

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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Patti Wall Shawn Belanger		
(If applicable) Department Reference #:		Multiple, See Attached		
Amount: (Contract/Amendment/Grant)	\$0.00	Advantage CT / RQS #:	Multiple, See Attached	
CONTRACT	Proposed Start Date:	8/1/2020	Proposed End Date:	7/31/2021
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:				
Brief Description of Goods/Services/Grant:		MaineCare Accountable Communities Program		

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The problem addressed by this contract is high health care costs within the Department's MaineCare program. These costs often result from less than optimal communication between the various health care providers that provide care for MaineCare members, which can lead to inefficient use of health care services, as well to less than optimal health outcomes for MaineCare members.

The Department's MaineCare "Accountable Communities" initiative seeks to address this problem by creating incentives for health care providers to communicate with one another and keep MaineCare members healthy. Specifically, the "Accountable Community Lead Entity" with whom the Department will contract may be eligible to receive a shared savings payment for a defined MaineCare population if the Lead Entity meets contractual requirements that include coordination with health care providers in the area. Whether the Lead Entity receives such a payment – and the amount of such payment – is dependent upon (a) the amount of savings generated, and (2) the Lead Entity's performance on a number of quality measures.

This initiative is critical and essential to agency responsibilities or operations in that it can improve the health of MaineCare members and create much-needed savings in state resources.

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

The Department will engage in a contract for Accountable Communities Services with Providers that are qualified and approved by the Department's Office of MaineCare Services to provide these services.

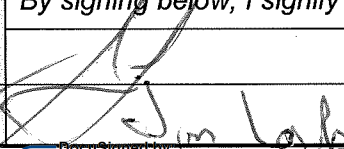

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider may be eligible to receive a shared savings payment based on the savings and performance goals defined in the contract. The amount of any Shared Savings payment to the Provider or any Shared Loss recoupment from the Provider will be calculated by the Department pursuant to the method described in Appendix C of the contract: Shared Savings and Loss Assessment Methodology.

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

The Department does not intend to RFP for these services as this is a willing/qualified service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	21-Sep-20
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette	Date:	10/14/2020

Accountable Communities

8/1/2021 – 7/31/2021

<u>PROVIDER</u>	<u>AGR #</u>	<u>SPOC</u>	<u>CT NUMBER</u>	<u>DOLLAR AMT</u>
Beacon Health, LLC	OMS-21-3001	Arlene Jones	20200902*0780	\$0.00
Kennebec Region Health Allowance	OMS-21-3002	Beth Heath	20200915*0929	\$0.00
MaineHealth Accountable Care Org	OMS-21-3003	Shawn Belanger	20200915*0930	\$0.00
Community Care Partnership of Maine	OMS-21-3004	Valerie Andreasen	20200915*0931	\$0.00
			TOTAL	\$0.00 MIHMS