UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA

BENEFITALIGN, LLC; AND
TRUECOVERAGE, LLC,

               Plaintiffs,

   v.

CENTERS FOR MEDICARE AND
MEDICAID SERVICES;

XAVIER BECERRA, in his official capacity
as Secretary of Health and Human Services;

THE U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES;

CHIQUITA BROOKS-LASURE, in her
official capacity as Administrator of the
Centers for Medicare & Medicaid Services;

               Defendants.

Case No.:

COMPLAINT

Plaintiffs Benefitalign, LLC and TrueCoverage, LLC bring this civil action against the above-listed Defendants for declaratory and injunctive relief and allege as follows:

INTRODUCTION

1. One of the core provisions of the Affordable Care Act ("ACA") is the requirement that the Secretary ("Secretary") of Health and Human Services ("HHS") "establish procedures under which a State may allow agents or brokers . . . to enroll individuals and employers in any qualified health plans . . . offered through an Exchange" and "to assist individuals in applying for premium tax credits and cost-sharing reductions for plans sold through an Exchange." 42 U.S.C. § 18032(e). As explained by the Centers for Medicare and Medicaid Services ("CMS"), the HHS component that oversees the administration of exchanges

under the Affordable Care Act,

> The primary goal of the Patient Protection and Affordable Care Act (Affordable Care Act) is to broaden access to health insurance coverage. To achieve this goal, the Affordable Care Act provides a premium tax credit to help subsidize coverage, gives consumers tools to make informed choices about their health care coverage, and puts in place strong consumer protections. <u>Agents and brokers play an integral role in helping individuals understand and act on the coverage protections that the Affordable Care Act offers.</u>

CMS, *Welcome to the Affordable Care Act Basics Module*, at 2 (2021), available at https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/affordable%20care%20act%20basics_112.pdf (emphasis added).

2.   However, HHS through its component, CMS, has acted to undermine the ability of brokers and agents to enroll eligible individuals and help them apply for premium tax credits, by arbitrarily suspending Plaintiffs, who operate long-standing and well-established platforms that allow brokers to access, complete, and manage consumers' applications for affordable healthcare plans.

3.   In violation of its own regulations, HHS, through CMS, suspended Plaintiffs without any meaningful explanation as to why. HHS cited only "potential anomalous activity." *See* Ex. A. Even after the suspension and full participation by Plaintiffs in providing HHS with the documentation that it requested, HHS has neither described this "anomalous activity" nor explained in detail the nature of its concerns, beyond orally revealing that they stem from a "ticket" submitted in an undisclosed CMS system some months earlier. If allowed to stand, HHS's arbitrary decision will prevent Plaintiffs from participating in the open enrollment period set to begin on November 1, 2024. If Plaintiffs are unable to participate, it will harm not only Plaintiffs but the thousands of brokers who use Plaintiffs' platforms and the millions of consumers who count on brokers using Plaintiffs' platforms to obtain insurance under the ACA. And it will send a chilling message to anyone who has invested in platforms that serve ACA

markets: you could be next.

4.   The suspension decision is lawless in at least three ways: HHS has (1) violated

its own regulations governing suspension, which violates the Administrative Procedure Act

("APA"); (2) acted in an arbitrary and capricious manner, which also violates the APA; and

(3) violated the Due Process Clause of the Constitution. Facing a lawless decision that

threatens to put them out of business, and that threatens substantial harm to consumers, brokers,

agencies, and carriers alike, Plaintiffs seek injunctive and declaratory relief.

PARTIES

5.   Plaintiff Benefitalign, LLC ("Benefitalign") is a limited liability company

formed under New Mexico law with its principal place of business in New Mexico.

Benefitalign is a CMS-approved "enhanced direct enrollment entity," which allows brokers,

agencies, and consumers to search for, apply for, and manage subsidized healthcare plans under

the ACA. Benefitalign has been a Direct Enrollment/Enhanced Direct Enrollment ("DE/EDE")

approved entity with CMS since at least 2017, and as such is one of the oldest approved

DE/EDE partners. Benefitalign provides its technology on a "white label" basis so that other

participants in ACA marketplaces, such as agents and brokers, can help customers obtain

health-insurance quotes and enroll in policies with insurance companies. During the past open

enrollment season (November 2023 through January 2024), Benefitalign's Enhanced Direct

Enrollment platform accounted for at least 1.2 million ACA applications, making it the second

largest channel for ACA enrollments.

6.   Plaintiff TrueCoverage, LLC ("TrueCoverage") is a limited liability company

formed under Delaware law with its principal place of business in New Mexico. TrueCoverage

is a private health insurance marketplace for individuals, families, and employers. It is a "One-

Stop-Insurance-Shop" where consumers and agents (on behalf of consumers) can shop,

compare, and enroll in affordable health insurance plans. TrueCoverage offers insurance plans

from more than 600 top carriers across the country. TrueCoverage is an approved web-broker

pursuant to 45 C.F.R. § 155.220. In addition, operating under the brand name "Inshura,"

TrueCoverage uses the Benefitalign platform to offer a white-labeled quoting and enrollment

platform to insurance agencies and agents/brokers.

7.   Defendants are officials of the United States government and United States

governmental agencies responsible for suspending Plaintiffs' ability to access the CMS systems

necessary to make their platforms function.

8.   Defendant Xavier Becerra is the Secretary of Health and Human Services. He

oversees, among other things, CMS. He is sued in his official capacity.

9.   Defendant United States Department of Health and Human Services is an

executive department of the United States Government headquartered in Washington, D.C., and

responsible for CMS.

10.   Defendant Chiquita Brooks-LaSure is the CMS Administrator. She administers

CMS on behalf of the Secretary. She is sued in her official capacity.

11.   Defendant Centers for Medicare & Medicaid Services ("CMS") is an

administrative agency within HHS that is headquartered in Baltimore County, MD, and

oversees the operations of the ACA marketplaces.

<center>**JURISDICTION AND VENUE**</center>

12.   This Court has subject-matter jurisdiction over this case because it arises under

the Constitution and laws of the United States. *See* 28 U.S.C. §§ 1331, 1346, 1361; 5 U.S.C. §§

701–06. An actual controversy exists between the parties within the meaning of 28 U.S.C. §

2201(a), and this Court may grant declaratory relief, injunctive relief, and other relief under

<center>4</center>

28 U.S.C. §§ 2201-02, 5 U.S.C. §§ 705–06, and its inherent equitable powers.

13.   Defendants' suspension of Plaintiffs constitutes a final agency action that is judicially reviewable under the Administrative Procedure Act ("APA"). 5 U.S.C. §§ 704, 706.

14.   Venue is proper in this Court under 28 U.S.C. § 1391(e)(1) because (1) Defendants are United States agencies or officers sued in their official capacities, (2) the Department of Health and Human Services is headquartered in this District, (3) no real property is involved, and (4) a substantial part of the events or omissions giving rise to the Complaint occurred within this judicial district.

