



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:		DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger/Jeanne Garza		
(If applicable) Department Reference #:		OMS-23-2020A		
Amount: (Contract/Amendment/Grant)	Original: \$198,000.00 Amend: \$58,000.00 Revised: \$256,000.00	Advantage CT / RQS #	CT 10A 20220316000000002129	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:	7/1/2022
	Previous End Date:	6/30/2023	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		HealthTech Solutions, LLC Frankfort, KY 40601		
Brief Description of Goods/Services/Grant:		Audit support to MaineCare HIT Meaningful Use Program hospital appeals		

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

Please respond to ALL of the questions in the following sections.

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.	<p>The 2009 federal Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted to encourage the use of health information technology to improve general population health, encourage better health care through quality outcomes, expand patient involvement in managing their own care, and to prevent fraud, waste, and abuse. The HITECH Act established the MU/PI program to provide incentive payments to certain types of health care providers (deemed "Eligible Professionals" or "Eligible Hospitals") that use certified Electronic Health Records (EHR) systems and meet progressive levels of health care reporting, and better integrate patient care through the appropriate "exchange" of patient health data. The MU program is governed by the Centers for Medicare & Medicaid Services (CMS) rules and regulations (42 C.F.R. Part 495 and 45 C.F.R. Part 170).</p> <p>The Provider shall perform professional consulting services to support the Department and the Attorney General's Office regarding hospital appeals of the Department's audit decisions. The Provider's audit resource shall be available to the Department for recommendations, review and preparation of documentation and testimony. This amendment increases funding for additional scope of work as required by CMS.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>This provider was the only bidder to submit a proposal for RFP 201502037.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The agreement is 90% federally funded under HITECH, and CMS has extended funding through FY2023 for audit appeals. HITECH (and its funding) ends in 2023, after which the program will no longer be supported.</p>
4. Describe the plan for future competition for the goods or services.	<p>HITECH (and its funding) ends in 2023, after which the program will no longer be supported.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):		Date:	31 Aug 22
Typed Name:	Kathy Paquette		
Signature of DAFS Procurement Official:		Date:	10/17/2022
Typed Name:	Kathy Paquette		