

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.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Lisa Munster Shawn Belanger		
(If applicable) Department Reference #:		OMS-22-3011		
Amount: (Contract/Amendment/Grant)	\$136,500	Advantage CT / RQS #:	CT 10A 20210930000000000906	
CONTRACT	Proposed Start Date:	10/1/2021	Proposed End Date:	6/30/2022
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:		HealthInfoNet Mew Gloucester, ME		
Brief Description of Goods/Services/Grant:		SHMP Support Services		

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
X	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:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
The purpose of this agreement is to conduct the support activities necessary for the Department to complete and submit the required final five-year HITECH State Medicaid Health Plan (SMHP) to the Center of Medicare & Medicaid Services (CMS) for review and approval. The SMHP provides a shared vision for health information technology (HIT) and health information exchange (HIE) across Maine and a means of collaboration and cooperation among state and external stakeholders to drive investment and policy decisions. The SMHP will provide Maine with the opportunity to consider HIT/HIE efforts in the context of significant one-time funding available under the COVID Relief Act (CRA) and the American Rescue Plan Act (ARPA). The additional funding gives Maine opportunities that the State would not have otherwise had to enhance its HIT/HIE efforts.

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PART III: SUPPLEMENTAL INFORMATION

Additionally, there is the potential of getting federal funds to offset costs of new federal mandates placed on MaineCare Services (and other payers and health plans).

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

The Provider is Maine's state-designated health information exchange (HIE). They have developed a unique relationship with doctors, hospitals, and other providers throughout Maine to share important health information and improve patient care.

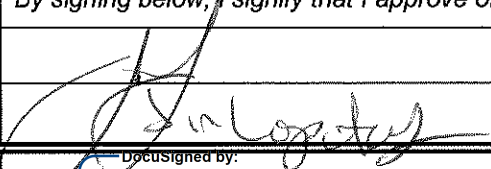
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This agreement and budget provide for CMS-approved services at a 90% enhanced Federal match rate.

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

The Department does not intend to RFP this 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:	12-02-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	10/18/2021