BACKGROUND

I.   The Affordable Care Act

15.   The ACA is intended to make health insurance more accessible through the creation of a marketplace that allows people to compare and purchase health insurance plans. The ACA marketplace includes a federal exchange, accessible at healthcare.gov, and state-based exchanges. Both allow consumers to compare and purchase plans.

16.   The ACA also provides for financial assistance in certain circumstances, through premium tax credits and cost-sharing reductions. Agents and brokers help consumers compare and apply for health insurance and for financial assistance. Agents and brokers can help customers interact with the exchanges via processes called Direct Enrollment or Enhanced Direct Enrollment. Under Direct Enrollment, consumers start on the web page of an insurer or broker, begin the application process there, are redirected to CMS's healthcare.gov to complete eligibility determination, and are then redirected back to the insurer or broker to finish the process. Under Enhanced Direct Enrollment, the consumer interacts directly with the insurer or broker, which in turn interacts with CMS through secure application program interfaces. In either case, the broker or insurer must exchange information with CMS in order to participate in

the system.

II.   The Suspension Decision

17.   After business hours on August 8, 2024, at 6:37 P.M., an official at CMS sent the following two-sentence email to Benefitalign and Inshura: "CMS is suspending EDE/DE/EBP access for Inshura/TrueCoverage and Benefitalign due to potential anomalous activity. CMS will follow up with additional communication to provide next steps." Ex. A. CMS offered no other reason for, or information about, its decision.

18.   That very evening, the Benefitalign and Inshura platforms lost Enhanced Direct Enrollment functionality. As a result, two insurance carriers and over 5,000 agents and agencies can no longer use the EDE platform to perform their basic business of helping customers shop for and enroll in ACA health insurance plans. A number of affected agencies and agents have already left the Benefitalign and Inshura platforms, and unless access to the EDE platform is reinstated, Benefitalign and Inshura are likely to see a mass exodus of their remaining agencies and agents.

19.   Despite the loss of access and resulting loss of business relationships, Plaintiffs engaged with CMS. Plaintiffs provided information to CMS in response to CMS inquires over a period of almost three weeks, in hopes of resolving the issue quickly. Ex. B. Plaintiffs answered questions that CMS proposed in writing. *Id*. Plaintiffs also offered to meet with CMS via phone call or video conference. *Id*. Plaintiffs fully cooperated with CMS.

III.   CMS Violated its Own Regulations.

20.   CMS has not invoked any regulatory authority for its action, and there is none.

21.   Only one relevant regulation potentially authorizes the suspension of a direct enrollment entity:

HHS may immediately suspend the direct enrollment entity's ability to transact

6

information with the Exchange if HHS discovers circumstances that pose unacceptable risk to the accuracy of the Exchange's eligibility determinations, Exchange operations, or Exchange information technology systems until the incident or breach is remedied or sufficiently mitigated to HHS' satisfaction.

45 C.F.R. § 155.221(e).

22.   CMS's only written basis for its suspension decision is "due to potential anomalous activity." Ex. A. Orally, CMS has expressed vague and general concerns arising from a "ticket" that was submitted months ago. Neither communication alleges any unacceptable risk to the accuracy of the Exchange's eligibility determinations, Exchange operations, or Exchange information technology systems.

23.   Because no relevant regulation authorizes suspension on CMS's stated bases, the decision is unlawful under HHS's own regulations.

IV.   The Suspension and the Regulations that Purportedly Authorize it Are Arbitrary, Capricious, and Contrary to the Affordable Care Act's Purpose.

24.   CMS offered no discernable reason for the suspension. The only reason given in writing, "potential anomalous activity," is so vague as to be meaningless, and it invites arbitrary and standardless decision making.

25.   The regulatory "standard" for suspension is only modestly better than CMS's proffered basis for its suspension decision. "[C]ircumstances that pose unacceptable risk to the accuracy of the Exchange's eligibility determinations, Exchange operations, or Exchange information technology systems" (45 C.F.R. § 155.221(e)) is not reasonably calculated to give notice to participants of the facts that might lead to suspension or to meaningfully guide or constrain suspension decisions.

26.   To the extent HHS has attempted to authorize itself to suspend direct enrollment entities for any or no reason through the adoption of purposely ambiguous regulations, it has acted arbitrarily and capriciously in their promulgation.

27.   Moreover, a purposely arbitrary and standardless suspension regime undermines Congress's directive to the Secretary to "establish procedures under which a State may allow agents or brokers . . . to enroll individuals and employers in any qualified health plans . . . offered through an Exchange" and "to assist individuals in applying for premium tax credits and cost-sharing reductions for plans sold through an Exchange." 42 U.S.C. § 18032(e).

V.   Irreparable Harm to Plaintiffs

28.   Plaintiffs' platforms serve critical functions in the health insurance marketplace and are essential to the companies' ongoing operations. The CMS suspension threatens practically all of the revenue generated by Benefitalign and TrueCoverage's Inshura platform. The Benefitalign and Inshura platforms form the foundation for brokers and agencies to sell healthcare plans to new customers and serve existing customers. In the weeks that have passed since the CMS suspension, brokers who use the Benefitalign and Inshura platforms have left Plaintiffs' Enhanced Direct Enrollment platform. Without a functioning platform brokers are unable to do business and meet their sale and service needs, resulting in substantial, overwhelming loss of revenue to Benefitalign and TrueCoverage. This loss will be permanent if the access of the platform is not restored now, well in advance of the 2024 open enrollment period. Brokers face considerable transition costs for switching EDE platforms, as their systems are closely integrated with their platform of choice. The same is true for the health insurance carriers—AvMed and Sentara—that use the Benefitalign and Inshura platforms and whose operations are severely affected by the suspension of these platforms. Here too, carriers are likely to terminate their relationship with Benefitalign and Inshura and incur the cost of transitioning to an alternative platform if the Plaintiffs are unable to participate in open enrollment.

29.   TrueCoverage, as a web-broker, faces the same predicament as the third-party

brokers and carriers who are harmed by the suspension of Benefitalign and Inshura, as

TrueCoverage also uses the Benefitalign platform to enroll new customers and service existing

customers. TrueCoverage has approximately 150,000 customers and receives approximately

300 service calls each day. As long as the platforms remain non-functional, TrueCoverage

cannot perform these functions, resulting in an inability to service existing customers, a current

loss of revenue, and a devasting ongoing loss of revenue associated with the open enrollment

period.

30.   In short, the CMS suspension jeopardizes practically all the revenue upon which

Plaintiffs depend to function. Ongoing suspension will have calamitous effects on Plaintiffs'

ability to stay in business.

