

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger, Kristen King		
(If applicable) Department Reference #:		OMS-20-210		
Estimated Contract or Grant Amount:	\$ 982,322	Advantage CT / RQS #:		
AMENDMENT	Original Start Date:		New Start Date:	
	Original End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:	4/1/2020	Proposed End Date:	9/30/2020
Vendor/Provider/Grantee Name, City, State:		Deloitte Consulting LLP Philadelphia PA		
Brief Description of Goods/Services/Grant:		MITA State Self-Assessment		

PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request.				
	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 QUESTIONS	
Please respond to ALL of the following questions.	
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.	
<p>In 2010, the Department completed its Medicaid Information Technology Architecture (MITA) 2.0 State Self-Assessment (SS-A) as part of the Medicaid Integrated Health Management Solution (MIMHS) implementation. Since that time, the Department has implemented program changes to align with ongoing requirements from the Centers for Medicare and Medicaid Services (CMS) as well as various MaineCare initiatives. These program changes have required the Department to update systems and business processes, as necessary.</p>	

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PART III: SUPPLEMENTAL QUESTIONS

Subsequently, CMS has updated requirements to MITA 3.0, and requires states to update their MITA SS-As to comply with these requirements in order to receive enhanced Federal funding. Therefore, the Department must reassess its business, technical, and information architectures in relation to the MITA 3.0 Framework.

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

Deloitte has a unique combination of qualifications, abilities, and experience necessary to meet the Department's needs for the MITA 3.0 SS-A. First and foremost, they conducted the original MITA 2.0 SS-A for the Department. Second, Deloitte is very familiar with the Maine Integrated Health Management System (MIHMS) and with the Office of MaineCare Services, having provided consulting services under previous contracts. Finally, Deloitte has extensive national Medicaid experience as well as experience with actuarial analysis and health care reform initiatives.

Because of these three areas of expertise, Deloitte is uniquely positioned to perform this assessment. The future direction of the Department as it relates to Medicaid and MaineCare claims processing will be heavily influenced by the work outlined in this contract.

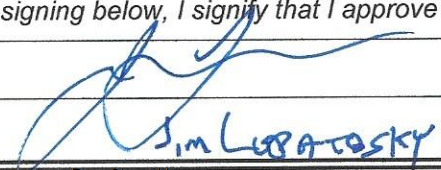
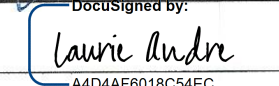
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost to complete the new work is reasonable based on MaineCare's experience with other firms. Deloitte's hourly rates are similar to hourly rates submitted by other consultants MaineCare has hired for claims analysis and processing (e.g. Baker, Newman, and Noyes, KPMG, Molina, HMS).

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

The Department does not intend to RFP these services. This is a one-time effort requiring the subject matter expertise of this vendor.

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:	6-Jan-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>A4D4AF6018C54EC...</small> Laurie Andre	Date:	1/7/2020