

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.

| PART I: OVERVIEW | | | | |
|---|----------------------|--|-------------------------------|------------|
| Department Office/Division/Program: | | DHHS/Office of MaineCare Services | | |
| Department Contract Administrator or Grant Coordinator: | | OMS- Steve Turner/ Julie Tosswill DCM- Lora Blackwell/ Shawn Belanger | | |
| (If applicable) Department Reference #: | | OMS-22-046 | | |
| Amount: (Contract/Amendment/Grant) | \$530,000 | Advantage CT / RQS #: | CT 10A 2021100600000000979 | |
| CONTRACT | Proposed Start Date: | 1/1/2022 | Proposed End Date: | 12/31/2023 |
| 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: | | Wellcare Prescription Insurance, Inc. Tampa, FL | | |
| Brief Description of Goods/Services/Grant: | | Medicare Part D Preferred Prescription Drug Plan (PDP) Services | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|--|---|---|--|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) | | | |
| <p>A. Competitive Process</p> <p>B. Amendment</p> <p>C. Single Source/Unique Vendor</p> <p>D. Proprietary/Copyright/Patents</p> <p>E. Emergency</p> <p>F. University Cooperative Project</p> | <p>G. Grant</p> <p>H. State Statute/Agency Directed</p> <p>I. Federal Agency Directed</p> <p>J. Willing and Qualified</p> <p>K. Client Choice</p> <p>L. Other Authorization</p> | | |
| | | X | |

| 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. |
| Services are needed to support the Low-Cost Drug Program for the Elderly and Disabled (DEL) State Pharmacy Assistance Program (SPAP) and the Medical Savings Program (MSP) in providing benefits to its Medicare Part D eligible members. |
| Maine Drugs for the Elderly Benefit (DEL) provides low-cost prescription and limited over-the-counter drugs and medical supplies to certain elderly and disabled members pursuant to 22 M.R.S.A. § 254-D. The DEL Benefit, which is not a MaineCare benefit, is further described in Chapter 104, Section 2. |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. |

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PART III: SUPPLEMENTAL INFORMATION

These services are specific to Part D plans that offer a premium amount at or below the benchmark. Any willing and qualified vendor may participate.

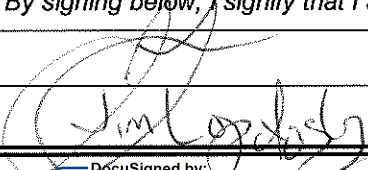
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Federal Centers for Medicare & Medicaid determine the premium benchmark amount. CMS premium benchmark for 2022 is \$30.53. The WellCare Classic plan premium for 2022 is \$26.00.

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

The Department does not intend to RFP this service.

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: |  | Date: | 8-Nov-21 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | Kathy Paquette | Date: | 11/29/2021 |