

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

| | |
|--|---------------------------------|
| 1. DATE ISSUED (Mo./Day/Yr.) 02/16/2011 | 2. CFDA NO. 93.525 |
| 3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | |
| 4. GRANT NO. 1 HBEIE110050-01-00 Formerly: | 5. ADMINISTRATIVE CODES SEPI |
| 6. PROJECT PERIOD Mo./Day/Yr. From 02/15/2011 | Through 02/15/2013 |
| 7. BUDGET PERIOD Mo./Day/Yr. From 02/15/2011 | Through 02/15/2013 |

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Cooperative Agreements to Support Innovative Exchange Information Technology Systems

9. GRANTEE NAME AND ADDRESS
a. Oklahoma Health Care Authority
b. 2401 NW 23rd St Ste 1A
c. Shepherd Mall

d. Oklahoma City e. OK f. 73107-2423

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)
(LAST NAME FIRST AND ADDRESS)
Buffy Heater
Shepherd Mall, 2401 N.W. 23rd Street, Suite 1A
Oklahoma City, OK 73107

Phone: 405-522-7545

| | |
|--|---------------|
| 11. APPROVED BUDGET (Excludes HHS Direct Assistance) | |
| I HHS Grant Funds Only | |
| II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/> (Select one and place NUMERAL in box) | |
| a. Salaries and Wages | 1,144,000 |
| b. Fringe Benefits | 515,944 |
| c. Total Personnel Costs | 1,659,944 |
| d. Consultants Costs | 0 |
| e. Equipment | 96,250 |
| f. Supplies | 30,588 |
| g. Travel | 52,374 |
| h. Patient Care - Inpatient | 0 |
| i. Patient Care - Outpatient | 0 |
| j. Alterations and Renovations | 0 |
| k. Other | 0 |
| l. Consortium/Contractual Costs | 52,769,300 |
| m. Trainee Related Expenses | 0 |
| n. Trainee Stipends | 0 |
| o. Trainee Tuition and Fees | 0 |
| p. Trainee Travel | 0 |
| q. TOTAL DIRECT COSTS | 54,608,456 |
| r. INDIRECT COSTS (rate of) | 0 |
| s. TOTAL APPROVED BUDGET | \$ 54,608,456 |
| t. SBIR Fee | |
| u. Federal Share | \$ 54,608,456 |
| v. Non-Federal Share | \$ 0 |

| | |
|--|------------|
| 12. AWARD COMPUTATION FOR GRANT | |
| a. Amount of HHS Financial Assistance (from item 11 u) | 54,608,456 |
| b. Less Unobligated Balance From Prior Budget Periods | 0 |
| c. Less Cumulative Prior Award(s) This Budget Period | 0 |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | 54,608,456 |

| | | | |
|--|--------------------|------|--------------------|
| 13. 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 | |

| | |
|---|---|
| 14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH) | |
| a. AMOUNT OF HHS Direct Assistance | 0 |
| b. Less Unobligated Balance From Prior Budget Periods | |
| c. Less Cumulative Prior Award(s) This Budget Period | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | 0 |

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select one and place LETTER in box)

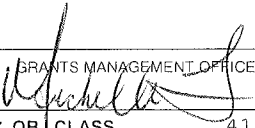
| | |
|---|-------------------------------------|
| a. DEDUCTION | |
| b. ADDITIONAL COSTS | <input checked="" type="checkbox"/> |
| c. MATCHING | |
| d. OTHER RESEARCH (Add / Deduct Option) | |
| e. OTHER (See REMARKS) | |

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:
a. The grant program regulations cited above
b. The grant program regulation cited above
c. This award notice including terms and conditions, if any, noted below under REMARKS
d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period
e. 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)

Refer to the following Award Attachment: 1) Standard Terms and Conditions 2) Programmatic Terms and Conditions.

GRANTS MANAGEMENT OFFICER:  (Signature) Ms. Feagins, Michelle (Name - Typed/Print) Senior Grants Management Specialist (Title)

| | | | | | | | |
|---------------|-----------|---------------|--------------|---------------------|--------------------|----|---|
| 17. OBJ CLASS | 4121 | 18. CRS - EIN | 1736017987R5 | 19. LIST NO. | CONG. DIST.: | 05 | |
| FY-CAN | 1-199RE41 | DOCUMENT NO. | HBEIE0050A | AMT ACTION FIN ASST | AMT ACTION DR ASST | | |
| 20. a. | | b. | | d. | 54,608,456 | e. | 0 |
| 21. a. | | b. | | d. | | e. | |
| 22. a. | | b. | | d. | | e. | |

AWARD ATTACHMENTS

Oklahoma Health Care Authority

1 HBEIE110050-01-00

1. Terms and Conditions

**Cooperative Agreements to Support Innovative Exchange Information
Technology Systems
Standard Terms & Conditions
Attachment A**

1. **The HHS/Center for Consumer Information and Insurance Oversight (CCHIO) 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/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 Rick Friedman (Richard.Friedman@cms.hhs.gov).
3. **The HHS 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@hhs.gov).
4. **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.

5. **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). Program may require grantees to continue to provide estimates for cost allocation during periodic phases involving associated funds of the cooperative agreement.

**Special Terms & Conditions
Attachment B**

1. **Budget and Project Period:** The budget and project period for Early Innovator Grants for the Affordable Care Act's Exchanges is from February 16, 2011 through February 15, 2013.
2. **Restriction of Funds:** Grantee will not have access to the contractual line item funds until the conditions outlined under Parts A and B have been met.

