



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DPFR / Insurance		
Department Contract Administrator or Grant Coordinator:	Mary M. Hooper 624.8449		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 17,500	Advantage CT/RQS:	20190423 3118
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	5/1/2019	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Gorman Actuarial, Inc. 210 Robert Road Marlborough, MA 01752		
Brief Description of Goods/Services/Grant:	Actuarial Consultation Services		
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

On March 23, 2010, the President signed into law a comprehensive health reform legislation measure, the Patient Protection and Affordable Health Care Act, PP ACA (P.L. 111-148). Included in this law is the potential for the merging of the individual and small group health insurance markets. **This amendment dollar amount increase allows for unforeseen CCHIO/CMS inquiry response actuarial support work.**

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

In 2007 and again in 2010, the MBOI engaged Gorman Actuarial, LLC ("GAL"), to study/model the merging of the Maine individual health insurance market and the Maine small group health insurance market. Among other tasks, GAL collected and normalized claims data for the individual market and small group markets, and determined the claims-based impact of a merged market to the individual and small group populations. As such, GAL is a qualified extremely experienced vendor.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The hourly rates proposed by GAL are competitive with other actuarial consulting firms. They range from \$220 for an actuarial analyst up to \$350 for the firm's principal actuary. In comparison, rates the MBOI has paid in the past have ranged from \$185-\$270 for an assistant actuary up to \$508-\$611 for a principal actuary.

4. Describe the plan for future competition for the goods or services.

The MBOI views this as a special case necessitated by the timeline set forth by the governor's office. The MBOI anticipates that future needs for certain actuarial services will follow the competitive RFP process.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

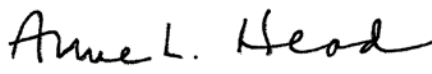

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Anne L. Head	Date:	01/13/2022
Signature of DAFS Procurement Official:			
Typed Name:	1DFA565D481F42E... Debbie Jacques	Date:	1/20/2022