STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Head of Purchasing Agency
   CPO: Thomas Driskill, Jr.

2. FROM: Hawaii Health Systems Corporation
   IT - Claire R. Groen

Department/Division/Agency

Pursuant to §103D-306, HRS, and Subchapter 9, Chapter 3-122, HAR, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:
The goods are the books and software application (CERMe) covering used to obtain InterQual criteria. McKesson's InterQual products (books and CERMe software) provide assistance in determining when and how individual patients progress through the continuum of care. Currently, there is more than one vendor who can provide the software and books to gather this criteria, but McKesson's CERMe Software is the only one that integrates with the MIDAS+ product and produces the criteria in an established format that the hospitals can use.

4. Vendor Name: McKesson Health Solutions
   Address: 275 Grove Street Suite 1-110 Newton, MA 02466

5. Price:
   $100,000

6. Term of Contract: (mm/dd/yyyy)
   From: MLA
   To: _______

7. Prior Sole Source Ref No.

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:
   For the criteria that we're currently licensed to use (InterQual), McKesson is the only source. They own this criteria and the only product with the electronic plug-in to Midas is CERMe.
REQUEST FOR SOLE SOURCE (Cont.)

9. Essential features. How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: McKesson is the only vendor that provides the criteria (Interqual) that we are licensed to use.

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: No other vendor provides electronic version of the Interqual criteria.

Additional Note:
While there are other criteria sets available, Interqual is used by our intermediary for Medicare & Medicaid to validate admission and continued stay.
Using the same criteria as our intermediary makes it possible for us to be consistent in our review of admission & continued stay appropriateness.

12. Direct any inquiries to:
Department: ASD
Contact Name/Title: Claire teGroen, Applications Analyst

13. Phone Number:
733-4083
Fax Number:
733-4091

Expenditure may be processed with a purchase order: ☐ Yes ☒ No If no, a contract must be executed and funds certified.

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, correct and that the goods, services, or construction are available through only one source.

Department Head ___________________________ Date ______________

15. Date Notice Posted: 11-21-06

Submit written objections to this intent to issue a sole source contract within seven calendar days or as otherwise allowed from the above posted date to:
Head of Purchasing Agency
HIISC
3675 Kilauea Ave.
Honolulu, Hawaii 96816
16. Head of Purchasing Agency comments:

17. [ ] APPROVED  [ ] DISAPPROVED

                                               Head of Purchasing Agency  Date