



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:		DHHS / Office of the Health Insurance Marketplace	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell	
(If applicable) Department Reference #:		HIM-23-0201	
Amount: (Contract/Amendment/Grant)	\$ 120,000.00	Advantage CT / RQS #:	CT-10A-20230216000000002123
CONTRACT	Proposed Start Date:	2/1/2023	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:		BarryDunn Portland, ME	
Brief Description of Goods/Services/Grant:		Audit of the State Based Marketplace	

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 purpose of this agreement is to secure financial and programmatic auditing resources required for the annual audit of the Maine Health Insurance Marketplace (Marketplace). Section 1313(a)(1) of the ACA requires an Exchange (Marketplace) to keep an accurate accounting of all activities, receipts, and expenditures and annually submit to the Secretary a report concerning such accounting. Section 155.1200 of Title 45 of the Code of Federal Regulations, finalized in the Program Integrity Rule II, 78 F.R. 65046 (October 30, 2013) (PI Reg II), requires SBMs to monitor and report to HHS on Exchange-related activities, complete an annual report, and engage an independent qualified auditing entity to perform an annual independent external financial and programmatic audit to ensure each Marketplace is in compliance with CMS regulations and standards.

The Department is contracting an independent external auditor to perform an annual independent external programmatic and financial audit of the Exchange, that follows generally accepted governmental auditing standards (GAGAS) and submits the results to CMS as supporting documentation with the State-based Marketplace Annual Reporting Tool (SMART). This audit will be based on financial expenditures and programmatic operations from July 1, 2021 – June 30, 2022 (SFY 2022).

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

After the difficult experience OHIM had with the previous vendor for SFY2021 audit- This vendor was selected because of their specific experience with the State of Maine financial operations, and their **extensive** experience performing programmatic and financial audits for **7** other State-based Marketplaces, meeting the requirements of SMART. The vendor was also selected because they are willing to meet the due date set by CMS of April 1st, 2023. After which these services will be procured through an RFP.

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

The cost was determined based on estimated hours to complete an audit given experiences with previous Marketplaces, and the hourly rate is consistent with the Office's prior experience with these services. The firm and costs are being sole sourced through the authority of the Comptroller's office to contract for audit services.

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

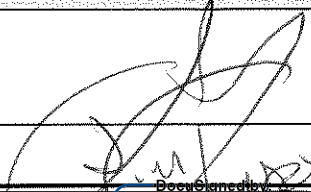
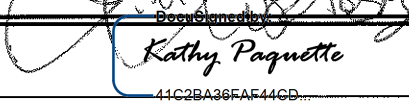
The Department intends to competitively procure these services (OHIM20231) with a contract start date of 9/1/23.

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:		Date:	6 Mar-23
Signature of DAFS Procurement Official:	 <small>41C2BA30FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	3/10/2023