



A Closer Look at the Oversight of State-based Marketplaces

Introduction

The 17 states, and the District of Columbia, electing to operate a State-based Marketplace (SBM) are subject to comprehensive oversight from a varied set of federal and state agencies, committees, and regulators. Ongoing reporting, site visits, and auditing spans the full range of SBM functions, including eligibility and enrollment, data security, consumer privacy, financial transactions, business operations, grant monitoring, budget, consumer assistance, and marketplace personnel policies.

For SBM states to cooperate and assist with the numerous inquiries and audits related to their operations, they must utilize staff resources from all marketplace departments. SBMs also frequently need to rely on other agencies such as IT, data, policy, legal, and Medicaid in order to meet all components of an

oversight request. In addition to this staff time, SBMs also typically have one staff member who is responsible for coordinating with the auditors and obtaining all the necessary information and data for compliance. The time needed for each audit is extensive. One SBM estimated that for the 2015 CMS SMART audit (described in further detail on page 2) the coordinating staff person spent **10-20 hours per week** for up to three months on the audit, in addition to conducting all their regular marketplace responsibilities.

As demonstrated by Table 1, much of the oversight performed by each reviewing body overlaps. Without coordination between state and federal officials, and across federal entities, the time and resources expended on audit and reporting requirements are often duplicated.

SBM Accountability and Review

Table 1.
Oversight Activities Performed by Federal Agencies/Entities and States

	CMS	CCIIO	HHSOIG	IRS	Congress	State-level
Eligibility and enrollment systems	✓	✓	✓	✓	✓	✓
Privacy and security	✓	✓	✓	✓	✓	✓
Use of federal grants	✓	✓	✓		✓	✓
Operations and financial management	✓	✓	✓	✓	✓	✓
Consumer assistance	✓	✓			✓	✓
Advanced Premium Tax Credits	✓	✓	✓	✓	✓	✓
Marketplace Budget	✓	✓	✓		✓	✓

Federal Oversight

Executive Branch

Programmatic and Financial Oversight

Center for Consumer Information & Insurance Oversight (CCIIO): CCIIO is charged with implementing the law's private market reforms, including establishment of the health insurance marketplaces. Before a state can begin establishment of a SBM, CCIIO must approve its [Marketplace Blueprint](#), which documents the state's plan to meet all legal and operational requirements of a SBM. Once Blueprints are approved, CCIIO works closely with states through an assigned State Project Officer, who meets biweekly with SBM staff to discuss implementation, compliance, and other ongoing marketplace issues. Through this regular communication, CCIIO is informed of all aspects of marketplace design and operations. In addition, CCIIO performs regular site visits of marketplaces; reviewing privacy and security, governance, call centers, policy and procedure development, marketing, and consumer assistance.

Health and Human Services (HHS) Office of Inspector General (OIG): In 2013, Congress mandated that HHS OIG conduct a programmatic and financial audit of all marketplaces. Performed in conjunction with the Department of Treasury's OIG, this thorough review includes an assessment of eligibility and enrollment systems, with a particular emphasis on auditing advanced premium tax credit and cost-sharing reduction determinations, as well as SBM grant use. In California, Connecticut, and Kentucky, the audit began during the first Open Enrollment period in October 2013, and took several years to complete. In Rhode Island and the District of Columbia, the OIG audit began in 2014. The District's eligibility and enrollment audit is still not complete.

Center for Medicare and Medicaid Services (CMS): CMS has developed a wide-ranging, annual [State-based Marketplace Annual Reporting Tool](#) (SMART) audit that includes the programmatic scope of the HHS OIG audit but goes further and requires an audit of all enrollment functions, appeals, exemptions, the small business health options program (SHOP), and certification of qualified health plans and program integrity standards. In addition,

the SMART audit includes a full financial audit, beyond the HHS OIG audit of the SBM establishment grants. The review is intended to provide a comprehensive, yearly overview of *all* SBM functions, so beyond enrollment and finances it also covers governance structure, privacy and security, call center information, training standards, and conflict of interest standards. CMS began the SMART audit in early 2015 with SBM findings due by May 30, 2015. In addition, CMS has required, on-going data reporting.

