



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:		Shawn Belanger			
(If applicable) Department Reference #:		OMS-21-103C			
Amount: (Contract/Amendment/Grant)		Orig: \$157,116,925 Amend.: \$98,021 Revised: \$157,214,946	Advantage CT / RQS #:	CT 10A 2021011400000002045	
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	9/1/2020	Effective Date:	9/1/2021	
	Previous End Date:	8/31/2025	New End Date:	N/A	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Gainwell Technologies LLC Philadelphia, PA			
Brief Description of Goods/Services/Grant:		Fiscal Agent 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 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 purpose of this Agreement is to procure MaineCare Management Information System (MMIS) and Fiscal Agent services that meet the informational, operational, and administrative needs necessary to support the day-to-day management of the MaineCare program and other State health care programs as detailed in this Agreement.

This amendment revises the scope of services as follows:

- Eliminating the Data Retention component effective 9/1/2021 (\$466,979 reduction); and
- Adds a required change request to include quarterly reconciliation of the Decision Support System to the State's AdvantageME effective 10/1/2021 – 8/31/2025 (\$565,000 increase).

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

The Provider has been providing these customized services to the Department since 2008, after its predecessor company was selected through a competitive RFP process. The Fiscal Agent solution, MIHMS, is run on the Provider's proprietary HealthPas software. The Provider's solution and related services include updates to support and accommodate new and changing federal and state requirements for claims processing, monitoring, and reporting, which allows the Department to maintain maximum federal funding.

The Provider's staff are uniquely familiar with the HealthPas solution and have the advanced IT skills needed to maintain and operate it. These skills are crucial to the operation of MIHMS and the member and provider population served by MaineCare. The Provider's HealthPas system has been uniquely configured over the duration of the contract to support claims processing for MaineCare providers and to meet federal and state policy and statutes. The system has been certified by the Centers for Medicare & Medicaid Services (CMS).

The focus of this request is based on the uniqueness of the contractor and the Provider's ownership of the software. There would be significant lead time needed to gain approval from CMS for another vendor, to procure the services of another vendor, and to negotiate, resolve issues, and attempt to obtain licensing rights from the Provider for another vendor to perform these upgrades/services. The MIHMS system is extremely complex and would take up to five years for another vendor to fully understand and obtain skilled resources, during which time the MIHMS system would need to continue to operate as is under the Provider so as not to disrupt provider reimbursement or member access to services.

In addition, to comply with new guidance from CMS, the Department has determined that a "modular" (functional) approach to procurement, resulting in multiple procurement processes, will better suit our business and technology needs; this new approach will take additional time to plan.

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

During the negotiation process, the Department evaluated the changes in the market rates since the inception of the original contract in 2008. The negotiated cost schedule includes an annual reduction in the base operations costs over the lifetime of the contract, and the negotiated contract language includes stronger penalties for non-compliance with required performance metrics.

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

The Department will conduct a Medicaid Information Technology Architecture State Self-Assessment (MITA S-SA) to evaluate current business processes and technologies and to act as one input into a roadmap for one or more future MMIS procurements; other inputs include MaineCare's broader programmatic goals and strategies as well as an assessment of current Provider performance against contract requirements. In addition, the Department is in the process of collaborating with other states regarding possible future procurements of specific MMIS modules.

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>66738ED17E0G4B2...</small>		
Typed Name:	Jim Lopatosky	Date:	Feb-25-2022
Signature of DAFS Procurement Official:	DocuSigned by:  <small>41C2BA36FAF44CD</small>		
Typed Name:	kathy Paquette	Date:	5/2/2022