



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

200 Independence Avenue SW
Washington, DC 20201

September 20, 2011

The Honorable Mike Chaney
Commissioner
Mississippi Insurance Department
PO Box 79
Jackson, MS 39205-0079

Dear Commissioner Chaney:

The Rate Review Grant Program within the Center for Consumer Information and Insurance Oversight (CCIIO) is pleased to award Mississippi a grant under the funding opportunity announcement entitled Grants to States for Health Insurance Rate Review, Cycle II. Congratulations on your successful application. The Notice of Grant Award (NGA) is included in the attachments to this Award Letter.

Pursuant to the HHS Grants Policy Statement, there are terms and conditions associated with the receipt of this grant. These include the Standard and Special Terms and Conditions (STCs), which are attached to this letter. The templates for quarterly programmatic reporting, annual programmatic reporting, the final programmatic report, required data collection, and instructions on how to obtain disbursement of grant funds are also attached to this letter.

Please carefully review all of the standard and special terms and conditions of the grant award and provide CCIIO with a written letter of acceptance of these terms and conditions by October 20, 2011. The letter of acceptance may be submitted electronically to Jacqueline Roche at Jacqueline.Roche1@cms.hhs.gov and Gabriel Nah at Gabriel.Nah@cms.hhs.gov.

We thank you for your commitment to the Rate Review Grant Program and your continued partnership in the enhancement or establishment of an Effective Rate Review program in Mississippi. Throughout Rate Review Cycle I, States used grant funds to substantially improve their rate review processes and we are confident that Cycle II funds will provide even more opportunities for States to enhance actuarial support, IT systems, and consumer transparency and education.

CCIIO looks forward to continued collaboration with Mississippi as you embark upon an ambitious program to enhance the rate review process and take important strides to help protect consumers from unjustified and/or excessive premium increases.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Larsen", written over a horizontal line.

Steve Larsen, Director

Center for Consumer Information and Insurance Oversight

1. DATE ISSUED (Mo./Day/Yr.) 09/20/2011
 2. CFDA NO. 93.511
 3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded
 4. GRANT NO. 1 PRPPRL20030-01-00 Formerly:
 5. ADMINISTRATIVE CODES IPR
 6. PROJECT PERIOD Mo./Day/Yr. From 10/01/2011 Through 09/30/2014
 7. BUDGET PERIOD Mo./Day/Yr. From 10/01/2011 Through 09/30/2014

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 GRANT AWARD
 AUTHORIZATION (Legislation/Regulations)
 Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 66 spaces)
 Mississippi's Rate Review Grant-Cycle II

9. GRANTEE NAME AND ADDRESS
 a. Mississippi Department of Insurance
 b. 501 N West St Ste 1001
 c. Life and Health Actuarial
 d. Jackson e. MS f. 39201-1008

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)
 (LAST NAME FIRST AND ADDRESS)
 Aaron Sisk
 Life and Health Actuarial
 501 North West Street, Suite 1001, Woolfolk Buildi
 Jackson, MS 39201
 Phone: 601-359-3569

11. APPROVED BUDGET (Excludes HHS Direct Assistance)

I HHS Grant Funds Only

II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box) **II**

a. Salaries and Wages	138,750
b. Fringe Benefits	0
c. Total Personnel Costs	138,750
d. Consultants Costs	
e. Equipment	52,380
f. Supplies	15,750
g. Travel	53,330
h. Patient Care - Inpatient	
i. Patient Care - Outpatient	
j. Alterations and Renovations	
k. Other	2,248,417
l. Consortium/Contractual Costs	1,274,581
m. Trainee Related Expenses	
n. Trainee Stipends	
o. Trainee Tuition and Fees	
p. Trainee Travel	
q. TOTAL DIRECT COSTS	3,783,208
r. INDIRECT COSTS (rate of)	0
s. TOTAL APPROVED BUDGET	\$ 3,783,208
t. SBIR Fee	0
u. Federal Share	\$ 3,783,208
v. Non-Federal Share	\$ 0

12. AWARD COMPUTATION FOR GRANT

a. Amount of HHS Financial Assistance (from item 11.u)	3,783,208
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	3,783,208

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
 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 legislation 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
 Please refer to the following award Attachment: 1) Standard Terms and Conditions.

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

17. OBJ. CLASS 4125	18. CRS - EIN 1646000786A1	19. LIST NO.	CONG. DIST.: 02	
FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	AMT ACTION DR ASST
20. a. 1-5992933	b. PRPPR0030A	c. IPR	d. 3,783,208	e. 0
21. a.	b.	c.	d.	e.
22. a.	b.	c.	d.	e.