

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions (RQS) submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	Maine Health Data Organization		
Department Contract Administrator or Grant Coordinator:	Karynlee Harrington, Executive Director		
(If applicable) Department Reference #:			
Document Amount:	\$501,077.00	Advantage CT / RQS #:	20180518*3681
<b>AMENDMENT</b>	Original Start Date:	5/1/2018	Effective Date:
	Previous End Date:	11/30/22	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
<b>ALL OTHER</b>	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	Human Services Research Institute (HSRI) Cambridge, MA		
Brief Description of Goods/Services/Grant:	Health Data Warehouse Developer		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
<b>X</b>	B. Amendment		H. State Statute/Agency Directed
	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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
With the enactment and clarification of the surprise billing legislation as well as newly enacted legislation this session (130 <sup>th</sup> ), the added resources will allow MHDO to develop the infrastructures and or produce the Legislative reports as required by these mandates. Additionally, we are purchasing additional hours of analytic support from HSRI to address the custom data extracts/analysis that we are being asked to do to support our sister agencies health care data needs public, providers and others as appropriate.

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### PART III: SUPPLEMENTAL INFORMATION

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

For the last nine years, HSRI has been MHDO's contracted data vendor and is responsible for all MHDO's data collection, data validation and processing; as well as assisting MHDO with meeting its legislative requirements; and with producing all our custom data extracts and or data analysis. Recently, there have been more requests for custom data extracts from sister state agencies. We are not allowed under the law to charge a sister agency for this work; however, there is a cost associated with producing these custom data extracts. From both an efficiency and economic perspective, it makes sense to amend our contract with HSRI to assist MHDO with meeting its legislative requirements and to add additional analytic hours to meet these requests as HSRI is the most familiar with all of our healthcare data and the process.

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

MHDO negotiated a contract with HSRI as a result of a competitive procurement process (RFP#201207352). The fees associated with this amendment are consistent with the fee structure associated with MHDO's core contract with HSRI.

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

In the future, MHDO plans to release an RFP for the contract that is currently in place with HSRI. The deliverables of this contract include support complying with new legislation as well as producing custom data extracts and data analysis.

### 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>	
	<i>Karynlee Harrington</i>	
<b>Printed Name:</b>	Karynlee Harrington	<b>Date:</b> 9/3/2021
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>David Morris</i>	
<b>Printed Name:</b>	2A644AF5681F482... David Morris	<b>Date:</b> 9/8/2021