VI.   Implications for Americans Seeking Healthcare

31.   This suspension has harmed parties other than Plaintiffs. The carriers, agents

and brokers whose systems are integrated with CMS through Plaintiffs' systems are essentially

frozen out of CMS. Hundreds of thousands of individual customers are also affected. When

they contact their carriers or brokers for basic account needs, like confirming coverage at a

doctor's office, trying to add a new family member to a plan, or submitting requested

documentation, they cannot now do so if their carriers, brokers, or agents are themselves

integrated with Plaintiffs' systems. When new customers want to seek insurance in the

upcoming enrollment period, they will not have the option of working with Plaintiffs and the

brokers who use the Plaintiffs. These innocent third parties are unintended but obviously

foreseeable victims of Defendants' cavalier decision.

CLAIMS FOR RELIEF

COUNT I
The Suspension Violates HHS Regulations and thus the Administrative Procedure Act

32.   Plaintiffs repeat and incorporate by reference Paragraphs 1 through 31 of the Complaint's allegations stated above.

33.   The APA provides that courts must "hold unlawful and set aside agency action" that is "not in accordance with law" or is "without observance of procedure required by law." 5 U.S.C. § 706(2)(A), (D).

34.   Furthermore, an agency "is not free to ignore or violate its regulations while they remain in effect." *Elevance Health, Inc. v. Becerra*, No. CV 23-3902 (RDM), 2024 WL 2880415, at *9 (D.D.C. June 7, 2024) (quoting *U.S. Lines, Inc. v. Fed. Mar. Comm'n*, 584 F.2d 519, 526 n.20 (D.C. Cir. 1978)).

35.   Defendants have not complied with any of the regulations that might provide for suspension of direct-enrollment entities—indeed, they have not even invoked those regulations.

36.   Accordingly, the suspension violates HHS's own regulations, is not in accordance with law, and is without observance of procedure required by law.

COUNT II
The Suspension Violates the Administrative Procedure Act
Because it is Arbitrary and Capricious

37.   Plaintiffs repeat and incorporate by reference Paragraphs 1 through 31 of the Complaint's allegations stated above.

38.   Under the APA, a court must "hold unlawful and set aside agency action" that is arbitrary or capricious or otherwise not in accordance with law or contrary to the Constitution. 5 U.S.C. § 706(2)(A).

39.   The Supreme Court has "frequently reiterated that an agency must cogently explain why it has exercised its discretion in a given manner. . . ." *Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 48 (1983). And, a corollary rule is

that a court "must reverse an agency policy when [it] cannot discern a reason for it." *Judulang v. Holder*, 565 U.S. 42, 64 (2011).

40.   "[A]gency action is lawful only if it rests on a consideration of the relevant factors" and "important aspect[s] of the problem." *Michigan v. EPA*, 576 U.S. 743, 750-52 (2015) (internal quotation marks omitted) (requiring "reasoned decisionmaking"). This means agencies must "examine all relevant factors and record evidence." *Am. Wild Horse Pres. Campaign v. Perdue*, 873 F.3d 914, 923 (D.C. Cir. 2017).

41.   It also means that an agency cannot "entirely fail[ ] to consider an important aspect of the problem." *Motor Vehicle Mfrs. Ass'n*, 463 U.S. at 43; see also *Am. Wild Horse*, 873 F.3d at 931 ("[T]he Service's Finding of No Significant Impact not only failed to take a 'hard look' at the consequences of the boundary change, it averted its eyes altogether."); *Gresham v. Azar*, 363 F. Supp. 3d 165, 177 (D.D.C. 2019) ("The bottom line: the Secretary did no more than acknowledge—in a conclusory manner, no less—that commenters forecast a loss in Medicaid coverage.").

42.   The suspension decision is arbitrary and capricious for three independently sufficient reasons.

43.   First, the only explanation defendants have provided for the suspension—"due to potential anomalous activity"—is so vague as to be meaningless and to constitute no reason at all. Therefore, the agency has offered no explanation, let alone a cogent one, as to why it decided to suspend plaintiffs.

44.   Second, the regulation governing suspension is itself so vague as to invite and encourage exactly the kind of arbitrary and capricious decision-making that defendants have made in this case. An agency decision is arbitrary and capricious when "at base everything

11

hangs on the fortuity of an individual official's decision." *Judulang*, 565 U.S. at 58.

45. Third, the decision to suspend on the unintelligible basis of "potential anomalous activity" fails to consider an important aspect of the problem: participation in the ACA system will be deterred once other enrollment platform providers, brokers, agents, and carriers learn that CMS can and will simply turn off access for hundreds of thousands of insured customers for any or for no reason. This undermines rather than serves the statutory requirement to establish procedures to allow agents and brokers to enroll eligible participants. See 42 U.S.C. § 18032(e).

46. For each of these independently sufficient reasons, the suspension decision violates the Administrative Procedures Act because it is arbitrary and capricious.

<div align="center">

COUNT III
The Suspension Violates the Due Process Clause of the Constitution

</div>

47. Plaintiffs repeat and incorporate by reference all the Complaint's allegations stated above.

48. The Constitution of the United States provides that "[n]o person shall . . . be deprived of life, liberty, or property, without due process of law. . . ." U.S. CONST. amend V.

49. Plaintiffs have a property interest in their businesses as ongoing, viable entities.

50. By preventing Plaintiffs from accessing the ACA Exchanges, Defendants threaten to deprive Plaintiffs of that interest in its entirety.

51. By suspending Plaintiffs without meaningful notice or opportunity to address any concerns, CMS has created substantial risk of erroneously depriving Plaintiffs of their businesses.

52. Providing Plaintiffs with prior notice and an opportunity to cure would be a substantially more valuable procedure than summarily suspending Plaintiffs without any

explanation and would mitigate the risk of an erroneous deprivation of Plaintiffs' property.

53.   Providing Plaintiffs with prior notice and an opportunity to cure would be a minimally burdensome procedure for CMS to implement.

54.   By threatening to put plaintiffs out of business before disclosing the factual basis for the action and without providing a meaningful opportunity to rebut it, Defendants have deprived plaintiffs of property in a manner that violates the Due Process Clause of the Constitution.

PRAYER FOR RELIEF

NOW, THEREFORE, Plaintiffs request an order and judgment:

1.   Declaring, under 28 U.S.C. § 2201, that the suspension violates HHS regulations and is thus contrary to law under the APA;

2.   Declaring, under 28 U.S.C. § 2201, that Defendants' decision to suspend Plaintiffs' access to ACA marketplaces is arbitrary and capricious and thus unlawful under the APA;

3.   Declaring, under 28 U.S.C. § 2201, that Defendants' decision to suspend Plaintiffs' access to ACA marketplaces violates the Due Process Clause of the Fifth Amendment to the U.S. Constitution;

4.   Preliminarily and permanently enjoining, without bond, Defendants from suspending Plaintiffs from participation in ACA marketplaces;

5.   Granting all other relief to which Plaintiff states are entitled, including but not limited to attorneys' fees and costs.

