

**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 MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		OMS-24-207A	
Amount: (Contract/Amendment/Grant)	Original: \$ 975,606.00 Amend: \$ 95,000.00 Revised: \$1,070,606.00	Advantage CT / RQS #:	CT 10A 20230524000000003380
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Mercer Health and Benefits LLC Newark NJ	
Brief Description of Goods/Services/Grant:		Accountable Communities Actuarial Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION

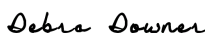
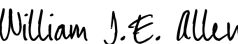
Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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.	
<p>The Accountable Communities Program is a Department initiative, under which groups of MaineCare providers can share in savings for an assigned population, with the amount of any shared savings payments tied to the ACO's score on a range of quality measures defined by the Department to assess the quality and care furnished to MaineCare members. Given that the Centers for Medicare and Medicaid Services require that certain actuarial services related to the AC be provided by an independent actuary, the purpose of this Agreement is to engage the Provider to perform such actuarial analyses and related consulting advisory services.</p> <p>This amendment adds additional funding for actuarial work to support Department efforts for fiscal management of Per Member Per Month rates.</p>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
The vendor was selected through RFP# 201801006. The procurement period ended on 6/30/2023.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.	
4. Describe the plan for future competition for the goods or services.	
The Department will review these services and issue an RFP with a new contract start date of 7/1/2025.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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):	<div style="border: 1px solid black; padding: 5px;"> DocuSigned by:  5DC6307B8558482... </div>		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Mar-06-2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px;"> DocuSigned by:  2D5B8E39F57E44A... </div>		
Typed Name:	William J.E. Allen	Date:	3/18/2024