

## 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/DLC/CDC/RHPC Program – Nicole Breton		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jennifer Levesque		
(If applicable) Department Reference #:		CD0-22-2267		
Amount: (Contract/Amendment/Grant)	\$ 120,000.00	Advantage CT / RQS #:		
<b>CONTRACT</b>	Proposed Start Date:	<b>09/01/2021</b>	Proposed End Date:	<b>08/31/2023</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		The Chartis Group 509 Forest Avenue Ste 250 Portland, Maine 04101		
Brief Description of Goods/Services/Grant:		MBQIP Data Analysis and Benchmarking, Flex network facilitation, technical assistance on data analysis direct to Critical Access Hospitals and Prospective Payment System Hospitals.		

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:
<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>

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### PART III: SUPPLEMENTAL INFORMATION

To ensure Medicare Beneficiary Quality Improvement Program (MBQIP) participation/sustainability to inform and provide benchmarking of hospital quality data to inform quality improvement of health care in rural Maine. The vendor will ensure Statewide network meetings are coordinated and facilitated to include hospital quality data experts, and decision support team members from Maine's 16 Critical Access Hospitals (CAH) and four (4) Prospective Payment System (PPS) Hospitals. It is essential for the Department to provide timely execution of the grant deliverables for MBQIP to ensure that all 16 CAH and four (4) PPS Hospitals are able to meet the minimum requirements for the State Flex Program participation.

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

The Provider possesses the unique skills and expert knowledge in MBQIP data analysis, hospital benchmarking, as well as Emergency Department Transfer Communication (EDTC) data analysis required for successful delivery of this service.

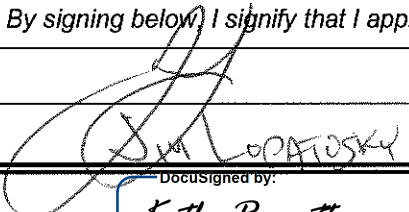

**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Health Resources and Services Administration, Federal Office of Rural Health Policy has received the 2021-2022 Maine Medicare Rural Hospital Flexibility Program cooperative agreement proposed budget which includes \$60,000 for MBQIP data analysis, hospital benchmarking, and EDTC data analysis services. One of the core program areas of the Flex program include MBQIP reporting sustainability. MBQIP reporting is a required element to ensure CAH/PPS Hospital Participation in the Flex Program. The Department/Program are able to leverage this federal contract status of the vendor and obtain the MBQIP Data Analysis, Hospital Benchmarking, Flex network facilitation, and technical assistance on data analysis services at a rate of \$60,000 which is fair and reasonable.

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

The Department doesn't intend to competitive bid these services.

### 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>	 John Lopatofsky	<b>Date:</b>	16-Aug-21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small>  Kathy Paquette		
<b>Printed Name:</b>	kathy Paquette <small>41C2BA36FAF44CD...</small>	<b>Date:</b>	9/27/2021