Cooperative Agreements to Support Innovative Exchange Information Technology Systems
SPECIAL TERMS & CONDITIONS

A. Grantee must provide the following required information for all contracts:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

Please review [Appendix C: Guidelines for Budget Preparation](#) in the Funding Opportunity Announcement (FOA) for further guidance on what is required to address these topic areas.

B. Grantee must also meet specific Program Requirements, to include undergoing standard industry Systems Development Life Cycle (SDLC) reviews. The Early Innovator Exchange IT SDLC reviews are as follows (with tentative dates to occur):

- | | |
|---------------------------------|------------|
| 1. Architecture Review | 3/16/2011 |
| 2. Project Baseline Review | 4/18/2011 |
| 3. Detailed Design Review | 9/14/2011 |
| 4. Operational Readiness Review | 10/10/2012 |

As part of the overall response to Part A, Grantee must specifically explain and separately outline the contract costs associated for each life cycle review stage listed above prior to beginning work. Specifically, Grantee must explain in the Scope of Work, the precise services/tasks/deliverables to be performed by the contractor, and outline in the Itemized Budget and Justification the contractual costs with appropriate justification.

At the time of each stage of the life cycle review process, Grantee must provide detail of the deliverables, products, etc. completed during that stage of the life cycle. Those specifications will then be reviewed by HHS according to the published HHS SDLC standards, which will then determine if the Grantee has successfully met completeness requirements under the HHS SDLC. Once Grantee receives approval from HHS regarding the completeness of their deliverables for that life cycle review period, the contractual line item funds linked to that specific review will be available for drawdown.

The SDLC reviews will be jointly conducted by CCHIO and CMCS. Because the Affordable Care Act requires the development of a streamlined enrollment system for Medicaid, CHIP, State basic health plans established under § 1331, and Exchange qualified health plans and financial assistance for qualified health plans, the development of the IT system will benefit Medicaid/CHIP and Exchange-related programs. Therefore, costs for this project need to be allocated between Medicaid/CHIP and the Exchange. Additionally, the Medicaid program will be building to varying degrees supporting infrastructures to facilitate the work of the Exchange. It is for this reason that CMS will be working together with CCHIO to review the progress the State is making during the four SDLC reviews. We expect the State staff working on the Exchange and the supporting Medicaid program activities to similarly work together as they develop joint solutions.

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During the SDLC reviews, CMS will want both State Exchange and Medicaid staff to participate in all of the reviews, provide requested documentation and be prepared to speak to the status of the system and program's development with regard to: a) the Exchange, b) the supporting Medicaid program and infrastructure and c) any jointly developed cost allocated activities between the Exchange and the Medicaid program. Please note that while the funding sources for the three areas outlined above will come from two sources (i.e. the CCIIO Innovator Grants and the Medicaid Advance Planning Documents), the traditional APD review process has been expedited as a result of CMS's ability to conduct the SDLC reviews in a joint fashion between CCIIO and CMCS and between the State Exchange staff and the State Medicaid staff involved in the activities described above. The focus of the SDLC reviews by the CMCS staff will pay particular attention to the extent to which, at each stage of the SDLC reviews, the State is fulfilling its obligations, including meeting specific Standards and Conditions.

Please review the Funding Opportunity Description, section D, of the FOA for further guidance on the SDLC reviews.

- 3. Collaborative Responsibilities:** Continued access to funds over the life of the grant is contingent on meeting project benchmarks and other grant award conditions, which will be subject to renewability/continuation reviews over the course of the grant as well as on an annual basis. At the request of CCIIO, Grantees, including staff that represents strategic and technical approaches 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. CCIIO will post general summaries of the State proposals on the CCIIO website. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as requested by CCIIO. Further, Grantees will submit all project deliverables to the CCIIO SDLC repository. This repository will be used for collaboration among the Grantee community and Federal Partners as well as the CCIIO SDLC review process. Funds will not be released for a life cycle review period unless project artifacts have been submitted to the collaboration environment.
- 4. 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 grant's Project Director, Assistant Project Director, or the Financial Officer as well as any named Key Contractor staff.
- 5. Contractual Personnel Changes.** Because the bandwidth of expertise is tight in the Exchange IT arena, grantees must inform program as to Contractual resources and key personnel changes.
- 6. 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 (SF PPR) to the HHS Grants Management Specialist and to the

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CCIIO Project Officer. Quarterly Progress Reports are due within 30 days after the end of the quarter (April 30th, July 30th, October 30th, and January 30th).

- b. **Periodic Deliverables:** See Program Requirements per the Funding Opportunity Announcement.
 - c. **Final Project Report.** The Grantee is required to submit a Final Project Report to the HHS Grants Management Specialist, with a copy to the CCIIO Project Officer, within 90 days after the project period ending date (no later than May 15, 2013).
 - d. **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.
7. **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: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at:

www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

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 FFR.

See below for the due date for the final FFR:

| Budget/Project period | Reporting Period and Due Date |
|---|---|
| February 16, 2011 through February 15, 2013 | Final report - 24-month reporting period—Feb. 16, 2011 through Feb. 15, 2013 DUE: May 15, 2013 |

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/.

The final FFR should be mailed to the attention of the Grants Management Specialist listed on this Notice of Grant Award with a copy to the Project Officer. Reports should be mailed to the following address:

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Health and Human Services
Hubert H. Humphrey Building
Room 737F
200 Independence Ave., SW
Washington, D.C. 20201

For additional guidance, please contact your Grants Management Specialist.