DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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 MaineCare Services				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell				
(If applicable) Department Reference #:	OMS-24-046				
Amount: (Contract/Amendment/Grant)	$330,000.00	Advantage CT / RQS #:	CT 10A 20231103000000001325		
CONTRACT	Proposed Start Date:	**1/1/2024**	Proposed End Date:	12/31/2025	
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			
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. University 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.
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. Reference the RFP number, if applicable.
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 2024 is $35.49. The WellCare Classic plan premium for 2024 is $33.30.
4. Describe the plan for future competition for the goods or services.
This service is willing and qualified; the Department does not intend to RFP this service.

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:	2-2-23
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	2/2/2024