Internal Revenue Service (IRS): The IRS interacts with the SBMs on tax credit eligibility and the individual mandate penalty. The IRS completed an initial review of SBM systems related to tax credit calculation and oversight in 2013, and requires a new review every three years.

Treasury Inspector General for Tax Administration (TIGTA): TIGTA performs marketplace audits that relate to the determination and receipt of advance premium tax credits (APTC). TIGTA has requested information related to 1095-A reporting, the eligibility process for making an APTC determination and will be auditing receipt of APTC for individuals that have not filed taxes.

Office of Management and Budget (OMB):

The Single Audit Act of 1984 and OMB Circular A-133 requires an annual audit by an independent accountant for non-Federal government entities that expend more than \$500,000 in a fiscal year, which SBMs are subject to as recipients of federal grants for marketplace establishment.

Privacy and Security Oversight

CCIIO: The CCIIO privacy and security review began in May 2015 and will be conducted annually.

CMS: SBMs are subject to an annual CMS Privacy Impact Assessments, which are required by the E-Government Act of 2002 and are directed at entities that collect personally identifiable information.

IRS: The IRS requires an annual Safeguard Security Report, to confirm that privacy and security controls comply with IRS federal tax information safeguards. States must complete and submit these reports, which detail the processes, procedures,

and security controls in place to protect Federal Tax Information (FTI) provided in accordance with IRC 6103(p)(4). The IRS must approve reports at least 90 days prior to the state receiving FTI.

Ad-Hoc Oversight

Freedom of Information Act (FOIA): Both CCI-IO and SBMs are subject to ad hoc oversight and review through FOIA requests at both the state and federal level, which can be made at any time. SBMs have received FOIA requests related to relationships with independent contractors, technology costs, call center performance, and email correspondence, among others.

U.S. Government Accountability Office (GAO): SBMs are subject to evaluation by the GAO, a federal government oversight office. The GAO has done numerous investigations on marketplace-related activities since the passage of the ACA. As of September 2015, there are at least seven GAO reports that have been completed or in progress, including assessments of coverage, information technology, and security and privacy.

In addition, Congress is able to request a review of state and federal activities related to the SBMs by the GAO. This has been done on several occasions, including an [April 2013](#) report that documented the SBM activities of seven states during their buildup to the launch of the first open enrollment period.

Legislative Branch

Congress has oversight authority of the SBMs through the ACA, and as a result of Congressional financial support for marketplace development. To date, Congress has used this authority to compel substantial financial and budget information from the SBMs. In 2014, for example, Senators Orrin Hatch (R-UT) and Charles Grassley (R-IA) requested that SBMs produce documents related to their federal grants. Congressional committees have also requested documents related to consumer privacy and security, enrollment, the success of consumer assistance programs, and enrollment of Congressional members and staff through SHOP. Over the past several years, Congress has scheduled hearings through oversight committees of cognizance; at least one additional hearing is being planned

for fall 2015 with the U.S. House of Representative's Energy and Commerce Oversight Subcommittee.

State Oversight

Although many SBMs have implemented numerous internal auditing processes and safeguards there are a number of additional state-level audit processes that are external to the marketplace. This section outlines those.

Executive Branch

Each SBM is not only subject to federal regulation, oversight, and review, but also subject to the rules, regulation, and auditing requirements of the state in which the SBM sits. This means there are reporting requirements well beyond those outlined above for all SBMs.

Legislative Branch

For over half of the SBMs, there is at least one state legislative committee of cognizance that reviews their budgeting and oversight. Many of the state committees require reporting on the progress of the SBM's enrollment, spending, budget, and an evaluation of senior leadership performance. As a condition of new state funding, recently passed legislation in Rhode Island requires monthly reports from the marketplace to the state House and Senate Finance Committees. The reports will include information regarding the number of new and renewed customers, number of paid enrollments, premium costs by insurer, the number of enrollees receiving financial assistance, and the cost of the marketplace compared to the Federally Facilitated Marketplace, among other data points.

