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

			EX Number: EX-149			
1. TO:	Chief Procurement Officer					
2. FROM:	Annie Yonemoto					
	/Division/Agency Pursuant to §103D-102( t exemption to purchase the following:	b)(4), HRS, and C	hapter 3-120, HAR, the Department requests a			
3. Descriptio	on of goods, services or construction: <b>CMS</b>	Cost Reporting S	oftware Licenses			
			<b>5.</b> Price: <b>\$ 3,935.00</b>			
Health Fina	ldress of Vendor: ncial Systems (HFS) fka KPMG/CompuM a Blvd., Elk Grove, CA 95758	lax				
<b>6.</b> Term of C	ontract: October 1, 2013 – September *providing all option years are		7. Prior Exemption Ref. No. EX-094			
8. Explanati	on describing how procurement by compe	titive means is eit	ther not practicable or advantageous to the State:			
vendor i vendors lower pi KPMG Co HHSC is	not only be authorized by CMS but also t on the CMS approved list, only two are ricing HHSC has historically awarded to ompuMax business.	oe able to provid able to provide t KPMG/CompuM	s CMS 2552 and CMS 2540. HHSC requires that a e both of the software licenses. Of the ten both software licenses; KPMG and HFS. Due to ax. However, in June, 2020 HFS acquired the or HFS as it is currently the only CMS-approved			
com	9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:					
An ann	ual query of CMS-authorized vendors is	conducted to see	ek vendors offering both software licenses.			
This exemp	be upheld. HHSC policies and procedur	03, and all other	ments for the exempted procurement: guidelines, rules and policies under chapter ed and periodic reviews of contract action will			
11. A list of	agency personnel, by position, who will	be involved in t	he approval process and administration of the			
<b>contrac</b> Name	t: Position		Involvement in Process			
Annie Yonemoto	Dir. Reimbursement & Budget	Approval				
Alison Stransky	Contracts Manager	Approval	Administration			
Edward Chu	Corporate CFO/CPO	🛛 Approval	Administration			

12. Direct inquiries to:		Contact Name: <b>Alison Stransky</b> Email: Astransky@hhsc.org		
• •		cable administrative and statutor the best of my knowledge, true a Aug 12, 2020		
Department Head (Print: Annie	Yonemoto)	Date		
	Reserved for	erved for CPO/Delegee Use Only		
		14 .Date Notice Posted:		

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: HHSC Chief Procurement Officer - Signature

Date

### HHSC EXEMPTION REQUEST INSTRUCTIONS PUR 007 (Rev. 1/30/12) HHSC PUR 007

#### HHSC PUR FORM 007- NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS:

#### A. When Used

This form is used by HHSC Corporate Office and System-Wide procurements to declare that the identified goods, services, or construction are under review for procurement with an exemption under Chapter 103D, HRS. The form will be posted by the HHSC Contract Management office – Alison Stransky, on a designated HHSC public website for seven (7) calendar days.

The procurement **EXEMPTION No. (EX #)** located at the top right of the page is the number that will be assigned by the HHSC Contracts Mgt. Office for record keeping purposes.

#### B. General

This form has been formatted to be completed, and then printed. The completed and signed exemption request shall be sent to HHSC Director of Contracts & Materials Mgt. for final review and acceptance:

#### Hawaii Health Systems Corporation

Contracts Department Attn: Joe Evanoff jevanoff@hhsc.org 3675 Kilauea Avenue Honolulu, HI 96816

#### C. Form Item Usage

- **BOX No 1.** To. The form is submitted to the Chief Procurement Officer (CPO) <u>after</u> review by HHSC Director of Contracts.
- **BOX No 2.** From Department. The name of the department or organization that is requesting the purchase exemption from HRS Chapter 103D.
- **BOX No 3.** Description of the goods, services, or construction. Provide a brief, concise description. The description should be limited to the actual good, service, or construction and not how or why it is being requested.
- **BOX No 4.** Vendor, Address. The name and address of the vendor that is to provide the goods, services, or construction. If this request involves multiple vendors, please attach a separate sheet providing the required information or each vendor.
- **BOX No 5. Price.** Please provide the total price for the goods, services, or construction. If not known, provide an estimated amount.
- **BOX No 6.** Terms of Contract. The FROM and TO dates associated with the purchase exemption, format = mm/dd/yyyy. The start date <u>cannot</u> be earlier than the date approved by the CPO. If this is a "one-time purchase," designate this in the space
- **BOX No 7. Prior Exemption Reference No.** If a similar request was previously submitted to the HHSC, please provide the number that was assigned to the prior request by the HHSC. HHSC Contract Management Dept. will provide Exemption # for "new" Exemptions.

- BOX No 8. Explanation by procurement by competitive means is either not practicable or advantageous to the State. The HHSC or requestor must explain why it is not practicable or advantageous to procure the goods, services, or construction by competitive means. The fact that a vendor has prior knowledge or experience is not, by itself, sufficient to justify the exemption. Also, statements such as, "There are no other vendors that have the specialized knowledge to provide the good, services, or construction" must be supported with facts.
- **BOX No 9.** Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable. The HHSC requestor must provide how the vendor was or will be selected. If not issuing a public notice, describe how vendors will be notified and afforded the opportunity to provide the goods, services, or construction as practicable. If direct negotiation with a single vendor, provide the determination for not allowing open competition.
- **BOX No 10.** A Description of the HHSC's internal controls and approval requirements for the exempted procurement. Provide a description on the HHSC's processes for review and approvals for the exempted good, service or construction.
- **BOX No 11.** A list of HHSC personnel, by position, who will be involved in the approval process and administration of the contract. List the name(s) of personnel who will be responsible for the approval and administration of the exempted good, service, or construction.
- **BOX No 12.** Direct any inquiries to. The name of the contracts/purchasing department or HHSC Technical Rep, contact person, contact telephone and fax number to which questions regarding the Notice of and Request for Exemption From Chapter 103D, HRS, are to be directed.
- **BOX No 13.** Certification by Department Head. The Department Head or designee by written delegation must certify the information in the request by signing and dating the request.
- BOX No 14. Date Notice Posted/Process to Submit Written Objections/CPO's comments.
  - a. Date notice posted is the date that the Notice of Exemption Form HRS Chapter 103D was posted on the HHSC website by the HHSC Contract Mgt. Office.
  - b. The process to submit written objections is provided. Written objections will be received up to the deadline by the CPO.
  - c. The CPO may provide comments/explanations/conditions to an approved or disapproved request.
- **BOX No 15.** Approved/Disapproved/No Action Required. Reserved for the CPO to check the appropriate box, sign, and date the request.

END of PAGE