Dated: August 29, 2024   Respectfully submitted,

                                                     /s/ Amy E. Richardson
                                                     Amy E. Richardson, Esq. (DC Bar # 472284)
                                                     Walter E. Anderson, Esq. (DC Bar # 975456)
                                                     HWG LLP
                                                     1919 M Street NW, 8th Floor
                                                     Washington, DC 20036
                                                     Tel.: 202-730-1329
                                                     Email: arichardson@hwglaw.com

                                                     Counsel for Plaintiffs Benefitalign, LLC and TrueCoverage, LLC

Exhibit A

RE: EDE/DE/EBP Suspension

Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>

Tue 8/13/2024 9:37 AM

To:Girish Panicker <girish.panicker@speridian.com>;Pringle (she/her), Megan (CMS/CCIIO) <Megan.Pringle@cms.hhs.gov>;Seaman, Patrick (CMS/CCIIO) <patrick.seaman@cms.hhs.gov>
Cc:Lowery, Bradley (CMS/CCIIO) <Bradley.Lowery@cms.hhs.gov>

We will schedule a call with you this PM. We will not have our lawyers on as this is going to be a specific discussion of what we have found. If you bring legal counsel we will have to get our legal team together and that will take more time to set up. Look for an appointment for early afternoon.
Jeff
Jeffrey D. Grant
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

From: Girish Panicker <girish.panicker@speridian.com>
Sent: Tuesday, August 13, 2024 11:08 AM
To: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; Pringle (she/her), Megan (CMS/CCIIO) <Megan.Pringle@cms.hhs.gov>; Seaman, Patrick (CMS/CCIIO) <patrick.seaman@cms.hhs.gov>
Cc: Lowery, Bradley (CMS/CCIIO) <Bradley.Lowery@cms.hhs.gov>; Fried, Bruce Mer in <bruce.fried@dentons.com>
Subject: RE: EDE/DE/EBP Suspension

Jeff,

Yes, Bruce/Dentons represents us. We're very eager to discuss the matter with you through any channel that CMS is willing to use, including Bruce, who is copied here.

Sincerely,

Girish

From: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Sent: Tuesday, August 13, 2024 10:41 AM
To: Girish Panicker <girish.panicker@speridian.com>; Pringle (she/her), Megan (CMS/CCIIO) <Megan.Pringle@cms.hhs.gov>; Seaman, Patrick (CMS/CCIIO) <patrick.seaman@cms.hhs.gov>
Cc: Lowery, Bradley (CMS/CCIIO) <Bradley.Lowery@cms.hhs.gov>
Subject: RE: EDE/DE/EBP Suspension

Good morning,
We were contacted last Friday afternoon by Bruce Fried, saying that he and his firm, Denton, were representing your company. He also said that he was aware that you had asked for a meeting and then requested that we speak with him before we talk with you. That has temporarily delayed our ability to speak with you as we needed to verify what our response to his request should be. We now need to confirm with you that Bruce Fried is indeed representing your company and would like to know how you would like to proceed here.
Jeff

Jeffrey D. Grant
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

From: Girish Panicker <girish.panicker@speridian.com>
Sent: Tuesday, August 13, 2024 10:02 AM
To: Pringle (she/her), Megan (CMS/CCIIO) <Megan.Pringle@cms.hhs.gov>; Seaman, Patrick (CMS/CCIIO) <patrick.seaman@cms.hhs.gov>
Cc: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; Lowery, Bradley (CMS/CCIIO) <Bradley.Lowery@cms.hhs.gov>
Subject: FW: EDE/DE/EBP Suspension

Megan/Patrick,

Please see my urgent message to Jeff Grant below. I am forwarding this to you as per Mr. Lowery out-of-office message. Would you please respond as soon as possible?

Sincerely,

Girish Panicker

From: Girish Panicker
Sent: Tuesday, August 13, 2024 9:58 AM
To: bradley.lowery@cms.hhs.gov
Cc: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Subject: FW: EDE/DE/EBP Suspension

Dear Mr. Lowery,

Please see my urgent message to Jeff Grant below. I am forwarding this to you as per his out-of-office message. Would you please respond as soon as possible?

Sincerely,

Girish Panicker

From: Girish Panicker
Sent: Tuesday, August 13, 2024 9:40 AM
To: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Subject: RE: EDE/DE/EBP Suspension

Dear Jeff,

Five days have now passed since your August 8, 2024 email informing me that "Inshura/TrueCoverage and Benefitalign EDE access has been suspended due to "*potential anomalous activity*" You said in that email, "CMS will follow up with additional communication to provide next steps." In your last communication on Friday, August 09th 2024, you mentioned that you will be scheduling a call to discuss the matter, but we have heard nothing.

As you know, your unexplained decision to cut off our companies from EDE, DE, and EBP is devastating to our business, our employees, our downline agencies, and customers. In fact, it threatens to imminently put us out of business. This is an emergency for us.

What does "*potential anomalous activity*" mean?
When will you restore our access?
Do you have any concerns about our companies' participation in EDE, DE, and EBP? If so, what are they?

Sincerely,

Girish Panicker

From: Girish Panicker
Sent: Friday, August 9, 2024 10:06 AM
To: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Subject: RE: EDE/DE/EBP Suspension

Thanks Jeff. Really appreciate your quick response. Will wait for your call.

Meanwhile, I have asked the team to hold off their communication with the clients till we get some clarity and direction from CMS.

Girish

From: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Sent: Friday, August 9, 2024 9:57 AM
To: Girish Panicker <girish.panicker@speridian.com>
Subject: RE: EDE/DE/EBP Suspension

You don't often get email from jeffrey.grant1@cms.hhs.gov. Learn why this is important

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@speridian.com immediately if you suspect it's a suspicious email.

We will be setting up a call. I have to coordinate with the CMS information systems security team in a different office from CCIIO and a few others. We will reach out to you when we have found a time that we can get this on the books today.
Jeff

From: Girish Panicker <girish.panicker@speridian.com>
Sent: Thursday, August 8, 2024 8:50 PM
To: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Subject: RE: EDE/DE/EBP Suspension

Jeff,

I just saw this email which is very concerning. Can you please let us know what these potential anomalies are so that we can review them? This has serious business consequences for us as well as the partners who use the platform.

If you are available, I would like to get on a quick call with you first thing in the morning OR as per your convenience to understand this better

Girish Panicker

From: Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>
Sent: Thursday, August 8, 2024 6:37 PM
To: girish.panicker <girish.panicker@benefitalign.com>

Cc: Tamara White <tamara.white@speridian.com>; Sonu Rajamma <sonu.sr@benefitalign.com>
Subject: EDE/DE/EBP Suspension

You don't often get email from jeffrey.grant1@cms.hhs.gov. Learn why this is important

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@speridian.com immediately if you suspect it's a suspicious email.

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@benefitalign.com immediately if you suspect it's a suspicious email.

