



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/Maine Center for Disease Control and Prevention		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Melanie Boucher		
(If applicable) Department Reference #:		CD0-23-5130		
Amount: (Contract/Amendment/Grant)	\$ 40,898.00	Advantage CT / RQS #:	CT 10A 20221214000000001675	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2023
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:		ImmPact Subscription		

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 purpose of this agreement is to continue the subscription for a data analytics tool (referred to as the MaineCare Analytics Platform (MAP) for the Department's Maine Center for Disease Control and Prevention (MCDCP). This tool is used by MCDCP 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 MCDCP staff workflow.

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

The Provider is Maine's state-designated health information exchange (HIE). The Provider has developed a unique relationship with doctors, hospitals, and other providers throughout Maine to share important health information and improve patient care. The Provider 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 the Provider'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 the previously negotiated subscription rate.

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

The Department does not intend to RFP this service.

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

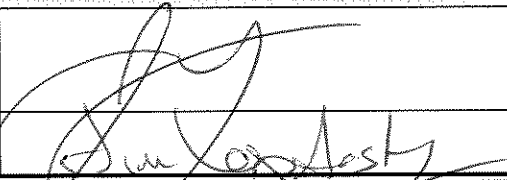
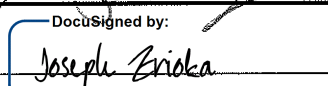
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	19-Apr-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/18/2023