



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:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Nicole Mitchell	
(If applicable) Department Reference #:		OMS-26-207A	
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 202506230000OMS26207
Amount: (Contract/Amendment/Grant)		Amendment A: \$28,000.00 Agreement Total: \$456,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	10/1/2025	New End Date (if Applicable): 1/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Mercer Health & Benefits Pasadena, CA	
Brief Description of Goods/Services/Grant:		Actuarial Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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. Higher Education 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.

This amendment is needed because not all work was able to be completed and billed for under OMS-25-207. It is important that the remaining annual projection work and Ad Hoc services be completed as we get ready to transition to the vendor awarded under RFP 202504053, effective 1/1/2026.

The Accountable Communities Program is a Department initiative, under which groups of MaineCare providers can share in savings for an assigned population, with the amount of any shared savings payments tied to the ACO's score on a range of quality measures defined by the Department to assess the quality and care furnished to MaineCare members. Given that the Centers for Medicare and Medicaid Services require that certain actuarial services related to the AC be provided by an independent actuary, the purpose of this Agreement is to engage the Provider to perform such actuarial analyses and related consulting advisory services.

The Provider shall 1) implement a complex methodology to assign MaineCare members to various ACs; 2) create reports for each AC that calculate the AC's benchmark costs, Reporting Period costs, and Reporting Period savings; 3) develop Completion Factors; and 4) design and implement methodologies to control for the impact of regulatory changes that could skew the comparison of Base Year to Reporting Period spending; (5) make savings projections; and (6) perform other ad hoc work as requested by the Department.

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.

The contract was awarded through competitive process under RFP# 201801006. The final procurement period ended on 6/30/2023 with the RFP extended through 6/30/2024. Additionally, the Department approved extending the services (OMS-25-207) through 1/31/2026 to give program additional time to write and encumber a new agreement from the resulting recent RFP/

Accountable Communities (ACs) are groups of MaineCare providers who volunteer to participate in a performance-based shared savings payment arrangement with DHHS. Mercer was the vendor awarded to provide actuarial and analytic services to assess AC performance in these Total Cost of Care contracts and in the underlying attribution that supports this work.

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

Costs were reviewed and scored during the competitive process to assure best value and have remained flat since the RFP expired.

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

These services will be provided by the awarded vendor through RFP 202504053, with a contract start date of 1/1/2026.

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

Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/>	Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/>	Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/>	No – If No, proceed to Part V.

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

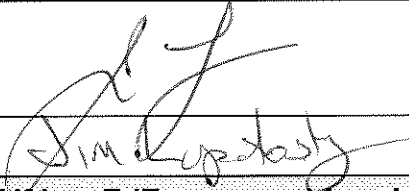
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

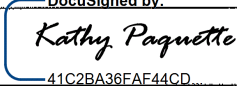
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lupatsky	Date:	4-Dec-25

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:			
Typed Name:	Kathy Paquette	Date:	12/15/2025