



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:		Shonna Poulin-Gutierrez, Executive Director	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 324,896.00	Advantage CT / RQS #:	18S20140610*4553
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
AMENDMENT	Original Start Date:	2/22/2012	Effective Date: 1/1/2024
	Previous End Date:	12/31/2023	New End Date: 12/31/2024
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?

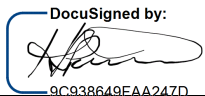
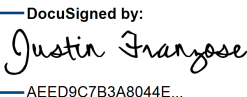
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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):	 9C938649FAA247D		
Typed Name:	Heather Perreault	Date:	1/11/2024
Signature of DAFS Procurement Official:	 AEED9C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	2/16/2024

Certificate Of Completion

Envelope Id: 0B35B80AE31C4D9AAD8AA1705F6023E0	Status: Completed
Subject: Complete with DocuSign: 2024_SOM_HPA_PJF_Final.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
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Time Zone: (UTC-05:00) Eastern Time (US & Canada)	roberta.dupont@maine.gov
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Signer Events

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

Signature

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 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
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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/4/2024 11:36:33 AM
Certified Delivered	Security Checked	1/4/2024 3:23:08 PM
Signing Complete	Security Checked	1/11/2024 12:07:03 PM
Completed	Security Checked	1/11/2024 12:07:03 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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.

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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.

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- 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..

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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.

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