

**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:		Jennifer Levesque/Emily Clifton	
(If applicable) Department Reference #:		OMS-25-1027	
Amount: (Contract/Amendment/Grant)		\$ 52,480.00	Advantage CT / RQS #: CT 10A 20240405000000002749
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		Myers & Stauffer LC St. Louis, MO	
Brief Description of Goods/Services/Grant:		Professional auditing consultation of MaineCare Meaningful Use Program Payments to healthcare providers	

**PART II: JUSTIFICATION FOR VENDOR SELECTION**

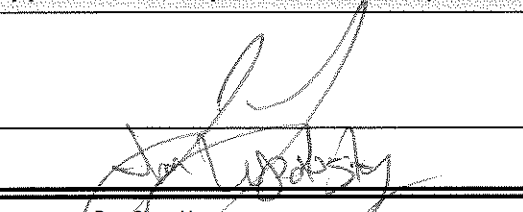

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	<p>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 integrate patient care through the appropriate "exchange" of patient health data. The MU program is governed by the Centers for Medicare &amp; Medicaid Services (CMS) rules and regulations (42 C.F.R. Part 495 and 45 C.F.R. Part 170).</p> <p>The Provider shall perform professional consulting services to support the Department and the Attorney General's Office regarding hospital appeals of the Department's audit decisions.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Provider was the only bidder to submit a bid under RFP 201703070 which concluded on 6/30/2022.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not plan to continue these services beyond the contract period.</p>

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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:	29-May-24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/5/2024