In Colorado, as a result of the marketplace's enacting statute, the state's Legislative Audit Committee leads an annual audit of all funds provided to the SBM. In 2014 the Office of the State Auditor identified irregularities related to the SBM's vendor and service-provider payments, and as a result the state responded by requiring the marketplace implement a stronger set of policies and procedures. The District of Columbia also requires a yearly financial and programmatic audit and the District's Insurance Regulatory Trust Fund Bureau has the ability to audit the marketplace budget.

Independent

Many states have an Inspector General, Ethics Board, and/or other independent entities that can investigate and audit marketplaces.

Boards of Directors

Each state's SBM is overseen by either a board of directors or an advisory group that independently reviews the work of the marketplace. As with any board of directors, these bodies provide an added layer of oversight as boards are charged both with assuring that the marketplace meets goals and providing a fiduciary role for the entity. Reports, meeting minutes,

and presentations from these board meetings are posted on public websites, and boards often select leadership, review spending, and promote transparency to ensure even further accountability for SBMs and SBM performance. In some cases, these bodies are subject to statewide open meetings laws.

Public Oversight

Just as the Freedom of Information Act compels the federal government to release requested information to the public, each state and the District of Columbia have laws that require their governments, including SBMs, to release information to the public.

Conclusion

SBMs are subject to a thorough, sometimes duplicative, level of oversight through a variety of agencies, committees, and boards on both the federal and state level. SBM officials assert that there is not a single aspect of marketplace activity that is not subject to some manner of official federal or state oversight. Moving forward, it will be critical for any discussion of new SBM oversight to focus on what questions the additional oversight seeks to answer, and whether the current reviews are already collecting this information. Further, reviewing entities should consider how to coordinate these various oversight protocols to ensure that resources are used efficiently and effectively to provide public accountability.

Accompanying this brief is a chart that highlights state-specific oversight for 13 of the 18 SBMs, in addition to the major federal oversight activities. **We note that in reviewing this chart, and particularly in comparing oversight across the states, that each state has a different background and culture related to agency reporting. The different methods used to review the SBMs reflect this varied approach.** This chart is most useful in highlighting the many ways that both the state and federal governments conduct the same and/or similar SBM privacy and security reviews, financial audits, and business operation assessments.

About the National Academy for State Health Policy:

The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice.

As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.

State Health Exchange Leadership Network
Oversight of Exchange Activities
 (Information compiled as of 08/20/15)

Oversight or Auditing Agency/ Entity	Frequency of Review	Scope of Oversight/Audit
<i>Federal Oversight and Review</i>		
<i>Department of Health and Human Services</i>		
Office of Inspector General	Annual	<ul style="list-style-type: none"> • Eligibility and enrollment • Financial (including grant use, procurement, and cost allocation) • Review of policies and procedures for verification of eligibility for tax credits and cost sharing reductions • Privacy and Security Audit (KY, NM, FFM)
Office of Inspector General	2014	Review to ensure internal controls implemented by Exchanges were effective in enrolling individuals in QHPs according to Federal requirements during the first open enrollment period.
Office of Inspector General	At the behest of Congress (one-time)	Audit of grant expenditures by State-based Exchanges.
Office of Inspector General	As determined by the Office	IT Security review
Office of Inspector General	As determined by the Office	<p>Reporting has been done in 2014 and 2015 (3 reports)</p> <ul style="list-style-type: none"> • One-time, October to December 2013. Report #A-09-14-01000, June 2014: http://oig.hhs.gov/oas/reports/region9/91401000.pdf • One-time, October to December 2014. Report #OEI-01-14-00180, June 2014: http://oig.hhs.gov/oei/reports/oei-01-14-00180.pdf <p>One-time, June 2014 to April 2015. Report #A-09-14-03005, April 2015: http://oig.hhs.gov/oas/reports/region9/91403005.pdf</p>

