



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 \$10,000 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:		Department of Administration and Financial Services, Office of Employee Health, Wellness & Workers' Compensation	
Department Contract Administrator or Grant Coordinator:		Shonna Poulin-Gutierrez, Executive Director	
(If applicable) Department Reference #:			
Agency Department Code:	18S	Advantage CT / RQS #:	18S20140610*4553
Amount: (Contract/Amendment/Grant)		\$329,207.00	
CONTRACT	Proposed/Original Start Date:	2/27/2012	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:	1/1/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Healthcare Purchaser Alliance of Maine 366 US Route 1, Suite 3 Falmouth ME 04105	
Brief Description of Goods/Services/Grant:		Continuation of State of Maine's membership and proportional share of the quality improvement and health care data analytics services.	

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 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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.
	HPA has a key and unique role in the strategic consulting and administration of the State of Maine health plan. HPA assists with the development of underlying criteria used within the state’s health plan benefit design and screens potential value-based healthcare programs (i.e. Carrum Health bundled payment services) that provide potential quality improvement and decreases in health care spend. The expertise and products of the HPA enable the State Employee Health Commission (SEHC) to make informed health plan design decisions.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.
	HPA brings purchasers and healthcare provider communities together in a partnership to measure and report on the value of health care services. They play a leading role in health care quality measurement in Maine and national and have acted as a catalyst for healthcare quality improvement. The HPA works collaboratively with Maine-based employer and governmental entities to achieve these results. Internally developing the infrastructure and employer/provider relationships that have taken decades to develop and foster to achieve the required results today would not be feasible.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	Fees are a pro-rata share of membership dues for a non-profit organization. Board of Directors includes representatives from membership groups, including the State of Maine.
4.	Describe the plan for future competition for the goods or services.
	Until an alternative, Maine-based system is developed to capture and assess health care data and process that data into metrically based quality and provider performance ratings, this critical service is not available through any another service provider. Upon indication that a service provider has developed these unique services and multi-stakeholder relationships have been established, then a competitive bidding process will be undertaken.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/>	Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/>	Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/>	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’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Shonna Poulin-Gutierrez	Date:	12/1/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:			
Typed Name:	Justin Franzose	Date:	12/1/2025