CMS is suspending EDE/DE/EBP access for Inshura/TrueCoverage and Benefitalign due to potential anomalous activity. CMS will follow up with additional communication to provide next steps.

Jeffrey D. Grant
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

Exhibit B

RE: CMS/Speridian

Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>

Wed 8/28/2024 12:13 PM

To:Manal Mehta <manal.mehta@benefitalign.com>
Cc:Nettles, Leslie (CMS/OIT) <Leslie.Nettles1@cms.hhs.gov>;Lyles, Darrin (CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>;Ashwini Deshpande <ashwini.deshpande@Truecoverage.com>;Hunt, Patrick (CMS/OIT) <Patrick.Hunt@cms.hhs.gov>;Busby, Keith (CMS/OIT) <Keith.Busby@cms.hhs.gov>;Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>;Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>;Sonu S. Rajamma <sonu.sr@speridian.com>;Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>;Girish Panicker <girish.panicker@speridian.com>;Tamara White <tamara.white@benefitalign.com>;Berry, Dawn (CMS/OIT) <Dawn.Berry@cms.hhs.gov>;Kalpit Dantara <kalpit.dantara@Truecoverage.com>;Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>;CMS CCIIO Office of the Director <CCIIOOfficeoftheDirector@cms.hhs.gov>;Shynihan Muhammed <shynihan.muhammed@benefitalign.com>;Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>

You don't often get email from david.paradis1@cms.hhs.gov. Learn why this is important

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@speridian.com immediately if you suspect it's a suspicious email.

All,

Thank you for your continued support. Can you please provide the below?

- Please provide all available VPC Flow Logs for all AWS accounts under the control of Speridian/BenefitAlign/True Coverage in raw form with no filters applied.
- Speridian/True Coverage previously indicated that access to AWS infrastructure is restricted to authorized employees in CONUS with whitelisted IP addresses. CMS SOC has determined that IP addresses associated with anonymizing VPN services have been considered allowed traffic. Please provide a list of all whitelisted IP addresses and documentation on the standard procedure to verify and vet IP addresses to whitelist.
- Speridian/True Coverage previously indicated that the VPN services they operate apply geofencing controls to prevent users who are OCONUS from accessing the VPN. Please provide details on any controls in place that disallow the use of anonymizing VPN services that mask the true geolocation of the user who is attempting to connect to your VPN.
- Please provide details and documentation on the implementation of geographic restrictions for all traffic exiting the VPN, if any are in place.
- Please provide details and policy on the acceptable use of TeamViewer within your environment, if any exist.

Regards,

-Dave

David V. Paradis
Primary contact # (443)764-4514

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW *This information has not been publicly disclosed and may be privileged and confidential It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information Unauthorized disclosure may result in prosecution to the full extent of the law*

From: Manal Mehta <manal.mehta@benefitalign.com>
Sent: Thursday, August 22, 2024 10:25 AM
To: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>

Cc: Nettles, Leslie (CMS/OIT) <Leslie.Nettles1@cms.hhs.gov>; Lyles, Darrin (CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>; Ashwini Deshpande. <ashwini.deshpande@Truecoverage.com>; Hunt, Patrick (CMS/OIT) <Patrick.Hunt@cms.hhs.gov>; Busby, Keith (CMS/OIT) <Keith.Busby@cms.hhs.gov>; Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>; Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>; Sonu S. Rajamma <sonu.sr@speridian.com>; Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>; Girish Panicker <girish.panicker@speridian.com>; Tamara White <tamara.white@benefitalign.com>; Berry, Dawn (CMS/OIT) <Dawn.Berry@cms.hhs.gov>; Kalpit Dantara <kalpit.dantara@Truecoverage.com>; Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; CMS CCIIO Office of the Director <CCIIOOfficeoftheDirector@cms.hhs.gov>; Shynihan Muhammed <shynihan.muhammed@benefitalign.com>
Subject: Re: CMS/Speridian

Hello David:

Please find attached responses to your questions below.

Files referenced are available in the dropbox folder shared for previous queries. Link Benefitalign Documents To CMS

We believe it would be better to have a call sometime today if you have additional questions.

Thanks,
Manal.

From: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>
Date: Tuesday, August 20, 2024 at 3:29 PM

To: Kalpit Dantara   kalpit.dantara@Truecoverage.com , Busby Keith (CMS/OIT)   Keith.Busby@cms.hhs.gov , CMS CCIIO Office of the Director   CCIIOOfficeoftheDirector@cms.hhs.gov , Montz Ellen (CMS/CCIIO)   Ellen.Montz@cms.hhs.gov , Grant Jeff (CMS/CCIIO)   jeffrey.grant1@cms.hhs.gov , Girish Panicker   girish.panicker@speridian.com , Manal Mehta   manal.mehta@benefitalign.com , Ashwini Deshpande   ashwini.deshpande@Truecoverage.com , Sonu S. Rajamma   sonu.sr@speridian.com , Shynihan Muhammed   shynihan.muhammed@benefitalign.com , tamara.white@benefitalign.com   tamara.white@benefitalign.com , Nettles Leslie (CMS/OIT)   Leslie.Nettles1@cms.hhs.gov , Dorsey Kevin Allen (CMS/CCIIO)   Kevin.Dorsey@cms.hhs.gov , Lyles Darrin (CMS/CCIIO)   Darrin.Lyles@cms.hhs.gov , Kania Michael (CMS/OIT)   michael.kania@cms.hhs.gov
Cc: Hunt Patrick (CMS/OIT)   Patrick.Hunt@cms.hhs.gov , Berry Dawn (CMS/OIT)   Dawn.Berry@cms.hhs.gov , Paradis David (CMS/OIT)   David.Paradis1@cms.hhs.gov

Subject: RE: CMS/Speridian

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@truecoverage.com immediately if you suspect it's a suspicious email.

Kalpit,

Thank you for the additional information – the teams have some additional questions and requests for data;

- **To confirm, where is the CRM physically located? Please provide evidence of it's physical location.**

The CRM application is hosted in the AWS data center located in the US-EAST-1 region. Evidence of physical location in dropbox. Filename   'CRM location evidence.png'

- **What steps does a CRM operator take to input data into the EDE?**

The licensed agent who is EDE ID Proofed is himself/herself the CRM operator [CRM Operator] and has to login with credentials into BrokerEngage [EDE] and be authenticated first. Both CustomerEngage [CRM] and BrokerEngage [EDE] are separate platforms, have separate credentials and each needs their own authorizations.

Once authenticated in BrokerEngage, the agent has to complete ID Proofing [Experian] before the EDE component is enabled or can be accessed as part of initial setup. BrokerEngage is also integrated with NIPR and agents state licensing information is automatically set up/updated in BrokerEngage. Agents cannot quote or see plans for states that they are not licensed in.