Centers for Medicare and Medicaid Services (CMS)	Annual and as needed	Implementation Advanced Planning Documents (IAPDU's). <i>The approved cost allocation plan from CMS provides for the sharing of information technology costs across programs. At least annually, CMS reviews IAPDU's that outline the ongoing operations and any planned changes. The IAPDU also identifies the allocation of the cost of those ongoing operations and changes.</i>
Centers for Medicare and Medicaid Services	Annual (beginning in 2015)	CMS "SMART" Audit <i>Broad audit that provides review of all aspects of Exchange:</i> <ul style="list-style-type: none"> • Financial audit (conducted by outside firm, KPMG) • Programmatic audit (covering eligibility, enrollment, privacy, security, consumer assistance, appeals, and certification of QHPs)
Centers for Medicare and Medicaid Services	Annual	Annual individual income attestations review
Centers for Medicare and Medicaid Services	Annual	Privacy Impact Assessment <i>E-Government Act of 2002 requires that agencies evaluate systems that collect personally identifiable information (PII) and determine whether the privacy of that PII is adequately protected.</i>
Centers for Medicare and Medicaid Services	Weekly, Monthly, Quarterly and Annual	Enrollment metrics as required by the Affordable Care Act and regulations
Centers for Medicare and Medicaid Services	Monthly, Semi-Annually and Annual	Financial, expenditure and performance reports

Centers for Medicare and Medicaid Services	Monthly, quarterly, and semi-annually, for duration of federal grants	Reporting on federal grant spending including: <ul style="list-style-type: none"> • “Detailed Monthly (Monthly Budget)” reports, completed monthly on grant financials • “Collections (CCIIO-CAS)” reports, completed semi-annually on grant financials • “425 Financial Report,” completed quarterly on grant financials • “Program Performance Form (CCIIO SF-PPR-B)” reports, completed semi-annually on grant-funded activities • “Supplemental (CCIIO-IT Prof),” reports, completed semi-annually on statistical data regarding insurance coverage in state
Centers for Medicare and Medicaid Services, The Center for Consumer Information & Insurance Oversight	Annual (beginning May 2015)	Privacy and security review
Centers for Medicare and Medicaid Services, The Center for Consumer Information & Insurance Oversight	Site Visits, 2013, 2014	Business operational readiness assessment of financial and business management and IT systems in accordance with Online Data Collection (OLDC), and internal controls prior to full approval of the Exchange Blueprint.
Centers for Medicare and Medicaid Services, The Center for Consumer Information & Insurance Oversight	Bi-weekly calls with assigned State Officer	Implementation and performance of Exchange
<i>Department of the Treasury</i>		
Office of the Inspector General	Annual (Coordinated with the DHHS, OIG)	Accuracy of premium tax credit claims filed on individual’s income tax returns
Internal Revenue Service	Initial review in 2013, additional site visit in 2014, to be completed every 3 years	On-site audit

Internal Revenue Service	Annual	Safeguard Security Report (includes security controls). <i>IRS visits to Exchanges to confirm compliance with IRS federal tax information (FTI) safeguards.</i>
Internal Revenue Service	Monthly and Annual	SHOP Enrollment, APTC, and CSR data reporting as required by the Affordable Care Act, regulations
Department of Treasury, Inspector General for Tax Administration (TIGTA)	2014	Review of IRS operations related to: <ul style="list-style-type: none"> • APTC • How IRS handles data that submitted • How Exchange verifies eligibility for enrollment and eligibility for PTC • What type of income verification is completed if an inconsistency is identified • Controls related to the APTC payments and if/when the Exchange updates APTC information for the consumer
<i>United States Congress</i>		
U.S. Senate Finance Committee and U.S. Senate Judiciary Committee (Senators Hatch and Grassley)	One-time, 2014	Document production related to grants provided to the State-based Exchanges
Committee on Oversight & Government Reform, U.S. House of Representatives	One-time	Document production related to privacy & security; consumer assistance programs
Committee on Education and Workforce, U.S. House of Representatives	One-time	Challenges facing workforce and employees
Committee on Small Business and Entrepreneurship, U.S. House of Representatives	One-time	Committee convened a hearing to examine Affordable Care Act implementation, focusing on how to achieve a successful rollout of the small business Exchanges
Small Business Committee, U.S. Senate	One-time, 2015	Document request to DC related to enrollment of Congressional members and staff.
<i>Additional Federal Oversight</i>		
Freedom of Information Act	By request	Compliance with valid requests made to the Exchanges under FOIA

