HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

| | | | EX Number: EX-056 | |
|---|------------------------------|---------------|--|--|
| 1. TO: | Chief Procurement Off | icer | | |
| 2. FROM: | A.A. Stransky | | | |
| Department/Division/Agency Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following: | | | | |
| 3. Description of goods, services or construction: Fitness-for-Duty and Sick Call evaluations of HHSC employees, to be performed by physicians (M.D.) and psychologists (PhD). | | | | |
| 4. Name and | d Address of Vendor: Multipl | e Awards | 5. Price: \$30,000 NTE per award | |
| 6. Term of | Contract: From: 9-1-16 | To: 8-31-2021 | 7. Prior Exemption Ref. No. EX-007 expires 12/31/20 (MD only) EX-06-35 expired (M.D. only) | |
| 8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State: HHSC has issued RFP's for this service in the past but received little response. As a result of the most recent attempt to identify providers, in 2014, only one physician responded to our inquiry. This provider is located on Maui which is not convenient for the neighbor islands. Healthcare Provider services are not typically obtained via the competitive procurement process. | | | | |
| 9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable: HHSC intends to issue multiple awards. A list of potential providers has been obtained from the City and County of Honolulu containing nine providers, and an award package has been sent to each of the nine for their consideration. Of the nine only three have responded to date. | | | | |
| 10. A description of the agency's internal controls and approval requirements for the exempted procurement: Pricing submitted by physicians will be subject to a Fair Market Value analysis. Pricing submitted by non- physician providers (psychologists) will be evaluated by comparison to other non-physicians provider rates, if available. | | | | |
| 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 | |
| Alison Stransky | Corp. Contacts Mngr. | Approval | | |
| Cliff Caesar | Corp. HR Director | Approval | Administration | |
| Edward Ch | u Corporate CFO | Approval | Administration | |

| 12. Direct inquiries to: Contact Name: Alison Stransky, Corp. Contracts Manager Phone Number: 808-733-9074 | | | |
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| Agency shall ensure adherence to applicable administrative and statutory requirements 13. I certify that the information provided above is, to the best of my knowledge, true and correct. Department Head (Cliff Caesar, Corp. HR Director) Date | | | |
| Reserved for CPO/Delegee Use Only. | | | |
| The CPO is in the process of reviewing this request for exemption from Chapter 103D, HRS. Submit written objections to this notice to issue an exemption from Chapter 103D, HRS, within seven (7) calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer, HHSC, 3675 Kilauea Ave., Honolulu, Hawaii 96816 | | | |
| Chief Procurement Officer's comments: | | | |
| 15. APPROVED DISAPPROVED: NO ACTION REQUIR HHSC Chief Procurement Officer - Signature Date | | | |