

## 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:		DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Debbie Weston		
(If applicable) Department Reference #:		OMS-22-2020		
Amount: (Contract/Amendment/Grant)	\$629,736	Advantage CT / RQS #:	CT 10A 20210420000000002845	
CONTRACT	Proposed Start Date:	<b>7/1/2021</b>	Proposed End Date:	6/30/2022
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:		HealthTech Solutions, LLC Frankfort, KY		
Brief Description of Goods/Services/Grant:		Technical support to MaineCare HIT Meaningful Use Program		

### 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. Amendment		H. State Statute/Agency Directed
<b>X</b>	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:

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

The 2009 federal Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted to encourage the use of health information technology to improve general population health, encourage better health care through quality outcomes, expand patient involvement in managing their own care, and to prevent fraud, waste, and abuse. The HITECH Act established the MU/PI program to provide incentive payments to certain types of health care providers (deemed "Eligible Professionals" or "Eligible Hospitals") that use certified Electronic Health Records (EHR) systems and meet progressive levels of health care reporting, and better

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### PART III: SUPPLEMENTAL INFORMATION

integrate patient care through the appropriate "exchange" of patient health data. The MU program is governed by the Centers for Medicare & Medicaid Services (CMS) rules and regulations (42 C.F.R. Part 495 and 45 C.F.R. Part 170).

The Provider shall perform professional program and project management services to accomplish the goals and requirements of the Department's Health Information Technology (HIT) Meaningful Use/Promoting Interoperability (MU/PI) program and close-out activities, final SMHP, and transition of projects and activities from HITECH MU/PI program to the MES program (provided the projects and activities meet CMS MES requirements).

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

The Provider has been providing these services under RFP #201502037.

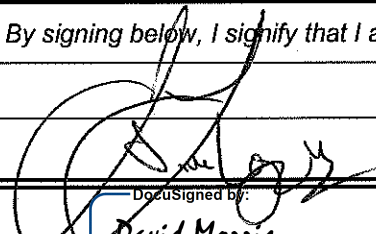
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider has been providing these services under RFP #201502037; costs for this additional year continue at this level.

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

The agreement is 90% federally funded under HITECH and manages incentive payments for electronic health records for eligible providers. HITECH (and its funding) ends in 2022, after which the program will no longer be supported.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	26 July 21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>David Morris</i>		
<b>Printed Name:</b>	David MORRIS <small>2A644AF5681F482...</small>	<b>Date:</b>	6/17/2021