



## 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:			Department of Professional and Financial Regulation		
Department Contract Administrator or Grant Coordinator:			Connie M. Mayette 207-624-8474		
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 250,000	Advantage CT / RQS #:		02A 20230321*2403
CONTRACT	Proposed Start Date:		4/1/2023	Proposed End Date: 4/1/2025	
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:			Regulatory Insurance Advisors, LLC 5100 N. 27th St., Ste A-2 #308 Lincoln, NE 68521		
Brief Description of Goods/Services/Grant:			Marker Conduct 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 checked="" 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”), pursuant to 24-A M.R.S. §221 (5), must perform a market conduct examination of each domestic health carrier once every five years. The market conduct examination target, Anthem Health Plans of ME (“ANTM”), a Maine domiciled Maine health insurance company, sells individual health insurance plans, small group health insurance plans, and large group health insurance plans. ANTM also administers the State of Maine employees’ health plan in addition to several multi-employer welfare arrangements.

An ANTM market conduct examination commenced in 2021. The 2021 market conduct examination is being performed by Regulatory Insurance Advisors, LLC (“RIA”) under contract State of Maine contract number 20210930 0895. Contract number 20210930 0895 is a direct bill agreement whereby ANTM pays RIA directly thereby not encumbering MBOI funds.

Due to extensive findings and the expanded 2021 market conduct examination ANTM has objected to the associated cost. As such, this contract encumbers MBOI funds and adds certain additional deliverables for the completion stage of the examination.

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

Request for Proposal number 201809194 established a pre-qualified vendor list for insurance company market conduct examination services. Maine mini bid solicitation 7-23-2021 was awarded to RIA via contract 20210930 0895.

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

The hourly rates included in the Regulatory Insurance Advisors, LLC mini bid solicitation 7-23-2021 submission were within usual and customary hourly rates. Hourly rates were a Request for Proposal number 201809194 scoring component.

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

The MBOI anticipates that future needs for market conduct examination services will follow the competitive RFP process when appropriate.

### 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:	03/28/2023
Signature of DAFS Procurement Official:			
Typed Name:		Date:	