



**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 207-624-8468	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 100,000	Advantage CT / RQS #:	20230124 1942
CONTRACT	Proposed Start Date:	2/1/2023	Proposed End Date: 6/30/2024
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:		Noble Consulting Services, Inc. 211 N. Pennsylvania St., Suite 2350 Indianapolis, IN 46204 VS 00 00 02 1827	
Brief Description of Goods/Services/Grant:		Financial Examination 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 Maine Bureau of Insurance (“MBOI”) is charged with the financial oversight of domestic insurance companies pursuant to 24-A M.R.S.A. Subject to National Association of Insurance Commissioners (“NAIC”) accreditation requirements, the MBOI needs to engage an examination firm with specific skills related to the health insurance industry.

The three targeted companies to be examined, Anthem Health Plans of Maine, Inc. (“ANTM”), AMH Health, LLC (“AMHL”), and AMH Health Plans of Maine, Inc. (“AMHI”) are part of a complicated, publicly traded, multi-state health insurance group of companies. The examination will be coordinated with several states pursuant to NAIC prescribed best practices.

ANTM is Maine’s largest domestic health insurance company.

Noble Consulting Services, Inc.(“NCS”) will deliver complete, NAIC accreditation compliant, examination files to the MBOI in a timely manner.

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

- a. Presently, sufficient staffing and expertise is not available within the MBOI and the DPFR.
- b. The MBOI has worked with the Provider in the past. The Provider charges reasonable rates. The Provider has delivered several quality examination reports. The Provider, compared to industry peers, provides cost effective, efficient insurance company examinations and delivers NAIC complaint exam files.
- c. Other governmental resources (local, state, or federal agencies) external to the DPFR are not available to perform the service more efficiently or more cost effectively than the requested sole source.

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

NCS hourly rates presented, below, are competitive. Additionally, NCS examination efficiencies result in less expensive examination costs borne by examined Maine insurance companies.

<b>Staff Level</b>	<b>Hourly Rates</b>
Supervisor	\$ 165
Examiner-in-Charge	\$ 155
Senior Examiner	\$ 130

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

Ideally, in the future, the MBOI will be able to fully staff its exam team and conduct this examination and others like it in house.

**PART III: SUPPLEMENTAL INFORMATION**

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

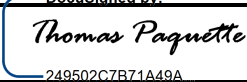
Does this request utilize ARPA/MJRP funds?

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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	01/26/2023
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A</small>		
Typed Name:	Thomas Paquette	Date:	1/30/2023