



Health Insurance Enforcement and Consumer Protections Grant Program



*CCIIO
Oversight Group*

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Background

- Section 1003 of the Affordable Care Act (ACA) adds a new section 2794 to the PHS Act entitled, “Ensuring That Consumers Get Value for Their Dollars.”
- Congress appropriated \$250 million to be awarded in Federal fiscal years (FYs) 2010 through 2014 for the Rate Review Grant Program.
- Any appropriated Rate Review Grant funds that are not fully obligated by the end of FY14, will remain available to the Secretary for grants to States for planning and implementing the insurance market reforms and consumer protections under Part A of title XXVII of the Public Health Service Act (PHS Act).

Applicable Reforms

The Health Insurance Enforcement and Consumer Protection Grant Program will provide grant funding to enhance States' ability to effectively enforce the following pre-selected market reforms and consumer protections under Part A of Title XXVII of the PHS Act:

- I. Section 2707- Non-discrimination under Comprehensive Health Insurance Coverage (Essential Health Benefits Package)
- II. Section 2713- Coverage of Preventative Health Services
- III. Section 2718-Bringing down the Cost of Health Care Coverage (MLR)
- IV. Section 2726- Parity in Mental Health and Substance Use Disorder Benefits
- V. Section 2719- Appeals Process

Use of Funds

- States may use grant funds for a variety of planning and implementation objectives, including but not limited to:
 - Implement or enhance policy form review, market conduct examinations, market analysis, financial examinations, and consumer complaint investigations.

Eligibility

- All 50 States and the District of Columbia are eligible to apply to plan and/or implement one or more of the five pre-selected market reforms and consumer protections.
- Only one application per State is permitted, except in a State in which there is more than one regulating entity.
- Multiple applications will be required to split the total grant award allocated for that State.
- The grant is available to all States that are currently enforcing the ACA market reforms, as well as those States who are not currently enforcing the ACA market reforms.
- States not currently enforcing ACA market reforms must transition to an active enforcement role for all of the market reforms and consumer protection under Part A of Title XXVII of the PHS Act within the first year and a half of their Cycle I grant award.

Funding and Dates

- CMS anticipates approximately \$22 million will be available in total.
- All applicants must submit the mandatory Letter of Intent by the deadline given, **July 6, 2016** by 5pm ET.
- Grant application due: **August 15, 2016 by 3pm ET.**
- The grant will have a project and budget period of 24 months from the award date: **October 19, 2016 – October 18, 2018.**
- Anticipated Notice of Award: **October 19, 2016.**

Funding

- Baseline Funding= Each State will receive a minimum of \$250,000 for the two year project period.
- States may receive additional “Selected Market Reforms” funding which will be a flat dollar amount for each selected market reform that will be the same for all States.
- States may also receive “Workload” funds, which is based on the State population size and the number of issuers with five percent or more market share (combined individual and small group market) within the State.

Selected Market Reform Funding

The market reforms are ordered from (1)- (5), with (1) receiving the highest amount of additional funding, and (5) receiving the lowest. The exact amounts each State is eligible to apply for will be provided to the applicant after CMS has received the Mandatory Letters of Intent:

1. Section 2726- Parity in Mental Health and Substance Use Disorder Benefits (MHPAEA)
2. Section 2713- Coverage of Preventative Health Services
3. Section 2707-Non-discrimination under Comprehensive Health Insurance Coverage (Essential Health Benefits Package)
4. Section 2718-Bringing down the Cost of Health Care Coverage (MLR)
5. Section 2719-Appeals Process

Workload Funding

- Workload funds are based on a calculation of the State population size and the number of issuers with five percent or more market share.
- Will only be available if there are sufficient funds after providing the baseline awards.

Application and Submission Process

- A Letter of Intent is required to apply for Cycle I funding. **Due on July 6, 2016.** E-mail letters of intent to James.Taing@cms.hhs.gov.
- All grant applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00p.m.-Baltimore, MD on **August 15, 2016.**
- All applications will receive an automatic time stamp upon submission and applicants will receive an email reply acknowledging the application's receipt. **Applications not received by the application deadline through www.grants.gov will not be reviewed.**

Application and Submission Process (Continued)

The following documents are required for a complete application:

1. Standard Forms
2. Applicant's Cover Letter
3. Project Abstract
4. Project Narrative
5. Work Plan
6. Evaluation Plan
7. Eligibility
8. Budget Narrative
9. Business Assessment of Applicant Organization
10. Required Supporting Documentation

Required Supporting Documentation

Applicants must submit the following letters:

- Submit a letter attesting that the State is not receiving other Federal grant dollars for the same activity(s) for which it will receive this grant for.
- State certification of Maintenance of Effort verifying that the grant funds will not supplant existing State expenditures for market reform activities. There is no designated form for the State certification of “Maintenance of Effort.”
- Letter signed by the head of the applicable State regulatory agency attesting that the State is enforcing the ACA market reforms in Part A of title XXVII of the PHS Act at the time of application.

OR

- Applicants that are not enforcing the ACA market reforms must submit a letter indicating that they plan to transition to an active enforcement role with respect to all the market reforms and consumer protections under Part A of Title XXVII of the PHS Act within the first year and half of their Cycle I grant award.

Unique Agency Identifier and System for Award Management (SAM)

An applicant is required to:

- (i) Be registered in System Award Management (SAM) www.sam.gov before submitting its application;
- (ii) Provide a valid unique entity identifier in its application; and
- (iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

All applicants must provide their Data Universal Numbering System (DUNS) and Employee Identification Number/Tax Identification Number (EIN/TIN) numbers in order to be able to register in the System for Award Management (SAM)* <https://www.sam.gov/portal/public/SAM/>.

Employer Identification Number (EIN)

- All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number)

- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities.
- To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711.
- Register as soon as possible. The process takes anywhere between 2-4 weeks.

Reimbursement of Pre-Award Costs

- Funds awarded under this FOA may be used to reimburse pre-award costs that are allowable and incurred up to 90 days before grant award.
- The applicant must seek prior approval in writing before incurring pre-award costs. If a State does not receive a grant award, CMS is not liable for costs incurred by the applicant.

Review and Selection Process

- Applications will be screened to determine eligibility for further review.
- Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers.
- The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official.
- CMS will do a review of risks posed by applicants prior to award.
- CMS reserves the right to conduct pre-award Negotiations with potential awardees.
- Factors other than merit that may be used in selecting applications for award.
- Unsuccessful applicants are notified within 30 days of the final funding decision and will receive a disapproval letter via U.S. Postal Service or electronic mail.

Federal Award Notices

- Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer.
- The NoA is the document authorizing the grant award and will be issued to the applicant as listed on the SF-424 and available to the organization through the online grants management system used by CMS and awardee organizations.

Programmatic Contacts

Programmatic Contact:

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The Center for Consumer Information and Insurance Oversight

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Questions?