U.S. Government Accountability Office	As determined by the Office	<p><i>Reporting has been done in 2013 and 2014 (3 reports)</i></p> <ul style="list-style-type: none"> • “Seven States Actions to Establish Exchanges under the Patient Protection and Affordable Care Act” • “Small Business Health Insurance Exchanges: Low Initial Enrollment Likely due to Multiple, Evolving Factors” • “Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans” <p><i>Reporting ongoing from 2014 through 2015</i></p> <ul style="list-style-type: none"> • “Movement Between Medicaid and Exchanges” • “Survey of Marketplace IT Projects” • “Review of Security and Privacy of State Health Marketplaces (KY, CA and VT ongoing)” • A review of federally funded IT projects in 14 states, Draft GAO 15-527
<i>State-Level Oversight and Review</i>		
CA		
Covered California Board	As needed	<ul style="list-style-type: none"> • Reviews and approves annual budget and plans; which are presented and reviewed publicly • Reviews and approves contracts over \$1,000,000 threshold for a competitive bid and \$150,000 for a non-competitive bid. • Reviews and approves proposed regulations • Reviews impact of proposed legislation
Report to the Governor and Legislature	Annually, as statutorily required	Official report published for the California Governor and Legislature, as codified in state law.
External Auditors	Annually, beginning with State Fiscal Year 2012-13	Financial statement and A-133 compliance audits

External Auditors	Annually, beginning with Plan Year 2014	Programmatic audit to assess compliance with 45 CFR Part 155 in the areas of eligibility and enrollment, privacy and security, consumer assistance, appeals, and certification of QHPs for both the Individual Market and SHOP.
California State Auditor	One-time, April 2013. Report #2013-602, July 2013.	Evaluation of Covered California's readiness to operate California's first Statewide Health Insurance Exchange.
California State Auditor	One-time, July 2015 to April 2016	Follow-up on Report #2013-602, and conducting a performance audit of Covered California's operations and financial sustainability.
Internal Audits/Reviews	Regular and ongoing	Covered California conducts a range of internal audits, some with its own staff some with contracted firms, of a range of practices and processes, including: assessment of potential instances of fraud, waste and abuse; assessment of eligibility determinations; auditing samples of Education and Outreach grantees on their controls and fiscal procedures; and risk management processes in place.
California Public Records Act	As requested	Covered California provides reports, data, and other materials in response to requests, as codified in California's Public Records Act.
CO		
Legislative Audit Committee	Annual	Section 10-22-105(4)(b), C.R.S., requires that "all moneys received by the Board for the Exchange [be] subject to audit by the Legislative Audit committee. The Board shall report all moneys received for the exchange to the Legislative Audit Committee"
CT		
Governor of Connecticut	Annual	Required report for all Board of Directors for quasi-public agencies (includes balance sheet, planned activities for the upcoming year, and affirmative action policies).

Auditor of Public Accounts	Annual	Required report for all Board of Directors for quasi-public agencies (includes balance sheet, planned activities for the upcoming year, and affirmative action policies).
Office of Fiscal Analysis	Quarterly	<ul style="list-style-type: none"> • Required fiscal report for all Board of Directors for quasi-public agencies (includes beginning fiscal year balance; all funds expended and all revenue collected by the end of the quarter; and total expenditures and revenues estimated at the end of the fiscal year). • Required personnel report for all Board of Directors for quasi-public agencies (total number of employees by the end of the quarter; the positions vacated and the positions filled by the end of the quarter; and positions estimated to be vacant and the positions estimated to be filled at the end of the fiscal year.)
Access Health CT, Internal Audit	Annual	Reviews affirmative action, personnel practices, purchase of goods and services, use of surplus funds, distribution of loans, grants and other financial assistance.
DC		
Office of Inspector General, Office of Integrity and Oversight, District of Columbia	One-time, 2015	Assessment of Exchange financial processes and reporting systems
Office of Contract Procurement, District of Columbia	(Started and then terminated)	Procurement audit
Insurance Regulatory Trust Fund Bureau, District of Columbia	To be scheduled	Financial audit
Bert Smith, CPA Firm	One-time, 2013	Self-initiated review or procurement
KPMG, Accounting Firm	2013, 2014	Annual Comprehensive Annual Financial Report (CAFR)

