

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DAFS, BHR, Office of Workers' Compensation	
Department Contract Administrator or Grant Coordinator:		Anna Ryerson, Director	
(if applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	Previous \$2,170,000.00 Add'l: 200,000.00 Total: \$2,370,000.00	Advantage CT / RQS #:	20150618*4611
CONTRACT	Proposed Start Date:	6/30/2020	Proposed End Date: 12/30/2020
AMENDMENT	Original Start Date:	9/1/2015	Effective Date: 9/1/2015
	Previous End Date:	6/30/2020	New End Date: 12/31/2020
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Matrixx Healthcare Services, Inc. PO Box 102588 Atlanta, GA 30368-2588	
Brief Description of Goods/Services/Grant:		Pharmacy Services for Self-Insured Workers' Compensation Program	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The Bureau of Human Resources, Office of Workers' Compensation currently has approximately 1,200 active workers' compensation claims and pharmacy needs are continuous. Our pharmacy contract allows state government employees the ability to pick up their workers' compensation prescriptions statewide thru the Matrixx network. Prescription costs are a legal obligation under the Workers' Compensation Act, Title 39-A. This contract extension eliminates the need for state employees to upfront the costs of their prescriptions and wait for a reimbursement to be processed. Our office will be joining the Office of Employee Health & Benefits for bundled services with a new RFP to be released early fall, 2020. The RFP process for this bundled service will have an implementation date of 1/1/2021. Matrixx has been purchased by Express Scripts.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Matrixx has been providing pharmaceutical services for our self-insured workers' compensation program since 2015 per the RFP process.

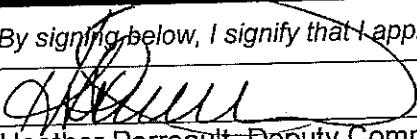
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Matrixx was awarded this contract thru the competitive bid process. Matrixx is honoring the same costs for all pharmacy needs for our self-insured program for this additional six (6) month extension period.

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

The Office of Workers' Compensation and the Office of Employee Health and Benefits intend to go out to RFP this fall with a tentative start date of 1/1/2021.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Heather Perreault, Deputy Comm.	Date:	4/28/2020
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/4/2020