



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 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		
(If applicable) Department Reference #:		OMS-25-150		
Amount: (Contract/Amendment/Grant)	\$ 41,000,064.00	Advantage CT / RQS #:	CT-10A-202407150000OMS25150	
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	9/30/2026
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:		Gainwell Technologies LLC Irving, TX		
Brief Description of Goods/Services/Grant:		MES Modernization DDI		

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 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 Department’s current MMIS platform is Health PAS version 4.8 which is the oldest version still being supported by Gainwell. This version poses technical risks, including cyber security risk exposure, and lack of Microsoft support for aging infrastructure. The estimated lifespan of the current system is 1 to 3 years, and we expect increased risk of system availability, downtime, and response time issues as the system ages. This is not a sustainable platform going forward.

The purpose of this Agreement is to modernize the Department’s MIHMS to the latest release of Claims, Encounters and Financials (CEF), the updated version of Health PAS. The MES modernization to the latest CEF version and its supporting applications will position the Department to conform with vendor software and security recommendations, improve overall system performance, reduce Maine-specific customizations, and position the Department for the implementation of upcoming federal mandates. Additionally, the MES modernization allows the Department to reuse technology investments for a greater return on investment and to fulfill the Medicaid Information Technology Architecture (MITA) Medicaid Enterprise System (MES) vision and goals with a long-term, sustainable solution for cost and labor savings.

The Provider shall conduct a modernization project that includes all components of the existing MIHMS and is not limited to a “core” (claims, financial, call center) upgrade. The outcome of the project will be a system that, at a minimum, reuses the Department’s past technology investments, remediates existing custom code and security vulnerabilities, provides Section 508 compliance and removes waivers, improves system performance, provides a new user interface to improve Department staff ease of using the system, and improves workload efficiencies. As a result of this project, the Department will have a modern, fully modular system achieved through an incremental modernization process with no loss of existing functionality.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Gainwell has been providing these customized services to the Department since 2008, after its predecessor company was selected through a competitive RFP process. The Fiscal Agent solution, MIHMS, is run on the Provider’s proprietary HealthPas software. Gainwell’s solution and related services include updates to support and accommodate new and changing federal and state requirements for claims processing, monitoring, and reporting, which allows the Department to maintain maximum federal funding.

The Provider’s staff are uniquely familiar with the MES solution and have the advanced IT skills needed to maintain and modernize it. These skills are crucial to the operation of the MES and the member and provider population served by MaineCare. The Provider’s upgraded CEF system has been uniquely configured to support claims processing for MaineCare providers and to meet federal and state policy and statues. The system modernization has been approved by the Centers for Medicare & Medicaid Services (CMS).

PART III: SUPPLEMENTAL INFORMATION

The focus of this request is based on the uniqueness of the contractor and Gainwell’s ownership of the software. There would be significant lead time needed to gain approval from CMS for another vendor, to procure the services of another vendor, and to negotiate, resolve issues, and attempt to obtain licensing rights from Gainwell for another vendor to perform these upgrades/services. The MES is extremely complex and would take up to five years for another vendor to fully understand and obtain skilled resources, during which time the system would need to continue to operate as is under Gainwell so as not to disrupt provider reimbursement or member access to services.

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

The Department has negotiated significant cost reductions for this MES modernization effort, and the budget has been approved by CMS at 90% federal fund match rate.

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

The Department plans to continue with this SAAS product for its MES. In addition, the Department continues to evaluate the effectiveness of each of the MES components and is in the process of collaborating with other states, with a goal of potential future procurements of specific MES modules from other vendors.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

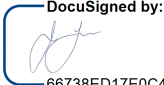
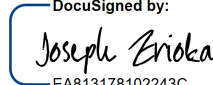
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky	Date:	Dec-02-2024
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka	Date:	12/18/2024

NOI 1220241473 12/18/2024 - 12/24/2024