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STATE OF INDIANA
AN EQUAL OPPORTUNITY EMPLOYER

STATE BOARD OF ACCOUNTS
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September 12, 2023

Board of Directors
Indiana Comprehensive Health Insurance Association
9465 Counselors Row, Suite 200
Indianapolis, IN 46240

We have received the audit report of the Indiana Comprehensive Health Insurance Association which was opined upon by Katz, Sapper & Miller, LLP, Independent Public Accountants, for the period January 1, 2021 to December 31, 2021. Per the *Independent Auditors' Report*, the financial statements present fairly the financial condition of the Indiana Comprehensive Health Insurance Association as of December 31, 2021, and the results of its operations for the period then ended, on the basis of accounting described in the report.

In our opinion, Katz, Sapper & Miller, LLP prepared the audit report in accordance with guidelines established by the State Board of Accounts.

The audit report is filed with this letter in our office as a matter of public record.

A handwritten signature in black ink that reads "Tammy R. White".

Tammy R. White, CPA
Deputy State Examiner



FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

December 31, 2021

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

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Independent Auditors' Report

Board of Directors
Indiana Comprehensive Health Insurance Association

Report on the Audit of Financial Statements

Opinion

We have audited the financial statements of the single-purpose business-type activities of Indiana Comprehensive Health Insurance Association, a component unit of the State of Indiana, as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Indiana Comprehensive Health Insurance Association's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the single-purpose business-type activities of Indiana Comprehensive Health Insurance Association, as of December 31, 2021, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Indiana Comprehensive Health Insurance Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Termination of Association

As discussed in Note 1 to the financial statements, due to the Affordable Care Act provisions related to the implementation of an Exchange being found to be enforceable, coverage under the Association was terminated effective January 31, 2014, for all participants except for those covered under the Ryan White Fund and those diagnosed as End Stage Renal Disease patients. Effective April 30, 2014, coverage was terminated for Ryan White Fund participants and the only remaining participants are those diagnosed as End Stage Renal Disease patients. A Plan of Dissolution has been submitted as required under the statute termination for the Association's program and is under consideration by the Indiana Department of Insurance Commissioner. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Indiana Comprehensive Health Insurance Association's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Indiana Comprehensive Health Insurance Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Indiana Comprehensive Health Insurance Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 20, 2022, on our consideration of Indiana Comprehensive Health Insurance Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Indiana Comprehensive Health Insurance Association's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Indiana Comprehensive Health Insurance Association's internal control over financial reporting and compliance.

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
July 20, 2022

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

December 31, 2021

Introduction

The Management's Discussion and Analysis (MD&A) of Indiana Comprehensive Health Insurance Association's (the Association) financial performance provides an overall view of the Association's activities for the fiscal year ended December 31, 2021. The intent of this discussion and analysis is to look at the Association's financial performance as a whole. Readers should also review the financial statements and notes to the financial statements to enhance their understanding of the Association's financial performance.

The MD&A is an element of the reporting model adopted by the Governmental Accounting Standards Board (GASB).

Financial Statements

The Statement of Net Position presents the assets, liabilities and net position of the Association at year end. Net position reflects the Association's overall financial position, represents total assets less liabilities of the Association, and is generally an accumulation of the excess or deficit from operations. The Statement of Revenue, Expenses and Change in Net Position presents the results of the operating and non-operating revenues and expenses of the Association for the year.

Due to the Affordable Care Act provisions related to the implementation of an Exchange being found to be enforceable, coverage under the Association was terminated effective January 31, 2014, for all participants except for those covered under the Ryan White Fund and those diagnosed as End Stage Renal Disease patients. Effective April 30, 2014, coverage was terminated for Ryan White Fund participants and the only remaining participants are those diagnosed as End Stage Renal Disease patients. Coverage for End Stage Renal Disease patients has been extended until another coverage option can be established and will continue to be extended as determined by the Indiana Department of Insurance Commissioner. A plan of transition and a transition team has been put into place and is being monitored by the Association. A Plan of Dissolution has been submitted as required under the statute termination for the Association's program, and is under consideration by the Indiana Department of Insurance Commissioner. Upon dissolution, any remaining funds of the Association will be distributed in accordance with the Association's final assessment and applicable Indiana statute.

