



*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*

100 City Hall Plaza  
Boston, MA 02108  
617-933-3030

RECEIVED  
STATE ETHICS COMMISSION  
2015 FEB 19 PM 2:24

DEVAL PATRICK  
Governor

GLEN SHOR  
Board Chair

JEAN YANG  
Executive Director

February 18, 2015

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.) A copy of a disclosure of Financial Interest (Sarah Bushold); and
- 2.) A copy of a 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,

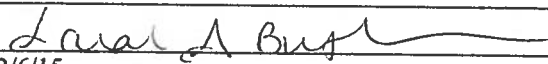
Edward J. DeAngelo  
General Counsel

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

RECEIVED  
STATE ETHICS COMMISSION

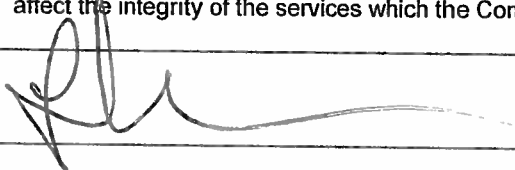
TO THE STATE EMPLOYEE: Complete and sign the disclosure below and submit it to your appointing authority.

Name of employee:	Sarah Bushold
Title or Position:	Senior Manager, External Affairs and Plan Management
Agency/Department:	Health Connector
Agency Address:	100 City Hall Plaza, Boston MA, 02101
Office Phone:	617-933-3161
Office E-mail:	Sarah.Bushold@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  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.	The 2016 Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) Seal of Approval Request for Responses
Your required participation in the particular matter:  E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	I participate in the content discussions and drafting of the QHP Seal of Approval RFR and the QDP Seal of Approval RFR
Please put an X by all that are relevant.	<input type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input checked="" type="checkbox"/> I am negotiating or have made an arrangement with a person or organization concerning future employment, and the person or organization has a financial interest in the matter.
Financial interest in the matter	I have been approached by BCBSMA regarding an opening within their organization. As BCBSMA has historically responded to the Health Connector's QHP and QDP RFRs and is currently offering qualified health and dental plans through the Health Connector, it is reasonable to assume that BCBSMA will be a respondent to the 2016 QHP and 2016 QDP RFRs.

Employee signature:	
Date:	2/6/15

TO THE APPOINTING AUTHORITY: Complete and sign the Determination below.

**DETERMINATION BY APPOINTING OFFICIAL**

Name of Appointing Authority:	Louis Gutierrez
Title or Position:	Executive Director
Agency/Department:	Commonwealth Health Insurance Connector Authority
Agency Address:	100 City Hall Plaza Boston MA 02108
Office Phone:	617-933- <del>3059</del> 3059
Office E-mail:	louis.gutierrez@state.ma.us
Determination by appointing authority:  Write an X by your response.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by the employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input checked="" type="checkbox"/> 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.</p>
Appointing Authority signature:	
Date:	
Comment:	

Attach additional pages if necessary.

File copy with:

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