| T. DATE IS | SSUED (Mo./Day/Yr.) | 2. CFDA NO. | | · - | | | Department of He | aith and Hur | nan Services | | | | |
|--|--|---|----------|----------------|--|--|---|--|--|--|--|--|--|
| | 09/29/2010 93.525 | | | | | Office of the Secretary | | | | | | | |
| 3. SUPERCEDES AWARD NOTICE dated | | | | | | | Office of Consumer Information and Insurance Oversight | | | | | | |
| except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | | | | | | | Grants, Contracts and Integrity Division | | | | | | |
| 4. GRANT NO. 5. ADMINISTRATIVE CODES | | | | | | 7501 Wisconsin Ave West Tower Room 10-15 | | | | | | | |
| 1 HBEIE100042-01-00 SEPI | | | | | | Bethesda, MD 20814-6519 | | | | | | | |
| Formerly: | | | | | | | ŕ | | | | | | |
| 6. PROJECT PERIOD Mo/Day/Yr. Mo/Day/Yr. From 09/30/2010 Through 09/29/2011 | | | | | NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulations) Section 1311 of the Affordable Care Act, Health Insurance Exchange | | | | | | | | |
| 7. BUDGET PERIOD Mo./Day/Yr. Mo./Day/Yr. From 09/30/2010 Through 09/29/2011 | | | | | | | | | | | | | |
| 8. TITLE C | of PROJECT (OR PROGRAM) (Limit state Planning and Establis | to 56 spaces) shment Grants fo | r the A | Affordabl | e Ca | re Act's E | changes | | | | | | |
| | EE NAME AND ADDRESS | | - | | | 10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR) | | | | | | | |
| a. No | orth Carolina Department o | of Insurance | | | | (LAST NAME FIRST AND ADDRESS) | | | | | | | |
| ь 12 | 01 Mail Service Ctr | | | | | Ernest Nickerson | | | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | 1201 Mail Service Ctr | | | | | | | |
| C. | | | | | | Rateigh, NC 27699 | | | | | | | |
| d. Raleigh e. NC f. 27699-1200 | | | | | | Phone: 919-807-6870 | | | | | | | |
| 11. APPR | OVED BUDGET (Excludes HHS Direct | t Assistance) | | | | 12. AWARD COMPUTATION FOR GRANT | | | | | | | |
| | rant Funds Only | | | | | a. Amount of HHS Financial Assistance (from illem 11.u) 999, 999 | | | | | | | |
| Il Total project costs including grant funds and all other financial participation | | | | | | b. Less Unobligated Balance From Prior Budget Periods 0 | | | | | | | |
| (Select one and place NUMERAL in box) | | | | | | c. Less Cumulative Prior Award(s) This Budget Period 0 | | | | | | | |
| a. | ===,== | | | | | d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 999, 999 | | | | | | | |
| | Fringe Benefits | 57,760 | | | | | MENDED FUTURE SUPPORT he availability of funds and satisfacto | on amaress of the r | amiect): | | | | |
| C. | Total Personnel Costs | *************************************** | | 401, | | | | | | | | | |
| | | ••••• | | | 0 | YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS | | | | |
| | • • | | | 77, | | 8.2 | | d. 5 | | | | | |
| | _ | | | - | 000 | b. 3 | • | e. 6 | | | | | |
| - | | | | 45, | | C. 4 | E CIPECT ACCICTANCE DUPCE | f. 7 | CACIA | | | | |
| | Patient Care - Inpatient | | | | 0 | 14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH): a AMOUNT OF HHS Direct Assistance | | | | | | | |
| | Patient Care - Outpatient | | | | 0 | an income of the broad about | | | | | | | |
| - | Alterations and Renovations | *************************************** | | | 0 | b. Less Unobligated Balance From Prior Budget Periods | | | | | | | |
| | | | | 172, | | c. Less Cumutative Prior Award(s) This Budget Period d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | | | | | | | |
| | Consortium/Contractual Costs | *************************************** | | 300, | | | INCOME SUBJECT TO 45 CFR PART 74, SUI | 1 | 0 | | | | |
| | Trainee Related Expenses | | • | | 0 | USED IN ACCD | INCOME SUBJECT TO 45 CFR PART 74, SUI RD WITH ONE OF THE FOLLOWING ALTERN place LETTER in box.) | ATIVES: | ZS, SHALL BE | | | | |
| | Trainee Stipends | *************************************** | • | | 0 | B. | DEDUCTION ADDITIONAL COSTS | | b | | | | |
| | Trainee Tuition and Fees | *************************************** | • | | 0 | C. | MATCHING | ν. | | | | | |
| p. | Trainee Travel | | · | | 0 | е. | OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) | | <u></u> | | | | |
| q. | TOTAL DIRECT COSTS | | 1 | 999, | 999 | PROJECT AND | ID IS BASED ON AN APPLICATION SUBMITT IS SUBJECT TO THE TERMS AND CONDITIO | ED TO, AND AS APPRO NS INCORPORATED EIT | VED BY, MHS ON THE ABOVE TITLED MER DIRECTLY OR BY REFERENCE IN THE | | | | |
| | | (rate of) | | | 0 | FOLLOWING: | The grant program legislations cited above. | | | | | | |
| | TOTAL APPROVED BUDGET | | \$ | 999, | 999 | b. c. | The grant program regulation cited above. This award notice including terms and condition | ns, if any, noted below und | der REMARKS. | | | | |
| | SBIR Fee | | ـــيــلـ | | | d. e. | HHS Grants Policy Statement Including adderse 45 CFR Part 74 or 45 CFR Part 92 na applicable | te. | | | | | |
| | Federal Share | | \$ | 999, | | In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise. | | | | | | | |
| ٧. | Non-Federal Share | | \$ | | 0 | obtained from the grant payment system. | | | | | | | |