KPMG, Accounting Firm	2014, 2015	The Single Audit Act of 1984 (with amendments in 1996) and OMB Circular A-133 require non-Federal government entities that expend more than \$500,000 in a fiscal year to get an annual audit by an independent accountant. Contracting entity performs this audit.
DC Council	Annual	Oversight hearing on agency performance which includes a review of administration of the agency and its programs.
DC Council	Annual	Annual budget hearing in determining agency's budget for the next financial year.
DC Council	Ad hoc	Roundtable hearing to assess progress in marketplace. These were scheduled every few months in 2013 and 2014.
ID		
Harris & Co.	Annual	Annual financial audit and OMB A-133 [The Single Audit Act of 1984 (with amendments in 1996) and OMB Circular A-133 require non-Federal government entities that expend more than \$500,000 in a fiscal year to get an annual audit by an independent accountant.]
Idaho State Legislature	Annual	Annual Report to the legislature on State of Exchange. This is not a formal audit but a required presentation to the legislature.
KY		
Kentucky State Auditor	Annual	Audit of operations and financial management
MA		
Health Connector Board of Directors	Monthly	Reviews and approves proposed regulations, program goals and initiatives and contracts over \$250,000. Administration and Finance Subcommittee reviews and recommends the administrative budget be put to the full Board for a vote
Massachusetts General Court	Annually	Annual report provided to Legislature that addresses the current status of health care reform in the Commonwealth, Health Connector programs and policy and regulatory responsibilities. General Court subcommittees periodically request testimony

External Auditor	Annually on a fiscal year basis	Financial statement and A-133 compliance audits
External Auditor	Annually	Programmatic audit to assess compliance with 45 CFR Part 155 in the areas of eligibility and enrollment, privacy and security, financial processing and general Exchange functions
Massachusetts State Auditor	As determined by Auditor	Assessment of internal controls, financial operations and procurement activities, as well as other areas on an as directed basis
Massachusetts Office of Inspector General	As determined by Office	Assessment of Exchange financial processes and reporting systems, as well as other areas on an as directed basis
MassIT	Ongoing	MassIT oversees Health Connector IT contracts and the hiring of the Health Connector CIO
MD		
Governor's Appointments Office	Annual	Provide an annual attendance report of Board meetings attendance for Board members appointed by the Governor with low attendance for prior calendar year – i. e. less than 50%.
Joint Committee on Fair Practices and Personnel Oversight, DOT and Governor's Office of Minority Affairs	Annual	MHBE's annual MBE report. Report procurement contracts awarded to MBE's during the preceding fiscal year, including number and names of prime contractors and subcontractors and description of contracts. Governor's Office of Minority Affairs (GOMA) prescribes forms and procedures.

Secretary, Governor, and General Assembly	Annual	<p>Board shall forward to the Secretary, the Governor, and, in accordance with § 2-1246 of the State Government Article, the General Assembly, a report on the activities, expenditures, and receipts of the Exchange.</p> <ol style="list-style-type: none"> 1. Health plan participation, ratings, coverage, price, quality improvement measures, and benefits; 2. Consumer choice, participation, and satisfaction information to the extent the information is available; 3. Financial integrity, fee assessments, and status of the Fund; and 4. Any other appropriate metrics related to the operation of the Exchange that may be used to evaluate Exchange performance, assure transparency, and facilitate research and analysis; <ol style="list-style-type: none"> (iii) assess and, to the extent feasible and permitted by law, include data to identify disparities related to gender, race, ethnicity, geographic location, language, disability, gender identity, sexual orientation, or other attributes of special populations; and (iv) include information on its fraud, waste, and abuse detection and prevention program.
Interagency Agreements Between State Agencies and Institutions of Higher Education	Annual	Report interagency agreements between State agencies and public institutions of higher education in effect for any part of fiscal year, with a potential total value (total cumulative award amount) over the life of the agreement greater than \$100,000, irrespective of fund source.

