annual financial disclosures as required through additional communications and trainings.

Management's
response and
corrective
action plan

Finding #2022-01 – CMS Reporting (Repeat)

Recommendation: Consider revising the existing technology platform to allow capability to reperform data aggregation and report compilation.

Description of remediation: NYSOH continues to produce weekly, monthly, and ad hoc reports using CMS-required templates while remaining compliant with federal reporting requirements related to data aggregation and report compilation. Reporting and data maintenance is subject to thorough accuracy and completeness checks by both NYSOH Policy & Evaluation staff and NYSOH's IT vendor. Additionally, NYSOH's eligibility and enrollment data is stored in compliance with Federal Maintenance of Records requirements.

Data used to generate the reports is contained in a relational database that is updated frequently to maintain the most current, accurate information for reporting, and NYSOH uses Cognos to retrieve these reports. The auditors sought to independently recreate past reports and were not able to because there is currently no platform for them to access and manipulate the data. Ongoing IT enhancements planned in the coming years will permit auditors to create past reports.

Milestone, target to complete, actual completion date: NYSOH will continue to explore snapshot functionality in a limited capacity in 2023 that will enable some manual recreation of the CMS metrics submissions.

Plans to monitor and validate: NYSOH Policy & Evaluation staff will continue to work closely with NY State systems staff to monitor the development of snapshot functionality that will allow limited retrospective creation of some of the CMS metrics submissions. Please note CMS has never indicated our current solution is not in compliance with this requirement and that this finding may be a result of the requirement being interpreted differently by the auditor.

Responsible person/entity: NYSOH Director of Policy & Evaluation

Finding #2022-02 – Navigator / Assistor Decertification (Repeat)

Recommendation: In addition to the recently implemented enhanced oversight and monitoring efforts, NYSOH should continue to reinforce (through training and regular communications) its requirement that Navigator agencies (and their subcontractors) must regularly attest they have promptly notified NYSOH of all decertification requests within 48 business hours of a staff change.

Description of remediation: The Bureau of Child Health Plus and Marketplace Consumer Assistance implemented a requirement at the beginning of the third quarter of 2021 that assistor agencies certify that they have promptly notified NYS DOH of all decertification requests within 48 business hours of a staff change at the agency. This requirement was implemented according to the remediation target dates outlined in our response to finding #2020-06 – Navigator / Assistor decertification. Please note, the test period for 2021 was prior to the milestone dates outlined in 2020 finding response. In addition, it is important to note, when an Assistor leaves employment at an agency, their business email address is deactivated by the agency. Since Assistors must receive a soft token by email each time before accessing NY State of Health, they will no longer be able to access their dashboard using their business email once they are not employed by the agency. This remediation was implemented with the following measures:

1. **Increased frequency of communication with assistors about requirement to report staff changes:**
 - a. **Provided Assistor Admin staff with language to use when communicating with assistor agencies about requirement to report staff changes:**

Tag Line is being utilized when routinely communicating with assistor agencies about staff changes: "As a reminder, assistor agencies are required to inform the NYS Department of Health of changes in an assistor's employment status within 48 business hours of such change. Assistor agencies must report these changes by email to: Assistor.Admin@health.ny.gov."

Sample language being used when assistor agencies are delinquent in notifying the Department of Health of changes in an assistor's employment status: "Please note, it is extremely important that if any Assistor no longer needs access to their assistor account for any reason throughout the year, please let us know within 48 business hours so we can take the appropriate steps needed to remove their access to NY State of Health."

Implementation: Second quarter 2021.

Outcome: All Assistor Admin staff are aware of language available to them to use on communication with assistor agencies from DOH assistor.admin mailbox regarding staff changes, or when an assistor agency is delinquent in notifying the Department of Health of changes in an assistor's employment status, either temporary or permanent, within 48 business hours of such change.

b. Included reminders in several assistor newsletter regarding the requirement to notify the Department of Health when an assistor's employment status changes:

Language from Assistor Newsletters: "Reporting Staff Changes: Assistor agencies are required to inform the Department of Health of changes in an assistor's employment status, either temporary or permanent, within 48 business hours of such change. Assistor agency supervisors must report these changes to Assistor.Admin@health.ny.gov."

Implementation: Third and fourth quarter of 2021 and first quarter of 2022.

Outcome: All assistors are frequently reminded of requirement to report staff changes to the Department of Health within 48 business hours of such change.

2. Updated Language in Monthly Navigator Progress Report Requirement:

Updated Language: "Please note, if there have been any staff changes (retired, resigned, terminated, maternity leave, extended absence, etc.), please indicate the name of staff and effective date of change. By doing so, Agency attests they have promptly notified Assistor.admin@health.ny.gov of all decertification requests within 48 business hours of the staff change at the agency."

Implementation Date: Third quarter 2021.

Outcome: All Monthly Navigator Progress Reports received for 8/1/2021 forward included updated attestation language.

3. Implemented New Supervisor Training:

New Training Requirement: One supervisor must complete new Assistor Supervisor Training as part of the assistor annual recertification process.

Implementation Date: Third quarter 2021.

Outcome: All assistor agencies had one supervisor at their agency complete the new supervisor training and associated attestation as part of the 2021 Assistor Recertification process.

Revised in 2022:

New Training Requirement: Every supervisor and primary contact at each assistor agency must complete the Assistor Supervisor Training as part of the annual assistor recertification process.