Additional controls/authorization rules;

1. There are two Roles in BrokerEngage: Producer Role and Agency Admin Role. Producers can only view / manage their own Book of Business [BoB], i.e. their own customers. Agency Admin can view and manage the BoB of all producers within the agency.

2. Irrespective of Role, EDE is only enabled if the user is ID Proofed.

3. Additionally, FFM certified agents who are actively servicing marketplace customers are required to link their FFM account [OKTA linking] with the platform account for security.

4. Only one active user per credentials is allowed. If a user tries to login while another session is active, the old session is terminated after prompting the user.

5. Inactivity timeouts are set to 5 mins by default. Users can configure it to different times but cannot exceed 30 mins.

6. Additionally, agents can enable 2 factor authentication for added security.

- **Where does a CRM operator get the data to input into EDE?**

>> The licensed agent who is EDE ID Proofed [CRM Operator] gets the data to input into EDE from the customer. The customer is typically on the phone and customer consent is obtained prior to working on and prior to submitting their application. See file: BrokerEngage: Customer Consent

- **Is there any data processing, collection or trending occurring for this effort outside of the CONUS?**

>> There is no data processing, collection or trending occurring for this effort outside of the CONUS. BrokerEngage [EDE] cannot be accessed from outside the US.

- **Please explain in detail all methodologies to access your AWS console to include any connection requirements.**

 Access to AWS infrastructure is restricted to authorized employees in CONUS with whitelisted IP addresses. Users access the AWS console via a web browser, where they must log in using their unique credentials. To further enhance security, multi-factor authentication is enforced for all users, requiring an additional verification code generated by an authentication app, in addition to their password.

- **Please provide evidence of ownership behind AWS Account ID 26280443682 - BenefitAlign, True Coverage, Speridian or other?**

>> Above Account ID is owned by Benefitalign. Evidence of same is provided in dropbox. Filename – 'Evidence of ownership.png'

- **Provide a description for FortiClient VPN, Palo Alto VPN, and the backup solution and their specific use cases?**

>> We have implemented VPN solution with whitelisted IP addresses for securing our AWS infrastructure, particularly when employees are working from home. This approach offers robust protection by insulating our network from the public internet. FortiClient is used for our current primary and backup VPN service, and we are in the process of transitioning to Palo Alto's VPN solution as part of our cloud-first strategy. This shift is driven by the advanced security features offered by Palo Alto, which provide more comprehensive protection that better aligns with our evolving security requirements.

- **Please provide the full logs for BOTH FortiClient VPN's and the PA VPN in raw form.**

 Full logs of all VPN's available in dropbox. Foldername   'Activity Log'

- **Where you have indicated that the third VPN is used for backup, we require evidence that this third VPN is not receiving any traffic**

>> Screenshot of activity log provided in dropbox. Filename – 'Backup FortiClient VPN Logs.png'

- **Why do we see a user logging into the AWS console on June 30 from one VPN endpoint, and then a different VPN endpoint on August 13?**

>> The user, who is a member of the AWS Infrastructure Admin team was evaluating an alternate VPN service, and has not been used since.

- **Do you have any VPN/proxy/anonymizer access disabled through all of your VPN solutions?**

>> Yes. Evidence provided in screenshot available in dropbox. Foldername - 'VPN Security'

- **Please explain in detail how your geofencing restrictions are implemented across all available VPN platforms**

   FortiClient VPN applies geofencing at the VPN gateway level within the SSL VPN settings, allowing connections only from US-based IP addresses. To safeguard against proxies and anonymizers, application security has been implemented in the FortiClient application, blocking proxy traffic at the host level.

Palo Alto VPN applies geofencing at both the security policy and gateway levels. Only traffic originating from US-based IP addresses will be allowed to connect through the gateway.

Both security policy and proxy block rule screenshot available in dropbox. Foldername: 'VPN Security'

- **Do you handle CMS data via email? If so, what data?**

   The BrokerEngage [EDE] Platform does send out emails triggered based on different events in quoting and enrollment process. Typically, these emails include quotes/proposals, plan comparisons, enrollment confirmations etc. We have attached a document with screenshots & notes that describes the events and the emails. We are not sure about the question about what constitutes CMS data but the document includes email examples generated from the BrokerEngage EDE Platform. Filename: BrokerEngage: Agent Experience & Communications

- **When CMS data requires emailing, who receives it and at what email addresses? Please provide evidence.**

   The emails generated from the BrokerEngage EDE Platform are sent to the related customer and/or to the Agent on Record. Filename: BrokerEngage: Agent Experience & Communications and BrokerEngage: Customer Consent

- **When CMS data requires emailing, who sends it and from what email addresses? Please provide evidence.**

   >> All emails that are sent from the platform are systematically generated and go out from noreply@benefitalign.com. Please see attached document for samples. Filename: BrokerEngage: Agent Experience & Communications and BrokerEngage: Customer Consent

- **Do you use any O365 technologies to handle, process or direct CMS data?**

The BrokerEngage EDE Platform does not use any O365 technologies to handle, process or direct any emails that are sent from the platform.

Again, we believe it would be better to have a call to go over any additional questions you may have. Thank you.

Regards,

   -Dave

David V. Paradis

Primary contact # (443)764 4514

From: Kalpit Dantara <kalpit.dantara@Truecoverage.com>
Sent: Monday, August 19, 2024 12:04 AM
To: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>; Busby, Keith (CMS/OIT) <Keith.Busby@cms.hhs.gov>; CMS CCIIO Office of the Director <CCIIOOfficeoftheDirector@cms.hhs.gov>; Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>; Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; Girish Panicker <girish.panicker@speridian.com>; Manal Mehta <manal.mehta@benefitalign.com>; Ashwini Deshpande <ashwini.deshpande@Truecoverage.com>; Sonu S. Rajamma <sonu.sr@speridian.com>; Shynihan Muhammed <shynihan.muhammed@benefitalign.com>; tamara.white@benefitalign.com; Nettles, Leslie (CMS/OIT) <Leslie.Nettles1@cms.hhs.gov>; Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>; Lyles, Darrin (CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>; Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>
Cc: Hunt, Patrick (CMS/OIT) <Patrick.Hunt@cms.hhs.gov>; Berry, Dawn (CMS/OIT) <Dawn.Berry@cms.hhs.gov>
Subject: RE: CMS/Speridian

Hi David,

Please see responses inline below. Files referenced are available in the dropbox folder shared for previous queries. Link
 Benefitalign Documents To CMS

Appreciate if we can get on a call sometime tomorrow to discuss and bring this to a logical conclusion.

