



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:		Chris Moiles / Melanie Boucher	
(If applicable) Department Reference #:		OMS-23-3013	
Amount: (Contract/Amendment/Grant)	\$ 126,406.00	Advantage CT / RQS #:	CT 10A 20230227000000002172
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date: 12/31/2023
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:		HealthInfoNet New Gloucester, ME	
Brief Description of Goods/Services/Grant:		NDPP Enhancements	

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 type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" 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.

The National Diabetes Prevention Program (NDPP) is a recognized lifestyle change program created by the Federal CDC in 2010. The Department also has a long-standing Diabetes Prevention & Control Program managed in the Division of Disease Prevention of ME CDC. Through this Agreement, the Department will further support Medicaid providers and members to participate in the NDPP.

The Provider shall implement enhancements to its Health Information Exchange (HIE) systems (Clinical Portal electronic health record system, real-time notification service, and analytics and reporting platform) to improve screening, identification, and referral of eligible participants into NDPP. This will be achieved through specific technical enhancements to the Provider's systems to more clearly expose NDPP objectives to the provider community.

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

HealthInfoNet (HIN) is Maine's state-designated health information exchange (HIE). They have developed a unique relationship with doctors, hospitals and other providers throughout Maine to share important health information and improve patient care.

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

This agreement is based on the vendors' standard rates, and the budget has been approved by the Federal Centers for Medicare and Medicaid services, which is providing 90% of the funding.

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

Since HealthInfoNet is the Maine's designated health information exchange and the owner of this proprietary software, it is not possible obtain the product in this agreement from a different vendor.

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

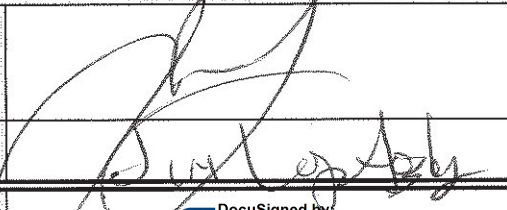
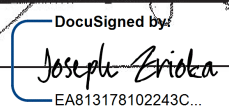
Does this request utilize ARPA/MJRP funds?

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):			Date:	6-Mar-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	4/4/2023
Typed Name:	Joseph Zrioka EA813178102243C...		Date:	

Joseph Zrioka, Director of IT Procurement