

**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14
CONCORD, NEW HAMPSHIRE 03301



Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

February 12, 2018

The Honorable Neal M. Kurk, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

[Signature] 3/16/18
Approved by Fiscal Committee Date

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH 03301

Requested Action

Pursuant to RSA 9:16-c, authorize the New Hampshire Insurance Department (NHID) to transfer \$125,100 within a budgeted accounting unit effective upon Fiscal Committee and Governor and Executive Council approval through September 18, 2018.

The transfer of appropriation is being requested in order to move funds previously budgeted in the FY16/17 Biennium for transfer to another Agency (DHHS), but were funded by another Rate Review Grant, to cover expenses for consultant contracts.

Source of Funds is 100% Federal Funds.

FY 2018 Rate Review Cycle IV
02-24-24-240010-59300000

	Current	Changes/ Transfers	Modified Budget
02-24-24-240010-59300000	FY2018		FY2018
Expenses:			
020 - 500200 Current Expenses	\$2,963	\$0	\$2,963
041 - 500801 Audit Set Aside	\$3,148	\$0	\$3,148
046 - 500464 Consultants	\$860,175	\$125,100	\$985,275
049 - 500294 Transfers to Other State Agency	\$125,100	-\$125,100	\$0
050 - 500109 Personall Services Temp Appropriation	\$41,708	\$0	\$41,708
060 - 500601 Benefits	\$3,731	\$0	\$3,731
Total:	\$1,036,825	\$0	\$1,036,825
Source of Funds			
Revenue:			
010 - 403242 Rate Review Cycle IV Income	\$1,036,825	\$0	\$1,036,825

EXPLANATION

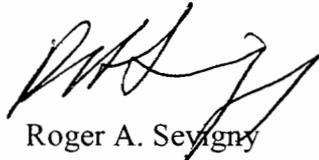
The New Hampshire Insurance Department (NHID) requests authorization to transfer funds between two budgeted accounts in FY 2018.

Class 046 Increase the Consultants by \$125,100 to cover expenses for consultant contracts to support changes to data collection tools and procedures associated with the public hearings concerning health insurance costs increases, until the Rate Review Cycle IV ends on September 18, 2018.

Class 049 Decrease the Transfer to Other Agency (DHHS) by \$125,100. This expense was covered by Rate Review Cycle II, account # 02-24-24-240010-59780000.

Your consideration of the request is appreciated.

Respectfully submitted,



Roger A. Seyigny

FISCAL SITUATION

U.S. Department of Health and Human Services Appropriation	\$1,179,000.00
Less Expenditure thru 11/20/2017	\$571,872.54
Remaining	\$607,127.46
FY 18 Appropriation	\$607,127.46
FY 19 Appropriation	\$0.00
Budgeted Appropriation	\$1,039,988.00
Remaining Appropriation to be Budgeted	\$139,012.00

1. DATE ISSUED MM/DD/YYYY 07/27/2017
 2. CFDA NO. 93.511
 3. ASSISTANCE TYPE Project Grant

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

1a. SUPERSEDES AWARD NOTICE dated 08/17/2016
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 4 PRPPR140070-01-02
 Formerly

5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 09/19/2014 Through 09/18/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 09/19/2014 Through 09/18/2018

NOTICE OF 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)
 Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of
 Medical Services, Cycle IV

9a. GRANTEE NAME AND ADDRESS
 State of New Hampshire Insurance Department
 21 S Fruit St
 -DUP3
 Concord, NH 03301-2428

9b. GRANTEE PROJECT DIRECTOR
 Mr. Alexander88113 K. Feldvebel
 21 S Fruit St
 Concord, NH 03301-2428
 Phone: 603-271-2261

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Alexander88113 K. Feldvebel
 21 S Fruit St
 Concord, NH 03301-2428
 Phone: 603-271-2261

10b. FEDERAL PROJECT OFFICER
 James Taing
 7500 Security Boulevard
 null
 null
 Baltimore, MD 21244-null
 Phone: None

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	<input checked="" type="checkbox"/>
a. Salaries and Wages	35,100.00
b. Fringe Benefits	2,685.00
c. Total Personnel Costs	37,785.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	7,179.00
i. Contractual	1,134,036.00
j. TOTAL DIRECT COSTS	1,179,000.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	1,179,000.00
m. Federal Share	1,179,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	1,179,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	1,179,000.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	1,179,000.00

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

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
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, THE FEDERAL AWARDING AGENCY 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
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

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)

This Notice of Award approves the 12 Months No Cost Extension as per the grantee's request dated July 26, 2017.

GRANTS MANAGEMENT OFFICIAL: Christopher Clark, Grants Management Specialist

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. 4-5992933	b. PRPPR0070A	c. IPR	d. \$0.00	e. 75X0112
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.