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

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW					
Department Office/Division/Program:	PFR / Insurance				
Department Contract Administrator or Grant Coordinator:	Violet Hyatt				
(If applicable) Department Reference #:					
Agency Department Code:		Advantage CT / RQS #:	20230829 0558		
Amount: (Contract/Amendment/Grant)	$30,000				
CONTRACT	Proposed/Original Start Date:	**7/1/2023**	Proposed/Most Recent End Date:	6/30/2026	
AMENDMENT	New Effective Date:	**7/1/2026**	New End Date (if Applicable):	6/30/2027	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	National Medical Reviews, Inc. 607 Louis Drive, Suite C Warminster, PA 18974				
Brief Description of Goods/Services/Grant:	External Medical Review Services				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	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. Higher Education Cooperative Project	☐	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.

Title 24-A §4312 allows grants patients the right to an independent external review of a carrier's adverse health care treatment decision. The Maine Bureau of Insurance must oversee the external review process through contracts with qualified independent external review organizations.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

See RFP 202305114. A consensus scoring approach was utilized in the evaluation process. The bidder, National Medical Reviews was one of three providers awarded contracts.

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

See RFP 202305114. The consensus scoring process awarded 30 points out of a possible 100 points.

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

At the end of the renewal periods, the MBOI anticipates following the competitive RFP process.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	Joan Cohen		
Typed Name:	Joan Cohen	Date:	Jun 25, 2026
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: Thomas Paquette 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	7/6/2026