

## The Commonwealth of Massachusetts Commonwealth Health Insurance Connector Authority Ethics Commission 100 City Hall Plaza Boston, MA 02108 RECEIVED RECEIVED RECEIVED 2013 DEC -5 AM 10: 25

DEVAL PATRICK Governor

GLEN SHOR Board Chair

JEAN YANG Executive Director

December 2, 2013

617-933-3030

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 STATE ETHICS COMMISSION

A1	STATE EMPLOYEE INFORMATION  Daniel Apicella  AM 10
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 Please describe the particular matter.
E.g., a judicial or other proceeding, application, submission, request or a ruling or other determination, contract, claim, controversy, charge, accusation, urrest, decision, or finding.	The Connector's contractual relationship with Tufts Health Plan.
Your required participation in the particular matter:  a.g., approval, decision, ecommendation, endering advice, evestigation, 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.
Voida and Volume	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all hat apply.	I have a financial interest in the matter.
	_X 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:	Caniel Asicel
Date:	November 22 nd, 2013

## **DETERMINATION BY APPOINTING OFFICIAL**

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Jean Yang
Title or Position:	Tean Yang Executive Director
Agency/Department:	Commonwealth Health Insurance Connectin
Agency Address:	Suite PHI BOOKS ALA OR/OF
Office Phone:	417-933-3091
Office E-mail	Jeon. Yang @ state, ma, us
	DETERMINATION!
Determination by appointing authority:	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.
Write an X by your selection.	I am assigning the particular matter to another employee, or 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:	11-28-13
Comment:	

Attach additional pages if necessary.

File copy with:

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