Refer to the following Award Attachments: 1) Standard Terms and Conditions 2) Special Terms and Conditions

Yes

REMARKS: (Other Terms and Conditions Attached -

| GRANTSMANA | | ignature) (Name – Typed/F Michelle Fea | (Title) Senid | | | | | |
|----------------|-----------|---|------------------|---------------------|----|--------------------|--------------|--------|
| 17. OBJ CILASS | 4121 | 18. CRS - EIN | 51401519A2 | 19. LIST NO. | | CONG. DIST.: | 04 | |
| | FY-CAN | DOCUMENT NO. | | ADMINISTRATIVE CODE | Α | MT ACTION FIN ASST | AMT ACTION C | R ASST |
| 20. a. | 0-199RE41 | b. HBEIE0042 | 4 | c. SEPI | d. | 999,999 | e. | 0 |
| 21. a | | b. | | С | d. | | e | |
| 22. a | | b. | | c. | d. | | е. | |

X; No)

AWARD ATTACHMENTS

North Carolina Department of Insurance

1 HBEIE100042-01-00

- 1. Standard Terms and Conditions
- 2. Special Terms and Conditions

Office of Consumer Information and Insurance Oversight

State Planning and Establishment Grants for the Affordable Care Act's Exchanges

Standard Terms & Conditions Attachment A

- 1. The HHS/Office of Consumer Information and Insurance Oversight (OCIIO) Program Official. The Program Official assigned with responsibility for technical and programmatic questions from the Grantee is Susan Lumsden (Susan.Lumsden@hhs.gov).
- 2. The HHS/OCIIO 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 Michelle Feagins in the Division of Grants Management (Michelle Feagins@hhs.gov).
- 3. The HHS Grants Policy Statement (HHS GPS). This grant 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.
 - Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR 92 directly applies to this award apart from any coverage in the HHS GPS.
- 4. Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87). This grant is subject to the requirements as set forth in Title 2 Part 225, State, Local, and Indian Tribal Governments (previously A-87).

