



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 Health Insurance Management		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:		HIM-23-5501		
Amount: (Contract/Amendment/Grant)		\$ 69,300.00	Advantage CT / RQS #:	CT-10A-20220916000000000831
CONTRACT	Proposed Start Date:	09/01/2022	Proposed End Date:	12/31/2022
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:		Eide Bailly LLP Boise, ID		
Brief Description of Goods/Services/Grant:		Audit of the State Based Marketplace		

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 secure financial and programmatic auditing resources required for the annual audit of the Maine Health Insurance Marketplace (Marketplace). Section 1313(a)(1) of the ACA requires an Exchange (Marketplace) to keep an accurate accounting of all activities, receipts, and expenditures and annually submit to the Secretary a report concerning such accounting. Section 155.1200 of Title 45 of the Code of Federal Regulations, finalized in the Program Integrity Rule II, 78 F.R. 65046 (October 30, 2013) (PI Reg II), requires SBMs to monitor and report to HHS on Exchange-related activities, complete an annual report, and engage an independent qualified auditing entity to perform an annual independent external financial and programmatic audit to ensure each Marketplace is in compliance with CMS regulations and standards.

The Department is contracting an independent external auditor to perform an annual independent external programmatic audit of the Exchange, that follows generally accepted governmental auditing standards (GAGAS), and submitted the results to CMS as supporting documentation with the State-based Marketplace Annual Reporting Tool (SMART). This audit will be based on financial expenditures and programmatic operations from July 1 2020 – June 30, 2021 (SFY 2021).

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

The vendor was selected because of its recent experience with the State, specifically through its previous engagement with the Office of the State Controller, and prior experience performing programmatic and financial audits meeting the requirements of SMART.

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

The cost was determined based on estimated hours to complete an audit given experiences with previous Marketplaces. The firm and costs are being sole-sourced through the authority of the Comptroller's office to contract for audit services.

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

The Department will assess whether these services will continue after this contract expires.

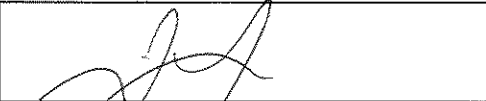
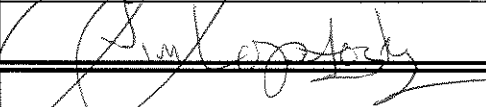

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			
Typed Name:		Date:	19 - Sep - 22
Signature of DAFS Procurement Official:			
Typed Name:		Date:	