



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Nicole Mitchell		
(If applicable) Department Reference #:	OMS-26-046		
Agency Department Code:	10A	Advantage CT / RQS #:	202510290000OMS26046
Amount: (Contract/Amendment/Grant)	\$ 330,000.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date: 12/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Wellcare Prescription Insurance, Inc. Tampa, FL		
Brief Description of Goods/Services/Grant:	Medicare Part D Preferred Prescription Drug Plan (PDP) 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. Higher Education 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.

Services are needed to support the Low-Cost Drug Program for the Elderly and Disabled (DEL) State Pharmacy Assistance Program (SPAP) and the Medical Savings Program (MSP) in providing benefits to its Medicare Part D eligible members.

Maine Drugs for the Elderly Benefit (DEL) provides low-cost prescription and limited over-the-counter drugs and medical supplies to certain elderly and disabled members pursuant to 22 M.R.S.A. § 254-D. The DEL Benefit, which is not a MaineCare benefit, is further described in Chapter 104, Section 2.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

These services are specific to Part D plans that offer a premium amount at or below the benchmark. Wellcare has been the only vendor to send quotes in support of this program.

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

The Federal Centers for Medicare & Medicaid determine the premium benchmark amount. CMS premium benchmark for 2026 is \$21.72. The WellCare Classic plan premium for 2026 is \$0.00.

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

This service is willing and qualified; if more than one vendor sends a qualifying quote, we will pivot to a template.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

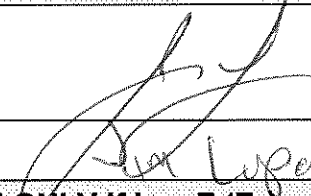
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.


PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jean Laporte	Date:	4-Dec-25
2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests</u> .			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	2/3/2026