Total assets at December 31, 2021 decreased approximately 12% from 2020 and are comprised of cash, accounts receivable, and deposits held by Anthem. The decrease is due to the full assessments receivable balance being written-off in 2021 due to the pending dissolution of the Association creating the unlikelihood that the State of Indiana will pay the amount to the Association. Total liabilities at December 31, 2021, increased approximately 10% from 2020, and are comprised of unpaid claims and claims adjustment expenses, accounts payable, and various other accrued expenses. The increase is due to an increase in accounts payable as the 2020 net annual settlement resulted in an amount due from Anthem, and the 2021 net annual settlement resulted in an amount due to Anthem.

Membership, representing eligible persons covered, decreased during 2021, compared to 2020. There were no remaining members as of December 31, 2021.

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) (CONTINUED)
December 31, 2021

Cash, representing 99% of total assets at December 31, 2021, has decreased approximately \$148,000 during the year. This was a result of the Association's ongoing administrative expenses.

Assessments receivable, represented amounts receivable from the State of Indiana, which was fully written-off during 2021 due to the pending dissolution of the Association creating the unlikelihood that the State of Indiana would pay the amount to the Association.

Accounts receivable consists of a provider medical expense reimbursement owed to the Association and the 2020 net annual settlement due from Anthem which includes the amount of paid member premiums in excess of incurred claims during 2020. Accounts receivable represents less than 1% of total assets at December 31, 2021. In 2021, the amount of incurred claims were in excess of paid member premiums and resulted in an approximate \$2,500 net annual settlement due to Anthem recorded as accounts payable.

Deposits held by Anthem are funds held by Anthem to cover claims paid on behalf of the Association until billed. Deposits held by Anthem represent less than 1% of total assets at December 31, 2021.

The liability for unpaid claims and claims adjustment expenses is the Association's estimated reserve for claims incurred by covered members prior to December 31, 2021, but not yet reported or paid and represents 20% of total liabilities at December 31, 2021.

Accrued expenses represent unpaid expenses of the Association and are a function of the timing of payments. Accrued expenses remained consistent with 2020 and represent 70% of total liabilities at December 31, 2021.

Unrestricted net position represents the accumulation of operating revenue (primarily premiums earned), member assessments and investment income less operating expenses. During 2021, the change in net position was a decrease of approximately \$1,547,000, compared to a decrease in 2020 of approximately \$136,000.

Premiums earned increased 1028% in 2021, or approximately \$70,000, over the 2020 amount. This was the result of an approximate \$73,000 provider medical expense reimbursement recovered by the Association.

Bad debt expense represents the write-off of the assessments receivable due from the State of Indiana as a result of the pending dissolution of the Association creating the unlikelihood that the State of Indiana will pay the amount to the Association.

Total operating expenses increased 1034% in 2021 from 2020, primarily due to the bad debt expense incurred as a result of writing-off the assessments receivable.

FINANCIAL STATEMENTS

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

STATEMENT OF NET POSITION

December 31, 2021

ASSETS

Cash	\$ 11,284,671
Accounts receivable	75,083
Deposits held by Anthem	<u>50,000</u>

TOTAL ASSETS

\$ 11,409,754

LIABILITIES

Unpaid claims and claims adjustment expenses	\$ 5,000
Accounts payable	2,564
Accrued expenses	<u>17,360</u>
Total Liabilities	<u>24,924</u>

UNRESTRICTED NET POSITION

11,384,830

TOTAL LIABILITIES AND UNRESTRICTED NET POSITION

\$ 11,409,754

See accompanying notes.

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION
STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET POSITION
Year Ended December 31, 2021

OPERATING REVENUE

Premiums earned	<u>\$ 76,507</u>
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OPERATING EXPENSES

Claims incurred	5,836
Bad debt expense	1,469,719
Plan administration fees	141,510
Other general and administrative	<u>6,901</u>
Total Operating Expenses	<u>1,623,966</u>

DECREASE IN NET POSITION

(1,547,459)

NET POSITION

Beginning of Year	<u>12,932,289</u>
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End of Year	<u><u>\$ 11,384,830</u></u>
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See accompanying notes.

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

STATEMENT OF CASH FLOWS Year Ended December 31, 2021

OPERATING ACTIVITIES

Premiums collected	\$ 3,866
Claims and claims adjustment expenses paid	(5,836)
General and administrative expenses paid	<u>(146,244)</u>
Net Cash Used by Operating Activities	<u>(148,214)</u>

NET DECREASE IN CASH

(148,214)

CASH

Beginning of Year	<u>11,432,885</u>
End of Year	<u><u>\$ 11,284,671</u></u>

RECONCILIATION OF DECREASE IN NET POSITION TO NET CASH USED BY OPERATING ACTIVITIES

Decrease in net position	\$ (1,547,459)
Changes in assets and liabilities:	
Assessments receivable	1,469,719
Accounts receivable	(72,641)
Accrued expenses	(397)
Accounts payable	<u>2,564</u>
Net Cash Used by Operating Activities	<u><u>\$ (148,214)</u></u>

See accompanying notes.

INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

NOTES TO FINANCIAL STATEMENTS December 31, 2021

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Indiana Comprehensive Health Insurance Association (the Association), a nonprofit legal entity, was established by the State of Indiana to assure that health insurance is made available throughout the year to each eligible Indiana resident applying to the Association for coverage. At December 31, 2021, there were no eligible persons covered by the Association.

All insurance carriers, health maintenance organizations, limited service health maintenance organizations, and self-insurers providing health insurance or health care services in Indiana must be members of the Association. A member shall comply with the Association's Plan of Operation, under Indiana Code 27-8-10-2.5(a).

Due to the Affordable Care Act provisions related to the implementation of an Exchange being found to be enforceable, coverage under the Association was terminated effective January 31, 2014, for all participants except for those covered under the Ryan White Fund and those diagnosed as End Stage Renal Disease patients. Effective April 30, 2014, coverage was terminated for Ryan White Fund participants and the only remaining participants are those diagnosed as End Stage Renal Disease patients. Coverage for End Stage Renal Disease patients has been extended until another coverage option can be established and will continue to be extended as determined by the Indiana Department of Insurance Commissioner. As of December 31, 2021, there are no participants remaining. A plan of transition and a transition team has been put into place and is being monitored by the Association. A Plan of Dissolution has been submitted as required under the statute termination for the Association's program, and is under consideration by the Indiana Department of Insurance Commissioner. Upon dissolution, any remaining funds of the Association will be distributed in accordance with the Association's final assessment and applicable Indiana statute. See Note 6.

Basis of Presentation: The Association prepares its financial statements in accordance with Governmental Accounting Standards. As a proprietary fund, the Association's financial statements are reported using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of the related cash flows.

The Association distinguishes operating revenues and expenses from nonoperating. Operating revenues and expenses generally result from providing services in connection with the Association's principal ongoing operations. The principal operating revenues and expenses of the Association relate to premium revenues, claims incurred, bad debt expense and administrative expenses. Grants are reported as nonoperating revenues.

Estimates: Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported amounts of revenues and expenses. Actual results could vary from those estimates.

Net Position can be displayed in three components:

- The Net Investment in Capital Assets component consists of property acquired, net of any related debt.
- The Restricted Net Position component represents net position with constraints placed on their use that are either (i) externally imposed by creditors, grantors, contributors, laws or regulations of other governments, or (ii) imposed by law through constitutional provisions or enabling legislation, as defined in the Governmental Accounting Standards Board (GASB) Codification.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

- The Unrestricted Net Position component consists of net position that does not meet the definition of the preceding two components. The Association only has unrestricted net position.

Cash: Interest-bearing and noninterest-bearing deposits at the Association's financial institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2021, the Association's uninsured cash on deposit totaled \$11,034,671. There have been no losses in such accounts.

Accounts Receivable/Accounts Payable consist of the net annual settlement due from/to Anthem Insurance Companies, Inc. (Anthem) which includes the net of premiums due, claims paid and refunds of past deposits held by Anthem deemed to be in excess of reserve necessary to cover future claims. At December 31, 2021, accounts receivable also consists of a provider medical expense reimbursement due to the Association.

Deposits Held by Anthem consist of funds paid to Anthem annually, held as a reserve against estimated future claims on plan years being administered by Anthem.

Unpaid Claims and Claims Adjustment Expenses: The liability for unpaid claims and claims adjustment expenses is estimated based on historical claims development. Considerable variability is inherent in such estimates. However, management believes that the liability for unpaid claims and claims adjustment expenses is adequate. The estimates are continually reviewed and updated as experience develops or new information becomes known; such adjustments are reflected in current operations.

Income Taxes: The Association is exempt from federal income taxes under Section 501(c)(26) of the Internal Revenue Code (IRC), though it is subject to income unrelated to its tax-exempt purpose, unless that income is otherwise excluded by the IRC. There was no unrelated business income tax for the year ended December 31, 2021.

