



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Ruth Lawson-Stopps		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 16,250	Advantage CT / RQS #:	03A 20210616*3724
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	8/2/2021	Effective Date:	7/1/2023
	Previous End Date:	6/30/2023	New End Date:	6/30/2025
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			
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

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.

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. Reference the RFP number, if applicable.

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, namely 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. HIN offers discounted rates to state agencies which the Department considers to be fair and reasonable.

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

Does this request utilize ARPA/MJRP funds?

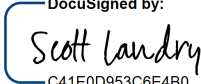
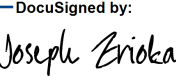
Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  8/16/2023 <small>C41E0D953C6E4B0</small>		
Typed Name:	Scott Landry, Associate Commissioner	Date:	
Signature of DAFS Procurement Official:	DocuSigned by:  <small>E4813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director IT Procurement	Date:	8/22/2023