## EAST HAWAII REGION NOTICE OF AND REQUEST FOR EXEMPTION FROM COMPETITON

1. TO: Regional Chief Procurement Officer

2. FROM: Dawnelle Forsythe, Management Analyst

Department/Division/Agency

Pursuant to East Hawaii Region Policy PUR 017, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

Consulting services from Health Services Associates (HSA) to assist in the setting up of the Rural Health Clinic (RHC). Summary of HSA services to include the following:

## SUMMARY OF SERVICES:

1. Completion and filing of RHC application packet to include items listed below for clinic:

CMS-29 (Request for Eligibility)

CMS-855A (Medicare General Enrollment)

CMS-1561A (Health Insurance Benefits Agreement)

Medicare Intermediary Information Tie-In

RHC Program - Supplementary Application Information

Provider Based Questionnaire

Civil Rights Review/Implementation - Provider Based Mandate

2. Development of RHC facility specific Policy and Procedure Manual distributed to RHC in hard copy binder and zip drive for future editing purposes. The Policy and Procedure Manual received on zip drive will be created in Microsoft Office and contain Acrobat Adobe PDF files.

3. One day on-site mock survey of the clinic and medical documentation consultation and review. Written document stating strengths and deficiencies for RHC Compliance with support in meeting the compliance needs. Follow up conference call to review site readiness prior to contacting state or contracted accredited agency for survey.

4. Phone/email consultation and survey support during entire state or accrediting body facility inspection survey.

5. Assist with the completion of RHC Quality Assessment and Performance Improvement (QAPI) Program requirements. Assistance in conducting 151 required yearly Advisory Committee Meeting during on site mock visit or via conference call.

6. Assistance RHC staff in preparing the Medicare and Medicaid projected cost reports to set interim RHC rate for the clinic listed above, if applicable, per state policy.

7. Ongoing communication with State, Federal and Medicare Administrative Contractor agencies throughout the entire application and certification process

8. E-mail, phone, and fax consultation support related to the clinic certification process during the contract

| 4. Name of Vendor: Health Services Associates, Inc. |                |              | 5. Price:                          |
|---|----------------|--------------|------------------------------------|
|   |                |              | \$20,000.00                        |
| Address: 2 East                                     | st Main        |              |                                    |
| Fremont, MI 49412                                   |                |              |                                    |
| 6. Term of  |                |              | 7. Prior Exemption Ref. No.<br>N/A |
| Contract:   | From: 2/6/2019 | To: 2/6/2022 | N/A                                |

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

HSA is one of only two available vendors for this type of consulting service in the country. In addition, with the specificity of the Summary of Services HSA will provide for Puna Community Medical Center (PCMC), HSA is the one and only vendor that can fulfill these requirements. HSA was utilized in preparation to accredit PCMC as a RHC. Furthermore, as an existing HSA customer, we receive a discount for additional clinics that we employ their services to prepare for RHC accreditation. The price for the consultation is reasonable and consistent with prices for similar services.

| 9. Details of the competition as p  |          | ecting the vendor to ensure maximum fair and open |  |
|---|----------|---|--|
| HSA is the vendor that can fulfill these consultation requirements for properly setting up a RHC. In addition, th vendor has an excellent history with East Hawaii Region and has provided exceptional RHC consultation service for various needs within our organization. With years of experience and unique expertise specific to RHC build HSA is the preferred vendor capable of completing this task. |          |   |  |
| <sup>10.</sup> A description of the agency's internal controls and approval requirements for the exempted procurement:<br>East Hawaii Region has established policies and procedures to ensure that exemptions are not requested or<br>approved without proper justification. East Hawaii consistently follows correct procurement policies and is fair<br>and equitable to all interested parties.         |          |   |  |
| 11. A list of agency personnel, by position, who will be involved in the approval process and administration of the   |          |   |  |
| contract:   |          |   |  |
| Name  | Position | Involvement in Process                            |  |
|   |          | Approval Administration                           |  |

|                          | Approval Administration                             |
|--------------------------|---|
|                          | Approval Administration                             |
|                          | Department: Administration / Other General Services |
| 12. Direct inquiries to: | Contact Name: Dawnelle Forsythe                     |
| 12. Direct inquiries to. | Phone Number: 1-808-932-3133                        |
|                          | Fax Number:   |

13. This exemption should be considered for list of exemptions in to Chapter 3-120, HAR: YES NO

Agency shall ensure adherence to applicable administrative and statutory requirements

## 14. I certify that the information provided above is, to the best of my knowledge, true and correct.

| Date   |  |  |  |  |
|--|--|--|--|--|
| Reserved for RCPO/Designee Use Only  |  |  |  |  |
| 15. Date Notice Posted04/09/2019 CF  |  |  |  |  |
| The Head of the Purchasing Agency is in the process of reviewing this request for exemption from East Hawaii Region Procurement Policies. Submit written objections to this notice to issue an exemption from East Hawaii Region Procurement Policies, within seven (7) calendar days or as otherwise allowed from the above posted date to: |  |  |  |  |
| East Hawaii Region<br>1190 Waianuenue Ave.<br>Hilo, Hawaii 96720   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

16. APPROVED DISAPPROVED

Regional Chief Procurement Officer