

SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

SECTION A

1. Agency Name:	Department of Human Services "prior DPW"		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Medicaid Management Information System (MMIS)		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	0000	Estimated Cost:	\$5M +
		Initial Contract Term:	1 year
		Renewals:	one 1-year renewal
4. Supplier - Name:	Gainwell Technologies GWT (formerly DXC)		
Full Address:	1250 Camp Hill Bypass Suite 100 Camp Hill, PA 17011		
Contact Name:	Scott Philp		
Telephone:	717-547-7998	FAX:	
E-mail:	scott.philp@gainwelltechnologies.com		
SRM Supplier #:	542948		
5. Delivery or service location:	Camp Hill PA		

SECTION B

<input checked="" type="checkbox"/>	1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/>	2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/>	3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/>	4. Professional Expert: Describe in detail in Section C.
<input type="checkbox"/>	5. Exempt (Law): A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached.
<input type="checkbox"/>	6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

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SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

The MMIS is a complex and evolving system. An initial attempt to replace it failed. A takeover is deemed too costly at present. Another extension is needed to implement a new replacement or takeover strategy. The department issued NFP# 120144 with the intent to competitively solicit; however, due to further guidance from CMS (Centers for Medicare and Medicaid Services) the department recognizes additional time will be needed for issuance of the solicitation. CMS will not pay the Department to re-implement a module with a new vendor simply because a contract expires. Thus, resulting in the Commonwealth needing to cover the cost. By the time an RFP is released, awarded and contract executed, a transition period to a new vendor for a takeover would take a minimum of 2 years.

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

The Program Office began procuring a new Medicaid Management Information System (MMIS or PROMISe) under the MMIS 2020 Project to replace PAs MMIS with a modular system, per Centers for Medicare and Medicaid Services (CMS) Requirements. CMS changed direction telling states (and Pennsylvania specifically) to pursue smaller implementations. Then, the MMIS 2020 Project was ended in 2021 at the convenience of the Commonwealth. Although the Program Office began implementing four smaller modules to meet federal mandates, they will not be operational before the existing contract ends. CMS is funding these modules at a 90/10 match rate for implementation and integration with our existing MMIS: CMS will not fund implementation twice. The modules must be implemented to stabilize the MMIS prior to rep

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

No

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

No

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

The MMIS contract with Gainwell Technologies has been in place since 2004. The original procurement in 2004 and a fiscal agent procurement from 2009 were handled by releasing RFPs. We are implementing new modules in response to CMS mandates however those modules will not be operational prior to the end of the existing contract. When PROMISe was procured, it was one system with one large implementation. CMS no longer supports one system or large implementation. The current contract number is 4000013930.

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6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

N/A

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

Requesting the extension of the current contract between GWT and the Department that was originally awarded from Request for Proposal #41-08.

8. What are the consequences of not approving this procurement?

PA Medicaid would not be able to provide health care services for over three million MA and CHIP recipients. Access cards would not be created, services could not be authorized, claim payments could not be processed and MCOs would not receive capitation to cover the managed care services. PROMISe processes over 21 million Fee for Service claims worth six billion in payments; and processes over 171 million Managed Care Organization encounters worth approximately 33 billion in capitation payments. The MMIS must remain operational to continue providing these services.

9. If timing is a factor, what is the time factor and why?

Yes. The current contract expires 10/31/2023.

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

The new CMS guidelines require a small scale modular approach with agile implementation. As new MMIS modules are implemented, the existing MMIS functionality will be discontinued thus decreasing the costs to GWT.

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

Yes

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SECTION D

IMPORTANT*: The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section of the form.

Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

Name:	<input type="text" value="Russell Ritchey"/>	P-Group:	<input type="text" value="300479"/>	Date:	<input type="text" value="02-21-23"/>
Title:	<input type="text" value="HSPS"/>	Telephone:	<input type="text"/>	Fax:	<input type="text"/>

Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

Name:	<input type="text" value="Daniel B. Sorge"/>	Title:	<input type="text" value="Section Chief, System Oversight"/>	Date:	<input type="text" value="02-21-23"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text" value="dsorge@PA.GOV"/>

Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

Name:	<input type="text" value="Eric McCoy"/>	Title:	<input type="text" value="Procurement Specialist"/>	Date:	<input type="text" value="02-21-23"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Approvals (if required by Agency):

Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
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