Implementation Date: Third quarter 2022.

Outcome: Every supervisor and primary contact at each assistor agency must complete the supervisor training and associated attestation as part of the 2022 Assistor Recertification process.

Milestone, target to complete, actual completion date: In addition to the remediation measures outlined above, the Bureau is reviewing current language utilized when an assistor agency is delinquent in notifying the Department of Health of changes in an assistor's employment status to determine if modifications can be made to the language to further reinforce the agency is out of compliance with the notification requirement. If language is modified, implementation of the new language will begin prior to the end of the third calendar quarter of 2023. All activities will be fully implemented prior to the end of the fourth calendar quarter of 2023.

Plans to monitor and validate: The Child Health Plus and Marketplace Consumer Assistance Group's Management team will continue to monitor and reinforce compliance of the requirement that Navigator Agencies and their subcontractors promptly notify NYSOH of all decertification requests within 48 business hours of a staff change. Specifically, DOH Staff will monitor the supervisory training requirement that every individual named as a primary contact at each assistor agency complete the training and certify/attest to the assistor supervisor requirements during our annual review of agency contact information for 2023. Navigator Contract Managers and Assistor Admin Unit Staff will also continue to monitor compliance of certified assistor decertification reporting to the Bureau within 48 business hours and utilize regular communications to remind agencies of this requirement.

Responsible person/entity: Director, Child Health Plus and Marketplace Consumer Assistance Group

Finding #2022-03 – Employee Financial Disclosures (Repeat)

Recommendation: Assess and revise as needed, the current procedures/interagency coordination steps to secure the necessary information from the Commission to perform disclosure oversight as required. Reinforce the obligation for impacted NYSOH employees to file annual financial disclosures as required through additional communications and trainings.

Description of remediation: NYSOH will continue to work with NYS Commission on Ethics and Lobbying in Government to develop a more accurate report of NYSOH staff that are eligible to file an annual Financial Disclosure. Presently the Commission produces the report NYSOH needs for the KPMG audit manually. Also, NYSOH will work with Commission to ensure that the appropriate deadline for staff submission on an annual basis is met. We will continue to encourage the Commission to produce a system-generated report for NYSOH for monitoring purposes.

Milestone, target to complete, actual completion date: NYSOH will continue to work with NYS Commission on Ethics and Lobbying in Government to improve the Commission reporting and tracking of staff annual Financial Disclosure. We will have this improvement in place by the Calendar Year 2023 KPMG audit that will commence in early 2024.

Plans to monitor and validate: NYSOH will begin working with NYS Commission on Ethics and Lobbying in Government in December of 2023 to establish a more accurate reporting on staff's filings. We will run series of test reports to make sure of the accuracy of the reporting is improved. Also, we will work with NYS Commission on Ethics and Lobbying in Government to monitor the submission of staff filings are before the due date set by the Commission.

Responsible person: NYS Commission on Ethics and Lobbying in Government/ NYSOH Administrative Officer

Appendix A –
List of
interviewed
personnel

Title
Associate Counsel
Administrative Officer
Assistant Director, Bureau of Exchange Application Support
Assistant Director, Plan Management
Bureau Director, CHPlus Policy and Exchange Customer Assistance
Chief Information Security Officer, NYSOH
Deputy Director, NYSOH
Director, Bureau of Quality Management and Change Control
Director, Bureau of Quality Management and Evaluation
Director, Bureau of Exchange Application Support
Director of Communications, Marketing and Outreach
Director, Marketplace Counsel
Director of Plan Management
Director of Policy and Evaluation
Division of Eligibility and Marketplace Integration
Eligibility Program Manager
Eligibility Program Manager 1
Eligibility Program Manager 2
Executive Director
Medical Assistance Specialist II
Principal Hearing Officer
Project Coordinator - Small Business Marketplace
Regional Director of Small Business Marketplace
Security Privacy Compliance Manager, GDIT
Senior Systems Analyst Technical Architect, GDIT
Special Assistant, Customer Service Operations
Principal Consultant, Bureau of Privacy and Security
Project Coordinator
Assistant Public Information Officer
Medical Assistance Specialist 3, Bureau of Child Health Plus and Marketplace Consumer Assistance
Project Coordinator, NYSOH, Office of Health Insurance Programs
Medical Assistance Specialist, Division of Eligibility and Marketplace Integration

Appendix B – Glossary of terms

(PP)ACA	Patient Protection and Affordable Care Act
AICPA	American Institute of Certified Public Accountants
APTC	Advance Premium Tax Credit
CCIO	Consumer Information and Insurance Oversight
CFR	Code of Federal Regulations
CHPlus	Child Health Plus
CMS	Centers for Medicare and Medicaid Services
CSR	Cost Sharing Reduction
DOH	New York State Department of Health
FDS	Financial Disclosure Statements
FPL	Federal Poverty Level
GAGAS	Generally Accepted Government Accounting Standards
GAS	Government Auditing Standards
GDIT	General Dynamics Information Technology
HHS	Health and Human Services
IT	Information Technology
JCOPE	Joint Commission on Public Ethics
MAGI	Modified Adjusted Gross Income
NYSOH	New York State of Health
QDP	Qualified Dental Plan
QHP	Qualified Health Plan
QRS	Quality Reporting Standards
SBM	State-Based Marketplace
SHOP	Small Business Health Options Program

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