



## 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 / Melinda Farrell		
(If applicable) Department Reference #:	OMS-23-3010		
Amount: (Contract/Amendment/Grant)	\$ 562,436.00	Advantage CT / RQS #:	CT-10A- 20220817000000000518
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date: 9/30/2023
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 New Gloucester, ME		
Brief Description of Goods/Services/Grant:	Data Analytics Tool Subscription		

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 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 checked="" 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.

The purpose of this agreement is to continue the subscription for a data analytics tool (referred to as the MaineCare Analytics Platform (MAP)) for the Office of MaineCare Services (OMS). This tool is used by OMS to reduce unnecessary emergency department utilization and streamline care coordination. The MAP is a custom tool, developed and owned by the Provider that provides information from doctors and hospital systems throughout Maine that is an integral part of the OMS staff workflow.

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

HealthInfoNet (HIN) 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. HealthInfoNet has coordinated with HBI Solutions, a leader in predictive analytics and performance analysis solutions, to customize 13 risk models using real-time clinical data from Maine's HIE. The Department chose to implement HIN's proprietary predictive analytics platform for the Value Based Purchasing Program and other MaineCare programs.

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

This agreement provides for a continuation of existing services and tools at previously negotiated subscription rate.

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

Since HealthInfoNet is the Maine's designated health information exchange and the owner of this proprietary software, it is not possible obtain the product in this agreement from a different vendor.

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


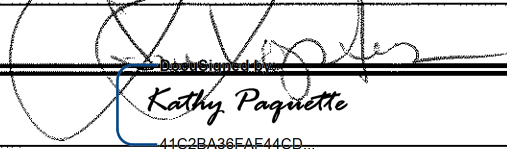
Does this request utilize ARPA/MJRP funds?

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.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	19-Sep-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/8/2022