



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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:		Shawn Belanger			
(If applicable) Department Reference #:		OMS-21-901F			
Amount: (Contract/Amendment/Grant)		Orig:\$19,000,000.00 Amd: \$3,418,715.00 Total: \$22,418,715.00		Advantage CT / RQS #:	MA 18P 21012000000000000067
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	9/1/2020	Effective Date:	3/1/2025	
	Previous End Date:	8/31/2025	New End Date:	9/30/2026	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Gainwell Technologies LLC Philadelphia, PA			
Brief Description of Goods/Services/Grant:		Fiscal Agent Services			

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.

This Agreement provides for changes to the existing core Fiscal Agent processing solution and incorporates the system-related changes needed to comply with the State and Federal requirements. These changes include but are not limited to the adoption of operating and processing requirements for the standardization of eligibility for a health plan and health care status transactions, data content standardization, infrastructure standardization, and adherence to performance measures.

The purpose of this amendment is to extend the agreement to coincide with the end of the MIHMS Modernization/HealthPAS upgrade project under OMS-25-150; to identify and designate funds for two new projects, E-Noticing and Certified Community Behavioral Health Clinic (CCBHC); to add funds for T-MSIS given the extension of the agreement.

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

Gainwell has been providing these customized services to the Department since 2008, after its predecessor company was selected through a competitive RFP process. The Fiscal Agent solution, MIHMS, is run on the Provider's proprietary HealthPas software. The Provider's solution and related services include updates to support and accommodate new and changing federal and state requirements for claims processing, monitoring, and reporting, which allows the Department to maintain maximum federal funding.

The Provider's staff are uniquely familiar with the HealthPas solution and have the advanced IT skills needed to maintain and operate it. These skills are crucial to the operation of MIHMS and the member and provider population served by MaineCare. The Provider's HealthPas system has been uniquely configured over the duration of the contract to support claims processing for MaineCare providers and to meet federal and state policy and statutes. The system has been certified by the Centers for Medicare & Medicaid Services (CMS).

The focus of this request is based on the uniqueness of the Provider and their ownership of the software. There would be significant lead time needed to gain approval from CMS for another vendor, to procure the services of another vendor, and to negotiate, resolve issues, and attempt to obtain licensing rights from the Provider for another vendor to perform these upgrades/services. The MIHMS system is extremely complex and would take up to five years for another vendor to fully understand and obtain skilled resources, during which time the MIHMS system would need to continue to operate as is under the Provider so as not to disrupt provider reimbursement or member access to services.

In addition, to comply with new guidance from CMS, the Department has determined that a "modular" (functional) approach to procurement, resulting in multiple procurement processes, will better suit our business and technology needs; this new approach will take additional time to plan.

PART III: SUPPLEMENTAL INFORMATION

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

During the negotiation process, the Department evaluated the changes in the market rates since the inception of the original contract in 2008. The negotiated cost schedule includes an annual reduction in the base operations costs over the lifetime of the contract, and the negotiated contract language includes stronger penalties for non-compliance with required performance metrics.

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

In 2020, the Department conducted a Medicaid Information Technology Architecture State Self-Assessment (MITA S-SA) to evaluate current business processes and technologies and to act as one input into a roadmap for one or more future MMIS procurements; other inputs include MaineCare's broader programmatic goals and strategies as well as an assessment of current Provider performance against contract requirements.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

Signature of DAFS
Procurement Official:

Signed by:

William J.E. Allen

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Typed Name:

William J.E. Allen

Date:

7/11/2025

NOI 0720250696 07/11/2025 - 07/17/2025