



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 Stephen Turner / Julie Tosswill			
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall			
(If applicable) Department Reference #:		OMS-23-3010A			
Amount: (Contract/Amendment/Grant)	Amend: Revised:	\$90,000 \$652,436	Advantage CT / RQS #:	CT 10A 20220817**0518	
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	10/1/2022	Effective Date:	5/1/2023	
	Previous End Date:	9/30/2023	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:		Data Analytics Tool Subscription			

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 amendment is to add funds to provide annual services and support to maintain data sharing access between the Provider's HIE and the Department's PMP data system by the use of the Provider's technology which is available to clinicians through the HIE Clinical Portal in support of the Department's statewide coordinated health initiatives. The Provider shall make the PMP data available to clinicians who are using the Provider's functionality either directly or indirectly in the clinician's electronic medical record (EMR).

The purpose of this agreement is to continue the subscription for a data analytics tool (referred to as the MaineCare Analytics Platform (MAP)) for the Office of MaineCare Services (OMS). This tool is used by OMS to reduce unnecessary emergency department utilization and streamline care coordination. The MAP is a custom tool, developed and owned by the Provider that provides information from doctors and hospital systems throughout Maine that is an integral part of the OMS staff workflow.

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. HealthInfoNet has coordinated with HBI Solutions, a leader in predictive analytics and performance analysis solutions, to customize 13 risk models using real-time clinical data from Maine's HIE. The Department chose to implement HIN's proprietary predictive analytics platform for the Value Based Purchasing Program and other MaineCare programs.

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

This agreement provides for a continuation of existing services and tools at previously negotiated subscription rate.

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 to obtain the product in this agreement from a different vendor.

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

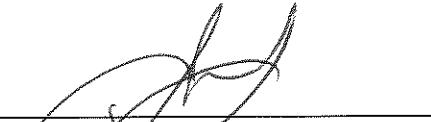

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V.

PART III: SUPPLEMENTAL INFORMATION

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	8-May-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/12/2023