



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## 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:		Vanessa J. Sullivan 207-624-8452	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 2,950,000	Advantage CT/RQS: 20211027 1078
CONTRACT	Proposed Start Date:	11/1/2021	Proposed End Date: 6/30/2023
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		United HealthCare Services Inc. 185 Asylum Street; 039-10B Hartford, CT 06103	
Brief Description of Goods/Services/Grant:		Premium Credit Rebate Program 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 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.

The Provider shall make available during the period November 2021 through the end of the program, currently scheduled for April 2023, or until funds last, premium credits to eligible MBSBs pursuant to MJRP parameters. These disbursement services shall be made in accordance with Maine P.L. 2021, c 483, Part C, An Act To Provide Allocations for the Distribution of State Fiscal Recovery Funds (LD 1733) to implement the Small Business Health Insurance Premium Support Program and any rules promulgated by the MBOI.

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

The intent of Maine P.L. 2021, c 483, Part C, An Act To Provide Allocations for the Distribution of State Fiscal Recovery Funds (LD 1733) is to reimbursement health insurance companies for providing premium credits to small group employers that provide health insurance to their employees.

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

This is a reimbursement agreement.

Each participating health insurance company will receive a one-time \$30,000 "build-out" expense reimbursement. Each participating health insurance company will receive an ongoing \$1 PMPM administrative expense reimbursement.

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

None contemplated.

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

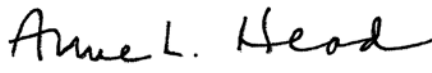
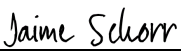
Does this request utilize ARPA/MJRP funds?

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:	01/10/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Jaime Schorr <small>@D6437754DD0459...</small>	Date:	1/26/2022