



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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 #:		COM-21-1700B	
Amount: (Contract/Amendment/Grant)	Amend B \$159,192.00 Revised \$763,287.00	Advantage CT / RQS #:	CT-10A- 2021030300000002366
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	4/1/2023
	Previous End Date:	New End Date:	12/22/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Seventeenth Addition LLC Cincinnati, OH	
Brief Description of Goods/Services/Grant:		Product Management Specialist to support the State-based Marketplace for individual and small group health coverage.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 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 Amendment is to extend the COM-21-1700 Agreement to 12/22/2023 and allocate additional funds to continue the contract role of Product Management Specialist. The Agreement is to provide specialized expertise to support CoverME.gov, the State-based Marketplace platform that allows individuals to shop for, and enroll in, health insurance coverage. This involves both technological and business efforts. It involves stakeholders within the State (Office for Family Independence, Office of Information Technology) and outside (the federal Centers for Medicare and Medicaid Services, health insurance carriers, advocacy organizations, and consumers).

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

17A is the only firm identified by the Department able to provide resources on a full-time basis with the skill set and previous experience required. The individual identified to fill the Product Management Specialist role has prior relevant experience in the only other Marketplace (the District of Columbia's) using the technology product supporting Maine's Marketplace. Her combination of policy experience and expertise in the business operations of the platform will allow her to fill a critical need as CoverME.gov moves into maintenance and operations of the system and works to develop a long-term product roadmap. This need has been expedited by the end of the Covid-19 Public Health Emergency, which will require the Marketplace to coordinate transitions of coverage for an estimated 50,000 residents likely to be disenrolled from MaineCare through the course of 2023.

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

Rates are reasonable compared with other consultants engaged by the Department.

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

The Department does not plan to RFP this service in the future, the need for temporary subject matter expertise has extended and the current Product Management Specialist is the most qualified and experienced individual.

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


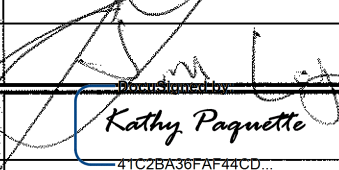
Does this request utilize ARPA/MJRP funds?

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):			Date:	10 - 2023
Typed Name:				
Signature of DAFS Procurement Official:				
Typed Name:	Kathy Paquette	Date:	4/3/2023	