

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:		DPFR / Insurance		
Department Contract Administrator or Grant Coordinator:		Vanesaa J. Sullivan 624.8452		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$6,745,000	Advantage CT / RQS #:	20211020 1055	
CONTRACT	Proposed Start Date:	10/19/2021	Proposed End Date:	06/30/2023
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:		Maine Community Health Options 150 Mill Street, Suite 3 Lewiston, ME 04240		
Brief Description of Goods/Services/Grant:		Premium Credit Rebate Program Services		
PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)				
	A. Competitive Process		G. Grant	
	B. Amendment		H. State Statute/Agency Directed	
X	C. Single Source/Unique Vendor		I. Federal Agency Directed	
	D. Proprietary/Copyright/Patents		J. Willing and Qualified	
	E. Emergency		K. Client Choice	
	F. University Cooperative Project		L. Other Authorization	
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.				
The Provider shall make available during the period November 2021 through the end of the program, currently scheduled for April 2023, or until funds last, premium credits to eligible MBSBs pursuant to MJRP parameters. These disbursement services shall be made in accordance with Maine P.L. 2021, c 483, Part C, An Act To Provide Allocations for the Distribution of State Fiscal Recovery Funds (LD 1733) to implement the Small Business Health Insurance Premium Support Program and any rules promulgated by the MBOI.				

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2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The intent of Maine P.L. 2021, c 483, Part C, An Act To Provide Allocations for the Distribution of State Fiscal Recovery Funds (LD 1733) 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 a one-time \$30,000 "build-out" expense reimbursement. 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: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

Anne L. Head

Printed Name:

Anne L. Head

Date:

10/25/2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Jaime Schorr

Printed Name:

Jaime Schorr

Date:

12/8/2021