Office of Consumer Information and Insurance Oversight

State Planning and Establishment Grants for the Affordable Care Act's Exchanges

Special Terms & Conditions Attachment B

- 1. **Budget and Project Period:** The project and budget period for State Planning and Establishment Grants for the Affordable Care Act's Exchanges is from September 30, 2010 through September 29, 2011. The start date for the grants is on or after September 30, 2010. No grant funds can be used for expenses incurred prior to September 30, 2010.
- 2. Collaborative Responsibilities: At the request of OCIIO, Grantees may be required to participate in scheduled activities and communications to identify and share "best practices" for Exchanges, including discussion of State proposals and sharing of information via public websites. OCIIO will post general summaries of the State proposals on the OCIIO website. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as requested by OCIIO.
- 3. Personnel Changes: The Grantee is required to notify the OCIIO Project Officer and the OCIIO Grants Management Officer within thirty (30) days of any personnel changes affecting the grant's Project Director, Assistant Project Director, or the Financial Officer.
- 4. Funding Specifications: All funds provided under this grant will be used by the Grantee exclusively for the State Planning and Establishment Grants for the Affordable Care Act's Exchanges as defined in Section 1311 of the Affordable Care Act and as described in the funding opportunity announcement. If the Grantee uses these funds for any purpose other than those awarded through this program (or those modifications that have the prior written approval of the OCIIO Project Officer) then all funds provided under this grant may be required to be returned to the United States Treasury.
 - a. Consumer Assistance. States can use Exchange grant funds to conduct activities that can be funded under the Consumer Assistance Program Grants and only to the extent that there will be no duplicative Federal funding for such activities and that the activities funded meet the terms and conditions for all of grants.
 - b. Medicaid/CHIP. Exchange grant funds cannot be used exclusively for the modification of systems or processes solely related to Medicaid/CHIP eligibility.
 - c. Information Technology (IT) Systems. The funding for Exchange IT systems should come from the Exchange grant funds. The Exchange grant funds awarded under this Notice of Grant Award are intended for planning activities only and any procurement activities should not be pursued without prior approval from OCIIO.
 - d. Medical Loss Ratio (MLR). Exchange grant funds cannot be used for the implementation of the MLR requirements of the Affordable Care Act. States can use

STATE PLANNING AND ESTABLISHMENT GRANTS FOR THE AFFORDABLE CARE ACT'S EXCHANGES SPECIAL TERMS & CONDITIONS

Exchange grant funds for MLR activities only to the extent that such activities are related to the planning and implementation of Exchanges.

- 5. Required Grant Reporting: The templates for the Required Grant Reporting will be forthcoming.
 - a. Quarterly Project Report. The Grantee is required to submit four (4) Quarterly Progress Reports to the OCIIO Grants Management Specialist and to the OCIIO Project Officer. Quarterly Progress Reports are due within 30 days after the end of the quarter (no later than January 31, April 30, July 31, and October 31, 2011).
 - b. Final Project Report. The Grantee is required to submit a Final Project Report to the OCIIO Grants Management Specialist, with a copy to the OCIIO Project Officer, within 90 days after the project period ending date (no later than December 31, 2011).
 - c. Public Report. The Grantee is required to prominently post specific information about the Exchange grants on their respective Internet websites to ensure that the public has information on the use of funds.
- 6. Required Financial Reports: A Financial Status Report (FSR) (SF 269A Short Form) is required from the recipient within 90 days after the end of the project period. Records of expenditures and any program income generated must be maintained in accordance with the provisions of 45 CFR 74.53 or 92.42. The Grantee will submit the FSR to the OCIIO Grants Management Specialist listed on this Notice of Grant Award with a copy to the OCIIO Project Officer. (The SF-269A may be accessed at the following site: www.whitehouse.gov/omb/grants/sf269a.).

Effective January 1, 2010, Grantees are to report cash transaction data via the Payment Management System (PMS) using the Federal Financial Report (FFR or Standard Form 425) cash transaction data elements. The FFR must be filed within 30 days of the end of the quarter (instead of the 45 days allowed for filing the PSC 272). Reporting cash transaction data using the FFR replaces the use of the Federal Cash Transaction Report (SF-272/SF272A). Additional information and training are available on the Division of Payment Management website (www.dpm.psc.gov).

A Quick Reference Guide for completing the FFR in the PMS is at www.dpm.psc.gov/grant recipient/guides forms/ffr quick reference.