

## State of Maine Procurement Justification Form

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 website (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		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 328,936.00	Advantage CT / RQS #:	18S20140610*4553	
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	12/31/2021
AMENDMENT	Original Start Date:	2/27/2012	Effective Date:	1/1/2021
	Previous End Date:	12/31/2020	New End Date:	12/31/2021
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Healthcare Purchaser Alliance of Maine 11 Bowdoin Mill Island, Suite 260 Topsham, ME 04086		
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

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
<b>X</b>	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

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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### PART III: SUPPLEMENTAL INFORMATION

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.

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.

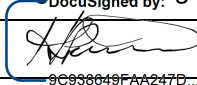
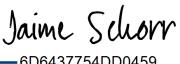
Fees are a pro-rata share of membership dues for a non-profit organization. Board of Directors includes representatives from membership groups including the State of Maine.

#### 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, an RFP will be developed, and a competitive bidding process will be undertaken

### PART IV: APPROVALS

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<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	Heather Perreault	<b>Date:</b>	3/4/2021
	<small>DocuSigned by:</small>		
<b>Signature of DAFS Procurement Official:</b>			
	<small>DocuSigned by:</small>		
<b>Printed Name:</b>	Jaime Schorr	<b>Date:</b>	3/5/2021