MN		
Office of the Legislative Auditor	Annual. Due 9 months after state fiscal year-end	The Single Audit Act of 1984 (with amendments in 1996) and OMB Circular A-133 require non-Federal government entities that expend more than \$500,000 in a fiscal year to get an annual audit by an independent accountant. The Office of the Legislative Audit (OLA) is the State of Minnesota's designated independent auditor. These audits are conducted as prescribed by the OMB.
Office of the Legislative Auditor	Annual. Due 9 months after state fiscal year-end	MNsure is a state agency. It is a component of the State of Minnesota's financial statements. These financial statements are audited once a year by the OLA, which issues an opinion on them. This meets the financial audit requirement of 45 CFR 155.1200(c)
Office of the Legislative Auditor	As directed by the Minnesota Legislature	From time to time, as directed by the Legislative Audit Committee of the Minnesota Legislature, the OLA conducts programmatic audits on areas of interest to the legislature. The first such audit was published in February 2015. At this time, this does not meet the 45 CFR 155.1200 (c) requirements.
Independent CPA firm (TBD)	Annual, due April 1 of each year	45 CFR 155.1200 (c) requires State-based Exchanges to have an independent organization conduct a financial and programmatic audit under generally accepted governmental auditing standards (GAGAS)
Minnesota Government Data Practices Act		Compliance with valid requests made to state government entities under state law
NV		
Department of Administration, Division of Internal Audits	Annual	Reviews all financial transactions for compliance with State law and the State Administration Manual
Milliman	Annual	Audits all programmatic functions for compliance with federal program audit requirements

Eide Bailley, LLP	Annual	The Single Audit Act of 1984 (with amendments in 1996) and OMB Circular A-133 require non-Federal government entities that expend more than \$500,000 in a fiscal year to get an annual audit by an independent accountant. Contracting entity performs this Single Audit on all State agencies requiring one per the OBM.
Legislative Counsel Bureau	Every 3 years and per Legislative request	Audits entire agency program and performs focus audits per request of the Legislature.
OR		
Marketplace Advisory Committee	Monthly	Advises the Marketplace about operational, compliance, strategic and financial policy decisions
Oregon Legislature	Multiple times each year	As required by statute, the Director of the Department of Consumer & Business Services (DCBS) will provide an update to the Legislature each time they meet, including interim days
Oregon Department of Administrative Services	Annually	Each state agency receives a complete financial audit as part of the enterprise infrastructure of Oregon state government. The Marketplace is part of the audit performed on the Department of Consumer & Business Services.
Department of Consumer & Business Services (DCBS)	Annually	DCBS' internal auditor performs an evaluation of each division within the agency to assess and characterize risk
RI		
Rhode Island Legislature	Monthly	As required by state law: "HealthSource RI shall provide a monthly report to the chairpersons of the house finance committee and the senate finance committee by the fifteenth day of each month beginning in July 2015. The report shall include, but not be limited to, the following information: actual enrollment data by market and insurer, total new and renewed customers, number of paid customers, actual average premium costs by market and insurer, number of enrollees receiving financial assistance as defined in the Federal Act, as well as the number of inbound calls and the number of walk-ins received. The data on inbound calls shall be segregated by type of call."

Rhode Island Legislature	Annual	Financial and programmatic audit required by state law which will be covered entirely by the annual CMS “SMART” Audit.
WA		
Washington State Auditor’s Office	Washington State Auditor’s Office	<p>Required by state law. Includes a review of the Exchange’s operational costs as well as potential opportunities to lower them. The performance audit seeks answers to the following questions:</p> <ol style="list-style-type: none"> 1. Are there opportunities to reduce the Exchange’s operating costs, including partnering with other states or the federal Exchange to become more self-sustaining? 2. Can the Exchange significantly improve its self-sustainability in the next three years?
Protiviti	One-time, Internal audit	<p>Internal audit plan identified six areas for audit:</p> <ul style="list-style-type: none"> • IPA operations • Invoicing/EDI • IT Vendor and Program Management • Call Center System Security Eligibility/APTC