-Kalpit

From: Paradis, David (CMS/OIT)   David.Paradis1@cms.hhs.gov
Date: Friday, August 16, 2024 at 2:08 PM
To: Kalpit Dantara   kalpit.dantara@Truecoverage.com , Busby, Keith (CMS/OIT)   Keith.Busby@cms.hhs.gov ,
CMS CCIIO Office of the Director   CCIIOOfficeoftheDirector@cms.hhs.gov , Montz, Ellen (CMS/CCIIO)
 Ellen.Montz@cms.hhs.gov , Grant, Jeff (CMS/CCIIO)   jeffrey.grant1@cms.hhs.gov , Girish Panicker
 girish.panicker@speridian.com , Manal Mehta   manal.mehta@benefitalign.com , Ashwini Deshpande
 Ashwini.deshpande@truecoverage.com , Sonu S. Rajamma   sonu.sr@speridian.com , Shynihan Muhammed
 Shynihan.Muhammed@benefitalign.com , tamara.white@benefitalign.com   tamara.white@benefitalign.com ,
Nettles, Leslie (CMS/OIT)   Leslie.Nettles1@cms.hhs.gov , Dorsey, Kevin Allen (CMS/CCIIO)
 Kevin.Dorsey@cms.hhs.gov , Lyles, Darrin (CMS/CCIIO)   Darrin.Lyles@cms.hhs.gov , Kania, Michael
(CMS/OIT)   michael.kania@cms.hhs.gov
Cc: Hunt, Patrick (CMS/OIT)   Patrick.Hunt@cms.hhs.gov , Berry, Dawn (CMS/OIT)   Dawn.Berry@cms.hhs.gov ,
Kania, Michael (CMS/OIT)   michael.kania@cms.hhs.gov
Subject: RE: CMS/Speridian

This message has originated from an **External Source**. Please use proper judgment and caution before attending it.
Please report it to phishing.report@truecoverage.com immediately if you suspect it's a suspicious email.

Kalpit,

Thank you for the additional information!

- Please provide the VPN logs for the other two VPN's

   As mentioned in previous email, the other hosted VPN is a backup VPN and has not been used and does not have
any relevant logs. Log from Palo Alto VPN is available in the dropbox. Filename 'PaloAltoVPN Log.csv'

- Why do you only maintain three weeks of VPN logs

   3 weeks is the current retention policy. Having said that, open to suggestions on an optimal retention policy. Happy
to make the necessary changes once we have an agreement.

- Please provide any Geofencing rules applied to all VPN solutions

>> Screenshot Of VPN Geofencing rules available in dropbox. Filenames 'FortiClient - VPN Geo fencing.png', 'Palo Alto - VPN Geo Fencing 1.png', 'Palo Alto - VPN Geo Fencing 2.png', 'Palo Alto - VPN Geo Fencing 3.png', 'Palo Alto - VPN Geo Fencing 4.png'

- Please provide ruleset from VPNs

   Ruleset provided in dropbox. Filename 'SPAWSFWL-0001.conf' and 'Palo Alto   Geo Fencing rule.png'

- Please provide any logs with destinations on 158.73.0.0/16, 198.179.4.0/24 or 198.179.3.0/24

>> Having looked at our logs, we don't see any access to the above IP ranges. If you have any further specifics on this request including timeframe in question, happy to dig in further. Screenshots of our search provided in dropbox. Filename 'Logs to Destination Ips.docx'

- Does BenefitAlign/True Coverage have monitoring in place for users utilizing VPN services or accessing resources from OCONUS? If so what is it and can a log be provided?

   Our firewall is configured to serve as a VPN gateway with geofencing capabilities, allowing only employees located in the U.S. region to connect to the VPN and access resources.

- Based on the original description of the issue, one of the things we will want to see is queries generated by the CRM platform that target CMS data in EDE - including the source IP address and username the query originated from.

>> There are no queries from CustomerEngage [Our CRM Platform] that can access any EDE data within BrokerEngage [EDE Platform]. There are entities that reside outside the EDE Object Model that can be created or updated from CustomerEngage. Below use case will help you understand the interactions:

   Agent gets a call [Lead] and this creates a Lead record in CustomerEngage [CRM].

   The Lead is nurtured and if it is disposed as an "Opportunity", it creates a Customer Record [basic profile information like name, phone # etc] and a related Opportunity record in CustomerEngage.

   The customer record is synced into BrokerEngage [EDE].

   The agent can navigate to BrokerEngage and see the newly created Customer Record.

   The agent then can create Quotes/Proposals in BrokerEngage.

   If the customer wants to enroll, the EDE Flow is initiated in BrokerEngage by the agent.

   When the application is completed and submitted, the BrokerEngage Customer Record Status is updated to reflect the enrolled status.

   This customer status is synced back to CustomerEngage and the opportunity is updated to Sold status.

If it is helpful, we can setup a demo to walk you through the sales workflow.

- Please provide an explanation of your firewall configuration rules in Fortigate to better understand whether or not the rules are correctly configured to prevent access from OCONUS, and where exactly this firewall sits in their network.

>> Our VPN configuration enforces stringent geofencing policies, blocking all connection attempts from IP addresses located outside the United States. VPN authentication is restricted to users within the U.S. region. Upon successful authentication, the firewall applies rules that permit traffic exclusively from these validated users, ensuring that only U.S.-based entities can access the network resources through the VPN. VPN and WAF firewalls sit at the perimeter level.

- Have you enabled a WAF rule to block VPN and proxy traffic https://docs.aws.amazon.com/waf/latest/developerguide/aws-managed-rule-groups-ip-rep.html#aws-managed-rule-groups-ip-rep-anonymous and can you provide evidence of such?

   No, the IP reputation anonymous rule is not enabled on our WAF. Again, we are happy to work with your team on any recommendations.

Regards,

   -Dave

David V. Paradis

Primary contact # (443)764 4514

From: Kalpit Dantara <kalpit.dantara@Truecoverage.com>
Sent: Thursday, August 15, 2024 6:22 PM
To: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>; Busby, Keith (CMS/OIT) <Keith.Busby@cms.hhs.gov>; CMS CCIIO Office of the Director <CCIIOOfficeoftheDirector@cms.hhs.gov>; Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>; Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; Girish Panicker

<girish.panicker@speridian.com>; Manal Mehta <manal.mehta@benefitalign.com>; Ashwini Deshpande
<Ashwini.deshpande@truecoverage.com>; Sonu S. Rajamma <sonu.sr@speridian.com>; Shynihan Muhammed
<Shynihan.Muhammed@benefitalign.com>; tamara.white@benefitalign.com; Nettles, Leslie (CMS/OIT)
<Leslie.Nettles1@cms.hhs.gov>; Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>; Lyles, Darrin
(CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>; Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>
Cc: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>; Hunt, Patrick (CMS/OIT) <Patrick.Hunt@cms.hhs.gov>;
Berry, Dawn (CMS/OIT) <Dawn.Berry@cms.hhs.gov>
Subject: Re: CMS/Speridian

Hi David,

We have added the requested data in the dropbox shared yesterday.

📁 Benefitalign Documents To CMS

The file name is FSFADOM3-FGT_elog_TC-VPN.csv. Please note that the VPN logs are only retained for 3 weeks.