The Association files U.S. federal and State of Indiana information tax returns. The Association is no longer subject to U.S. federal and state tax examinations by tax authorities for years before 2018.

Assessments: Member assessments are recorded upon approval of the Board of Directors and generally are based on projected losses and cash flow needs. Subsequent to December 31, a true-up of projected amounts compared to actual results is made and any excess loss is assessed, or if assessments have exceeded the actual losses, then members may be allowed a credit against the next interim assessment. Also, uncollectable assessments from the current year are allocated to members as part of the true-up. True-up assessments are not recorded until approved by the Board of Directors.

Assessments receivable represent outstanding balances assessed to the member insurance carriers and the State of Indiana but not yet collected. Assessments are recognized as an increase to unrestricted net position. The full assessments receivable balance was written-off during 2021 due to the pending dissolution of the Association.

Revenue Recognition: Premiums are earned pro rata over the policy periods to which the premiums relate. Unearned premiums include amounts billed and/or collected, but not yet earned.

Subsequent Events: The Association has evaluated the financial statements for subsequent events occurring through July 20, 2022, the date the financial statements were available to be issued. See Note 6.

NOTE 2 - ASSESSMENTS AND NET POSITION

The Association has the statutory authority to assess the member insurance carriers writing business in Indiana for 25% of its net loss, with the remaining 75% to be paid by the State of Indiana. Assessments are calculated based on projected losses and current cash flow needs of the Association. The last assessment by the Association was for \$12 million in January 2014. According to the statute, a true-up assessment can be made in July of the following year for the difference between the net losses and actual assessments made during the year.

The Board of Directors has not approved a true-up during 2021 and does not plan to complete one for 2022. A true-up based on past over-assessments and net losses for 2013 forward would decrease the Association's net position. Subject to Board of Directors approval, the true-up for over-assessment to be applied and recorded would be approximately \$5.3 million based on the initial \$12 million dollar assessment in 2014 and losses incurred through December 31, 2021.

NOTE 3 - LIABILITY FOR UNPAID CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

The following table provides a reconciliation of the liability for unpaid claims and claims adjustment expenses for the year ended December 31, 2021:

Balance at Beginning of Year	\$ 5,000
Claims incurred related to:	
Current year	8,538
Prior year	<u>(2,702)</u>
Total claims incurred	<u>5,836</u>
Paid related to:	
Current year	3,538
Prior year	<u>(2,298)</u>
Total paid	<u>5,836</u>
Balance at End of Year	<u>\$ 5,000</u>

Claims incurred related to prior years vary from previously estimated liabilities, as the claims are ultimately settled. Negative amounts reported for incurred losses and loss adjustment expenses related to prior years are indicative of favorable development in the related prior year end liability.

NOTE 4 - CONTINGENCIES

In the normal course of operations, the Association is subject to various claims and assessments that it intends to defend. However, management believes that the ultimate resolution of these matters will not have a material adverse effect on the Association's results of operation or financial position.

NOTE 5 - PLAN ADMINISTRATION AGREEMENTS

The Association has outsourced its administrative services to Hypesmith, Inc. (Hypesmith). Under the agreement, which expires upon termination of the program as specified in the Association's Plan of Dissolution, Hypesmith is compensated at a rate of \$4,750 per month plus reimbursement of direct expenses incurred.

The Association has outsourced its claims administration to Anthem. Under the agreement, Anthem is compensated based on the number of eligible persons covered. Additional charges are described in the agreement.

NOTE 6 - SUBSEQUENT EVENT

In July 2022, the Indiana Department of Insurance Commissioner held a public hearing regarding the final Plan of Dissolution and there were no objections. Management expects the dissolution to be finalized in 2022.

OTHER REPORT

*Independent Auditor's Report on Internal Control Over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with Government Auditing Standards*

Board of Directors
Indiana Comprehensive Health Insurance Association

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the single-purpose business-type activities of the Indiana Comprehensive Health Insurance Association, a component unit of the State of Indiana, as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise Indiana Comprehensive Health Insurance Association's basic financial statements, and have issued our report thereon dated July 20, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Indiana Comprehensive Health Insurance Association's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Indiana Comprehensive Health Insurance Association's internal control. Accordingly, we do not express an opinion on the effectiveness of Indiana Comprehensive Health Insurance Association's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Indiana Comprehensive Health Insurance Association's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Katy, Sapper & Miller, LLP

Indianapolis, Indiana
July 20, 2022