



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:		DPFR / Insurance	
Department Contract Administrator or Grant Coordinator:		Vanessa J. Sullivan 207-624-8452	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 1,382,000	Advantage CT / RQS #:	20211020 1055
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	10/19/2021	Effective Date:
	Previous End Date:	6/30/2023	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Community Health Options 60 Pineland Drive Auburn Hall, Suite 301 New Gloucester, ME 04260	
Brief Description of Goods/Services/Grant:		Premium Credit Rebate Program 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 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.

These disbursement services shall be made in accordance with Maine P.L. 2021, c 483, Part C, legislative change completed in PL2023, c.3, to implement the Small Business Health Insurance Premium Support Program and any rules promulgated by the MBOI. The participating Provider shall make available premium credits to eligible Maine employers, pursuant to MJRP parameters during the period. The reimbursement period is scheduled to end on July 30, 2023.

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

The intent of Maine P.L. 2021, c 483, Part C, legislative change completed in PL2023, c.3, is to reimbursement health insurance companies for providing premium credits to small group employers that provide health insurance to their employees.

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

This is a reimbursement agreement. Each participating health insurance company will receive an ongoing \$1 PMPM administrative expense reimbursement.

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

None contemplated.

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):

Anne L. Head

Typed Name: Anne L. Head

Date: 05/ 17 /2023

Signature of DAFS
Procurement Official:

DocuSigned by:
David Morris
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Typed Name: David Morris

Date: 6/5/2023