This log contains the employees from your list who have accessed AWS through the Forticlient VPN (54.157.134.187).

The other two VPNs have not been used by any of these employees.

The employees that are not in this log file have accessed AWS through our Albuquerque, NM office network.

Also - not all employees on your list have access to BenefitAlign BrokerEngage/Inshura EDE platforms as they work on
other applications.

If you have questions, we are available to meet at your convenience.

-Kalpit

From: Kalpit Dantara   kalpit.dantara@Truecoverage.com
Date: Thursday, August 15, 2024 at 1:20 PM
To: Paradis, David (CMS/OIT)   David.Paradis1@cms.hhs.gov , Busby, Keith (CMS/OIT)
  Keith.Busby@cms.hhs.gov , CMS CCIIO Office of the Director   CCIIOOfficeoftheDirector@cms.hhs.gov , Montz,
Ellen (CMS/CCIIO)   Ellen.Montz@cms.hhs.gov , Grant, Jeff (CMS/CCIIO)   jeffrey.grant1@cms.hhs.gov , Girish
Panicker   girish.panicker@speridian.com , Manal Mehta   manal.mehta@benefitalign.com , Ashwini Deshpande

<Ashwini.deshpande@truecoverage.com>, Sonu S. Rajamma <sonu.sr@speridian.com>, Shynihan Muhammed <Shynihan.Muhammed@benefitalign.com>, tamara.white@benefitalign.com <tamara.white@benefitalign.com>, Nettles, Leslie (CMS/OIT) <Leslie.Nettles1@cms.hhs.gov>, Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>, Lyles, Darrin (CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>, Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>
Cc: Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>, Hunt, Patrick (CMS/OIT) <Patrick.Hunt@cms.hhs.gov>, Berry, Dawn (CMS/OIT) <Dawn.Berry@cms.hhs.gov>
Subject: Re: CMS/Speridian

Hi David,

Let me have my team work on getting this data to you.

-Kalpit

From: Paradis, David (CMS/OIT)   David.Paradis1@cms.hhs.gov
Date: Thursday, August 15, 2024 at 11:58 AM
To: Kalpit Dantara   kalpit.dantara@Truecoverage.com , Busby, Keith (CMS/OIT)   Keith.Busby@cms.hhs.gov , CMS CCIIO Office of the Director   CCIIOOfficeoftheDirector@cms.hhs.gov , Montz, Ellen (CMS/CCIIO)   Ellen.Montz@cms.hhs.gov , Grant, Jeff (CMS/CCIIO)   jeffrey.grant1@cms.hhs.gov , Girish Panicker   girish.panicker@speridian.com , Manal Mehta   manal.mehta@benefitalign.com , Ashwini Deshpande   Ashwini.deshpande@truecoverage.com , Sonu S. Rajamma   sonu.sr@speridian.com , Shynihan Muhammed   Shynihan.Muhammed@benefitalign.com , tamara.white@benefitalign.com   tamara.white@benefitalign.com , Nettles, Leslie (CMS/OIT)   Leslie.Nettles1@cms.hhs.gov , Dorsey, Kevin Allen (CMS/CCIIO)   Kevin.Dorsey@cms.hhs.gov , Lyles, Darrin (CMS/CCIIO)   Darrin.Lyles@cms.hhs.gov , Kania, Michael (CMS/OIT)   michael.kania@cms.hhs.gov
Cc: Paradis, David (CMS/OIT)   David.Paradis1@cms.hhs.gov , Hunt, Patrick (CMS/OIT)   Patrick.Hunt@cms.hhs.gov , Berry, Dawn (CMS/OIT)   Dawn.Berry@cms.hhs.gov
Subject: RE: CMS/Speridian

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@truecoverage.com immediately if you suspect it's a suspicious email.

Kalpit,

Thank you for the additional information!

Could we request a copy of the last three months of logs from each of these VPN solutions that show the datestamped true source IP's connecting, translation to specific VPN IP's and what they connected to – Narrowed by the following list of users?

amit.kumar1@speridian.com

boravancha.manogna@speridian.com

girish.sasidharan@speridian.com

jerin.george@speridian.com

manish.awasthi@speridian.com

muhammad.ahmed@speridian.com

prakash.moni@speridian.com

raghavendra.kumar@speridian.com

rakesh.rathi@speridian.com

rakesh.reddy@speridian.com

rana.pratap@speridian.com

sabari.chandran@speridian.com

siva.radhakrishnan@benefitalign.com

sonu.rajamma

sreekanth.g@speridian.com

sreekumar.venukumar1@speridian.com

sumankumar.patra@speridian.com

syed.nijamuddin@speridian.com

umar.farooque@speridian.com

venu.telagathoti@speridian.com

Regards,

    -Dave

David V. Paradis

Primary contact # (443)764-4514

From: Kalpit Dantara <kalpit.dantara@Truecoverage.com>
Sent: Thursday, August 15, 2024 10:45 AM
To: Busby, Keith (CMS/OIT) <Keith.Busby@cms.hhs.gov>; Kalpit Dantara <kalpit.dantara@Truecoverage.com>; CMS CCIIO Office of the Director <CCIIOOfficeoftheDirector@cms.hhs.gov>; Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>; Grant, Jeff (CMS/CCIIO) <jeffrey.grant1@cms.hhs.gov>; Girish Panicker <girish.panicker@speridian.com>; Manal Mehta <manal.mehta@benefitalign.com>; Ashwini Deshpande <Ashwini.deshpande@truecoverage.com>; Sonu S. Rajamma <sonu.sr@speridian.com>; Shynihan Muhammed <Shynihan.Muhammed@benefitalign.com>; tamara.white@benefitalign.com; Nettles, Leslie (CMS/OIT) <Leslie.Nettles1@cms.hhs.gov>; Paradis, David (CMS/OIT) <David.Paradis1@cms.hhs.gov>; Dorsey, Kevin Allen (CMS/CCIIO) <Kevin.Dorsey@cms.hhs.gov>; Lyles, Darrin (CMS/CCIIO) <Darrin.Lyles@cms.hhs.gov>; Kania, Michael (CMS/OIT) <michael.kania@cms.hhs.gov>
Subject: Re: CMS/Speridian

Hi Keith,

We have confirmed that there are 3 VPN solutions being used by the organization   2 FortiClient solutions hosted inhouse and a Palo Alto solution used as a SaaS product.

-Kalpit

From: Keith.Busby@cms.hhs.gov
When: 9:00 AM - 10:00 AM August 15, 2024
Subject: CMS/Speridian
Location: https://cms.zoomgov.com/j/1602119654?pwd=RbZ0g15kA0lLjG8mBATuh8EDbeXlnj.1

This message has originated from an **External Source**. Please use proper judgment and caution before attending it. Please report it to phishing.report@speridian.com immediately if you suspect it's a suspicious email.