



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: | | OMS | | |
| Department Contract Administrator or Grant Coordinator: | | Shawn Belanger | | |
| (If applicable) Department Reference #: | | OMS-25-3015C | | |
| Agency Department Code: | 10A | Advantage CT / RQS # : | CT 10A 20250930000OMS253015 | |
| Amount: (Contract/Amendment/Grant | | Amend C: \$ 2,451,744.00 Revised: \$ 10,564,096.00 | | |
| CONTRACT | Proposed/Original Start Date: | 8/9/2024 | Proposed/Most Recent End Date: | 12/31/2025 |
| AMENDMENT | New Effective Date: | 10/1/2025 | New End Date (if Applicable): | 9/30/2027 |
| 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: | | Medicaid Health Information Exchange | | |

| 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 checked="" 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. Higher Education 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 statewide health information exchange (HIE) is designed to link an individual's health information from healthcare sites regardless of affiliation and to create a single electronic health record that allows authorized users to better support and coordinate care.

The purpose of this amendment to extend services is being made at CMS' direction.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

HealthInfoNet (HIN) is Maine's state-designated health information exchange (HIE) through an [Executive Order](#) passed by Governor Baldacci. The Provider has developed a unique relationship with doctors, hospitals and other providers throughout Maine to share important health information and improve patient care. Since HealthInfoNet is 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.

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

This Agreement is based on the Provider' approved operations budget and funding approved by CMS (at 75% federal financial participation).

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

Since HealthInfoNet is 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. The Department does not plan to competitively procure this service.

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 signature below indicates approval of this procurement request.

| | | | |
|--|---|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | David Morris | Date: | 17-Nov-25 |

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

| | | | |
|--|--|-------|--|
| Signature of requesting Department's Commissioner (or designee): | | | |
| Typed Name: | | Date: | |

| | | | |
|---|--|-------|------------|
| Signature of DAFS Procurement Official: | DocuSigned by:  2A644AF5681F482... | | |
| Typed Name: | David Morris | Date: | 12/15/2025 |

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