



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:		Althea Harris / Melanie Boucher		
(If applicable) Department Reference #:		HIM-24-HMA1		
Amount: (Contract/Amendment/Grant)		\$ 260,000.00	Advantage CT / RQS #:	CT 10A 20230705000000000006
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
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:		Health Management Associates Lansing, MI		
Brief Description of Goods/Services/Grant:		Marketplace Consultant		

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 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 Agreement is to procure a Marketplace Consultant. The Consultant will provide specialized expertise to support the Office of the Health Insurance Marketplace that has oversight over 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, and collaboration with stakeholders within the State (Office for Family Independence, Office of Information Technology) and external stakeholders (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.

The Marketplace Consultant will provide resources on a full-time basis with the skill set and experience required. The Department has identified the Provider that is unique and identified as the most qualified and experience individual for this role. The Consultant has prior relevant experience in the Executive Director role for another State-based Marketplace (Pennsylvania's). Their combination of policy experience, and expertise in the business operations of the platform will allow them to fill a critical need as OHIM moves to evolve beyond start-up mode with improvements to policy, procedure, marketing, outreach, and compliance.

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 of this nature engaged by the Department.

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

The Department does not intend to RFP this service.

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

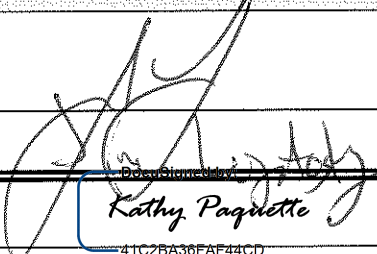

Does this request utilize ARPA/MJRP funds?

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:	17-Jul-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	7/24/2023
Typed Name:	Kathy Paquette	Date:		