

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:		Corrections, Central Office		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 8,125	Advantage CT / RQS #:	03A 20210616*3724	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
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; Gloucester, Maine		
Brief Description of Goods/Services/Grant:		Health Data Mining and Analysis		

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
X	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.

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PART III: SUPPLEMENTAL INFORMATION

Health Information Exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations and government agencies according to national standards. HealthInfoNet operates the HIE which facilitates the delivery of quality, cost-effective informed health care treatment to patients of Health Care Providers as well as a separate HealthInfoNet Analytic and Reporting Platform (HARP) which provides key population and provider information that can be used to improve the quality of care delivered to patients and the overall performance of the Participant organization. Given that the Department is responsible for healthcare delivery to all MDOC residents (most of whom will transition back into the community), MDOC and the broader medical community will benefit from this partnership.

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

HealthInfoNet (HIN) is an independent, nonprofit information services organization that manages the statewide Health Information Exchange (HIE) in Maine. The statewide HIE is designed to link an individual's health information from unaffiliated healthcare sites to create a single electronic health record, allowing authorized providers across the state to better support and coordinate their care. Through the application of timely and actionable information, HIN is able to adapt and advance as clinical workflows and needs change across the care continuum. HIN has various other contracts within Maine state government, name DHHS entities who regularly compile health related data.

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

These costs were negotiated by the Office of MaineCare and DHHS as part of a federal project to link HIN with state agencies in Maine. The Department considers the rates to be fair and reasonable, especially considering the 1st year cost is covered by IAPD funding.

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

Until other competitors emerge onto the scene, the Department will be seeking a waiver of competitive bid to continue using this provider's unique and unrivaled service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>Karen Yeaton</i>		
	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:	KAREN YEATON	Date:	6/22/2021
Signature of DAFS Procurement Official:	<i>William J.E. Allen</i>		
	<small>DocuSigned by: 2D5B6E39F57E44A...</small>		
Printed Name:	William J.E. Allen	Date:	6/23/2021

NOI 0620210497 06/23/2021 - 06/29/2021