



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:		Department of Administration and Financial Services, Office of Employee Health & Wellness	
Department Contract Administrator or Grant Coordinator:		Nathan Morse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 327,169.00	Advantage CT / RQS #:	18S20140610*4553
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date: 12/31/2023
AMENDMENT	Original Start Date:	2/27/2012	Effective Date: 1/1/2023
	Previous End Date:	12/31/2022	New End Date: 12/31/2023
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Healthcare Purchaser Alliance of Maine 366 US Route 1, Suite 3 Falmouth ME 04105	
Brief Description of Goods/Services/Grant:		Continuation of State of Maine's membership and proportional share of the quality improvement and health care data analytics 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 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. University 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.

HPA has a key and unique role in the strategic consulting and administration of the State of Maine health plan. HPA assists with the development of underlying criteria used within the state's health plan benefit design and screens potential value-based healthcare programs (i.e. Carrum Health bundled payment services) that provide potential quality improvement and decreases in health care spend. The expertise and products of the HPA enable the State Employee Health Commission (SEHC) to make informed health plan design decisions.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

HPA brings purchasers and healthcare provider communities together in a partnership to measure and report on the value of health care services. They play a leading role in health care quality measurement in Maine and national and have acted as a catalyst for healthcare quality improvement. The HPA works collaboratively with Maine-based employer and governmental entities to achieve these results. Internally developing the infrastructure and employer/provider relationships that have taken decades to develop and foster to achieve the required results today would not be feasible.

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

Fees are a pro-rata share of membership dues for a non-profit organization. Board of Directors includes representatives from membership groups including the State of Maine.

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

Until an alternative, Maine-based system is developed to capture and assess health care data and process that data into metrically based quality and provider performance ratings, this critical service is not available through any another service provider. Upon indication that a service provider has developed these unique services and multi-stakeholder relationships have been established, then a competitive bidding process will be undertaken.

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

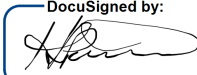
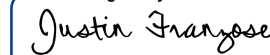
Does this request utilize ARPA/MJRP funds?

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):	DocuSigned by:  <small>9C938649FAA247D</small>		
Typed Name:	Heather Perreault	Date:	11/30/2022
Signature of DAFS Procurement Official:	DocuSigned by:  <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	1/25/2023

Certificate Of Completion

Envelope Id: EBB48CBF57D84E4DBDF9EE8717D82C1B	Status: Completed
Subject: Complete with DocuSign: 2023_SOM_HPA_PJF_Final.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Roberta DuPont
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	roberta.dupont@maine.gov
	IP Address: 198.182.163.132

Record Tracking

Status: Original	Holder: Roberta DuPont	Location: DocuSign
11/21/2022 5:05:16 PM	roberta.dupont@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: State of Maine - Office of Information Technology	Location: DocuSign

Signer Events

Heather Perreault
 Heather.Perreault@maine.gov
 Deputy Commissioner of Finance
 State of Maine
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 9C938649FAA247D...
 Signature Adoption: Drawn on Device
 Using IP Address: 98.2.199.115

Timestamp

Sent: 11/21/2022 5:06:30 PM
 Viewed: 11/30/2022 1:40:05 PM
 Signed: 11/30/2022 1:43:59 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/23/2020 4:44:39 PM
 ID: 5fb36900-c43c-4daf-b466-b11d4b53200a

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/21/2022 5:06:30 PM
Certified Delivered	Security Checked	11/30/2022 1:40:05 PM
Signing Complete	Security Checked	11/30/2022 1:43:59 PM
Completed	Security Checked	11/30/2022 1:43:59 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Maine Office of Information Technology (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Maine Office of Information Technology:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: kendra.l.coates@maine.gov

To advise Carahsoft OBO Maine Office of Information Technology of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at kendra.l.coates@maine.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Maine Office of Information Technology

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to kendra.l.coates@maine.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Maine Office of Information Technology

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to kendra.l.coates@maine.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Maine Office of Information Technology as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Maine Office of Information Technology during the course of your relationship with Carahsoft OBO Maine Office of Information Technology.