

1. DATE ISSUED MM/DD/YYYY 02/15/2013	2. CFDA NO. 93.525	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 1 HBEIE130153-01-00 Formerly	5. ACTION TYPE New	
6. PROJECT PERIOD From 02/15/2013	Through 02/14/2014	
7. BUDGET PERIOD From 02/15/2013	Through 02/14/2014	

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Acquisitions and Grants Management  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
Section 1311 of the Affordable Care Act, Health Insurance Exchange

8. TITLE OF PROJECT (OR PROGRAM)  
Cooperative Agreement funding opportunity: Cooperative Agreement to Support Establishment of the Af

9a. GRANTEE NAME AND ADDRESS  
State of New Hampshire Insurance Department  
21 S Fruit St  
Concord, NH 03301-2428

9b. GRANTEE PROJECT DIRECTOR  
Mr. Alexander Feldvebel  
21 S Fruit St Ste 14  
Concord, NH 03301-2428  
Phone: 603-271-2261

10a. GRANTEE AUTHORIZING OFFICIAL  
Mr. Alexander Feldvebel  
21 S Fruit St Ste 14  
Concord, NH 03301-2428  
Phone: 603-271-2261

10b. FEDERAL PROJECT OFFICER  
Ms. Susan Lumsden  
200 Independence Ave Sw Rm 738-G  
Washington, DC 20201-0004  
Phone: 301-492-0000

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes HHS Direct Assistance)	
I HHS Grant Funds Only	
II Total project costs including grant funds and all other financial participation	<b>II</b>
a. Salaries and Wages .....	23,383.00
b. Fringe Benefits .....	5,154.00
c. Total Personnel Costs .....	28,537.00
d. Equipment .....	500.00
e. Supplies .....	0.00
f. Travel .....	0.00
g. Construction .....	0.00
h. Other .....	4,384.00
i. Contractual .....	860,985.00
j. TOTAL DIRECT COSTS	894,406.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	894,406.00
m. Federal Share	894,406.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION FOR GRANT	
a. Amount of HHS Financial Assistance (from item 11 m)	894,406.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	894,406.00
13. Total Federal Funds Awarded to Date for Project Period	894,406.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SUBJECT TO 48 CFR PART 74, SUBPART F, OR 45 CFR 82.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION	<b>b</b>
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- The grant program legislation cited above.
- The grant program regulations cited above.
- This award notice including terms and conditions, if any, noted below under REMARKS.
- HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
Please see Standard Terms and Conditions.

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Grants Management Officer

17. OBJ CLASS	4115	18a. VENDOR CODE	1026000618M1	18b. EIN	026000618	19. DUNS	808591051	20. CONG. DIST.	02
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	3-5992638	b.	HBEIE0153A	c.	SEPI	d.	\$894,406.00	e.	7530115
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

# AWARD ATTACHMENTS

State of New Hampshire Insurance Department

1 HBEIE130153-01-00

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1. State of New Hampshire Terms & Conditions

**Cooperative Agreement for the State of New Hampshire to Support Establishment of  
The Affordable Care Act's Health Insurance Exchanges  
Level One Establishment**

**Standard Terms & Conditions  
Attachment A**

1. **The HHS/CMS Center for Consumer Information and Insurance Oversight (CCIIO) Program Official.** The Program Official assigned with responsibility for technical and programmatic questions from the Grantee is Susan Lumsden (Susan.Lumsden@cms.hhs.gov).
2. **The HHS/Center for Medicaid, CHIP and Survey & Certification (CMCS) Contact Official.** The Center within CMS responsible for reviewing and approving funding documents referred to as Advance Planning Documents (APDs) that are submitted by the State to receive federal matching funds for goods and services that benefit the Medicaid program. The CMCS Contact Official is Charles Lehman (Charles.Lehman@cms.hhs.gov).
3. **The HHS/Centers for Medicare and Medicaid Services (CMS) Grants Management Specialist.** The Grants Management Specialist assigned with the responsibility for the financial and administrative aspects (non-programmatic areas) of grants administration questions from the Grantee is Vivian Smith in the Division of Grants Management (Vivian.Smith@cms.hhs.gov).
4. **The HHS Grants Policy Statement (HHS GPS).** This Cooperative Agreement is subject to the requirements of the HHS GPS that are applicable to the Grantee based on your recipient type and the purpose of this award. This includes any requirements in Part I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS that apply to an award.

Consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 92, directly applies to this award in addition to any coverage in the HHS GPS.

5. **Cost Principles for State, Local, and Indian Tribal Governments.** This cooperative agreement is subject to the requirements as set forth in 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87). Program may require grantees to continue to provide estimates for cost allocation during periodic phases involving associated funds of the cooperative agreement.
6. **Subaward Reporting and Executive Compensation.** This cooperative agreement is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated

executives as outlined in Appendix A to 2 CFR Part 170. For the full text of the award term, go to <http://cciio.cms.gov/resources/fundingopportunities/ffata.html>. For further assistance, please contact Iris Grady, the Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements at [divisionofgrantsmanagement@cms.hhs.gov](mailto:divisionofgrantsmanagement@cms.hhs.gov).

7. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://cciio.cms.gov/resources/fundingopportunities/trafficking-term.html>.
8. **Fraud, Waste, and Abuse.** The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by email to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.
9. **Central Contractor Registration and Universal Identifier Requirements.** This award is subject to the requirements of 2 CFR part 25, Appendix A. For the full text of the award term, go to <http://www.cciio.cms.gov/resources/fundingopportunities/award-term-for-central-contractor-registration.html>.
10. **FY 2013 Appropriations Provisions.** HHS recipients must comply with all terms and conditions outlined in their grant or cooperative agreement award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administrations regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

### **Special Terms & Conditions Attachment B**

1. **Budget and Project Period.** The budget and project period for the Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchanges (Level One Application due date December 28, 2012) is from February 15, 2013 through February 14, 2014.
2. **Personnel Changes.** The Grantee is required to notify the CCIIO Project Officer and the HHS Grants Management Specialist within thirty (30) days of any personnel changes affecting the cooperative agreement's Authorized Organizational Representative, Project Director, Assistant Project Director, and/or the Financial Officer as well as any named Key Contractor staff.

3. **Contractual Personnel Changes.** Because the bandwidth of expertise is tight in the Exchange arena, Grantees must inform the Project Officer as to Contractual resources and key personnel changes.
4. **Required Grant/Cooperative Agreement Reporting.** The templates for the Required Cooperative Agreement Reporting will be forthcoming.

- a. **Project Report.** The Grantee is required to submit Progress Reports to the HHS Grants Management Specialist and to the CCIIO Project Officer. Progress Reports are due as follows:

Period of Performance: February 15, 2013 through June 30, 2013

**Due: July 30, 2013**

Period of Performance: July 1, 2013 through December 31, 2013

**Due: January 30, 2014**

Period of Performance: January 1, 2014 through February 14, 2014. The final Progress Report will serve as the Final Project Report and should report not only on activities that occurred during the period of performance, but should be cumulative and report on work performed throughout the project period. This report is due no later than 90 days after the end of the project period.

**Due: May 14, 2014**

- b. **Periodic Deliverables.** See Program Requirements per the Funding Opportunity Announcement.
  - c. **Public Report.** The Grantee is required to prominently post specific information about the Exchange grants/cooperative agreements on its Internet websites to ensure that the public has information on the use of funds.
5. **Required Financial Reports.** The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 1/30, 4/30, 7/30, 10/30. A Quick Reference Guide for completing the FFR in PMS is at:

[www.dpm.psc.gov/grant\\_recipient/guides\\_forms/ffr\\_quick\\_reference.aspx](http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx).

Within 90 calendar days of the budget/project period end date, Grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF269/269A). Expenditures and any program income generated should only be included on the final, hard-copy FFR.

See below for the due date for the final, hard-copy FFR:

Budget/Project period	Reporting Period and Due Date
February 15, 2013 through February 14, 2014	Final report - 12-month reporting period— February 15, 2013 through February 14, 2014 DUE: May 14, 2014

A hard copy of the final FFR, containing cash transaction data, expenditures, and any program income generated, should be mailed and received by our office within 90 calendar days of the budget/project period end date. Grantees should access the following link in order to electronically complete and print the final FFR:  
[http://www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/).

