



DEVAL PATRICK
Governor

GLEN SHOR
Board Chair

JEAN YANG
Executive Director

The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, MA 02108
617-933-3030

RECEIVED
STATE ETHICS COMMISSION
2013 DEC -5 AM 10:25

December 2, 2013

State Ethics Commission
One Ashburton Place
Room 619
Boston, MA 02108

Re: Disclosure of Financial Interest and Determination by State Appointing Authority

Dear Sir or Madam:

Enclosed for filing please find copies of the following documents:

- 1.) Disclosure of Financial Interest (Daniel Apicella); and
- 2.) Determination by a State Appointing Authority;

If you have any questions about this matter, please call me at 617-933-3091. Thank you for your attention to this matter.

Very truly yours,

Edward J. DeAngelo
General Counsel

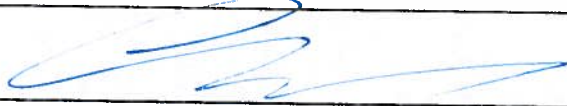
**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

RECEIVED
STATE ETHICS COMMISSION
2013 DEC -5 AM 10-26

	STATE EMPLOYEE INFORMATION
Name:	Daniel Apicella
Title or Position:	Director of Finance
State Agency:	Commonwealth Health Insurance Connector Authority
Agency Address:	100 City Hall Plaza Suite PH Boston, MA 02108
Office Phone:	617-933-3152
Office E-mail:	daniel.apicella@state.ma.us
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	PARTICULAR MATTER
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. The Connector's contractual relationship with Tufts Health Plan.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. I do not directly manage the Tufts Health Plan Contract. However, in my position as Director of Finance, I may be required to work on financial issues that involve the health carriers, including Tufts Health Plan, with whom the Connector contracts.
	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all that apply.	☐ I have a financial interest in the matter. ☒ My immediate family member has a financial interest in the matter. ☐ My business partner has a financial interest in the matter. ☐ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. ☐ I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.

Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it. My wife has a position as Director of Provider Contracting at Tufts Health Plan.
Employee signature:	<u>Daniel Apice</u>
Date:	<u>November 22nd, 2013</u>

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	<u>Jean Yang</u>
Title or Position:	<u>Executive Director</u>
Agency/Department:	<u>Commonwealth Health Insurance Connection Authority</u>
Agency Address:	<u>100 City Hall Plaza Suite PH1 Boston MA 02108</u>
Office Phone:	<u>617-933-3091</u>
Office E-mail	<u>jean.yang@state.ma.us</u>
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. ☐ I am assigning the particular matter to another employee, or ☐ I am assuming responsibility for the particular matter, or ☒ I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	<u>11-29-13</u>
Comment:	

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108