The final FFR should be mailed to the attention of Grants Management Specialist, Vivian Smith, at the following address:

Centers for Medicare & Medicaid Services (CMS)  
Office of Acquisition and Grants Management  
Mailstop #7700 Bethesda  
5600 Fishers Lane  
Rockville, MD 20857

**Award recipients shall liquidate all obligations incurred under the award not later than 90 days after the end of the project period and before the final FFR submission. It is the award recipient's responsibility to reconcile reports submitted to PMS and to CMS. Failure to reconcile final reports in a timely manner may result in canceled funds.**

For additional guidance, please contact your Grants Management Specialist, Vivian Smith.

**Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Draw these funds against your account that has been established for this purpose. Inquiries regarding payment should be directed to:**

**Director, Division of Payment Management  
Telephone Number 1-877-614-5533  
P. O. Box 6021  
Rockville, Maryland 20852**

- 6. Attendance at Meetings and Sharing.** It is extremely important for States to share with one another lessons learned and best practices; as such it is expected that grantees attend CMS (CCIO and/or CMCS) grantee meetings or workshops; it is also highly encouraged for grantees to attend regional or other types of meetings/workshops that would further their work to establish their Exchanges.

- 7. Collaborative Responsibilities.** Close coordination between the Department of Insurance and the Medicaid Director is required. Grantees will be expected to show evidence, including but not limited to, regular communication and meetings, and Memoranda of Agreement based on business owners of processes, and inclusion in critical milestones.
- 8. Consumer Assistance Program (Section 1002).** As Exchange grantees engage in planning and implementation activities around the Core Area of Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints, they must keep in mind that it is not possible to replace CAP grant funding with 1311 funding. The activities must be integral to the Exchange and are subject to the minimum requirements of Section 1311, not those in Section 1002. Funds applied for must not supplant other grant funds, or otherwise misuse or misappropriate grant funds.
- 9. Basic Health Program.** Exchange Establishment Cooperative Agreement funds cannot be used by the state for the purpose of applying for a waiver of the Exchange requirements. To the extent that there are Exchange establishment activities that would need to be coordinated with or overlap with activities undertaken pursuant to sections 1331 and 1332, Establishment Cooperative Agreement funding could be available for those activities. However, funding under the Establishment Cooperative Agreements may not be used solely for waiver activities, the Basic Health Program or investigation of the feasibility of those options.
- 10. Risk Adjustment.** States must seek approval to commence specific tasks associated with risk adjustment. Please submit plans to carry out tasks related to risk adjustment to your Project Officer for review and approval prior to commencing activities.
- 11. Quality Rating System.** Prior to carrying out activities related to Quality, please consult with your Project Officer for technical assistance.
- 12. Funding the Navigator Program.** State Exchange Establishment funds may be used for functions and/or activities that pertain to the development of a Navigator program. Funds to support the Navigator program's operations must come from the operational funds of the State Exchange, not from Section 1311 funds awarded under this cooperative agreement.
- 13. Exchange Procurements.** Per 45 CFR Part 92.36, States are required to follow their "own procurement procedures which reflect applicable State and local laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in this section [45 CFR Part 92.36]." As part of this cooperative agreement, substantial Federal involvement with the recipient is anticipated during performance. As such, CMS' purpose is to support the recipient's activities and work jointly with the award recipient in a partnership role. As part of this collaborative process, CMS will want to review vendor proposals to provide feedback and engage in discussions with cooperative agreement awardees. CMS is committed to providing expert technical assistance to States as they work to design and deploy their Exchanges, as required under the Affordable Care Act (ACA). This high-quality technical assistance increases the opportunities for reuse, sharing, and collaboration, and reduces implementation cost. CMS has identified three key steps States are

strongly recommended to take in procurement of Exchange IT contracts to assure procurements meet re-use and transparency expectations:

- Prepare an Independent Government Cost Estimate (IGCE) prior to release of Request for Proposals (RFPs) and share the results of that study with CCIIO.
- Use a vendor screening process before entering into contract negotiations with any vendors.
- Include contract clauses that promote reuse.

More detail around these best practices may be found in “Best Practices and Requirements in Contracting and Procurement for Exchange Information Technology Systems” which is available at: [https://servis.cms.gov/resources/document\\_detail?doc\\_detail\\_id=d882c8c3-274d-69f0-ed9-501a9ac78e52](https://servis.cms.gov/resources/document_detail?doc_detail_id=d882c8c3-274d-69f0-ed9-501a9ac78e52).

**14. Cost Allocation.** States are required to allocate costs among Medicaid, CHIP, and the Exchange for shared services by benefitting program, consistent with 2 CFR Part 225 (previously OMB Circular A-87) cost allocation principles and related HHS guidance, including but not limited to Guidance for Exchange and Medicaid Information Technology (IT) Systems 2.0.

**15. Reuse of Exchange IT Systems Artifacts.** Grantees will be required to use the following language in any contracts issued. This language is intended to give clear direction to States on their responsibility to ensure maximum opportunity for reuse of Exchange IT systems artifacts, models, materials and/or processes.

#### Intangible property

This contract is in support of <State>'s implementation of the Patient Protection and Affordable Care Act of 2010, and is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. This Contract is subject to, and incorporates by reference, 45 CFR 74.36 and 45 CFR 92.34 governing rights to intangible property. Intangible property includes but is not limited to: computer software; patents, inventions, formulae, processes, designs, patterns, trade secrets, or know-how; copyrights and literary, musical, or artistic compositions; trademarks, trade names, or brand names; franchises, licenses, or contracts; methods, programs, systems, procedures, campaigns, surveys, studies, forecasts, estimates, customer lists, or technical data; and other similar items. The Contractor may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this Contract. The Contractor must deliver all intangible property, including but not limited to, intellectual property, to <State> in a manner that ensures the Centers for Medicare & Medicaid Services, an agency of the Department of Health and Human Services, obtains a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. Federal purposes include the purpose of administering <State> exchanges under the Affordable Care Act of 2010. The Contractor is further subject to

applicable regulations governing patents and inventions, including those issued by the Department of Commerce at 37 CFR Part 401.

**16. State Partnership Exchange.** For States participating in a Partnership Model for operation year 2014, it is required to sign a memorandum of understanding with CMS outlining specific roles and responsibilities for the operation of Plan Management and Consumer Assistance, Outreach, and Education functions before a State undertakes the roles.

**17. State Exchange Model.** If the State transitions between Exchange models, a revised work plan, budget, budget narrative, and project narrative must be submitted to reflect the new Exchange model and timeline that the State is pursuing.

**18.** Below is guidance to States based on 45 CFR §§ 155.205(d)-(e) and 155.405 with respect to the Exchange Functions that the in person assisters will be performing:

A. In order to provide services that meet the requirements of 45 C.F.R. §§ 155.205(d)-(e) and 155.405, individuals performing in-person assistance functions must operate in a fair and impartial manner and must meet and adhere to appropriate conflict of interest standards which include but are not limited to the following:

a. Do not receive any direct or indirect compensation from an issuer in connection with enrolling consumers in health plans; and are not subsidiaries of an issuer or associations that include members of, or lobby on behalf of, the insurance industry.

B. In order to provide services that meet the requirements of 45 C.F.R. §§ 155.205(d)-(e) and 155.405, individuals performing in-person assistance functions must adhere to culturally and linguistically appropriate standards and must ensure accessibility and usability of in-person assistance tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

C. In-person assistance programs must not be used to replace or supplant Navigator programs which ACA § 1311(i)(1) and 45 CF.R § 155.210(a) require Exchanges to provide, and which may not be funded with ACA § 1311(a) monies.

D. In order to ensure that services provided by in-person assistance programs meet the requirements of 45 C.F.R. §§ 155.205(d)-(e) and 155.405, grantees must ensure that individuals assisting consumers under an in-person assistance program are properly trained and can document that they have proper training. The training requirement must assure the in-person assisters can effectively perform the education, outreach and/or consumer assistance functions at § 155.205(d)-(e) or be the mechanism by which the Exchange accepts applications in person (§ 155.405).

**19. Acceptance of Application and Terms of Agreement.** Initial draw down of funds by the Grantee constitutes acceptance of this award.