5S 06-10



STATE PROCUREMENT OFFICE NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Head of Purchasing Agency CPO, Thomas Driskill, Jr. 2. FROM: Hawaii Health Systems Corporation I/T - CLARE teGroev 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 Interproducts (books and CERMe software) provide assistance in determining when and how individual patients progress the continuum of care. Currently, there is more than one vendor who can provide the software and books to gather this continuum of care.	
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but McKesson's CERMe Software is the only one that integrates with the MIDAS+ product and produces the criteria in established format that the hospitals can use.	rough critoria
4. Vendor Name: .McKesson Health Solutions 5. Price:	
Address: 275 Grove Street Suite 1-110 Newton, MA 02466 \$\frac{\\$\text{Unknown}}{00_0\\$}\$	
6. Term of Contract: (mm/dd/yyyy) From: MLA To: 7. Prior Sole Source Ref	No.
a. 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.	es:

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10. S.S. No._____

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REQUEST FOR SOLE SOURCE (Cont.)

Submit in Triplicate

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9. Essential features. How the unique features, characteristics, or capabili	ties are essential for the agency to
accomprish its work: McKesson is the only vendor that provides the criteria	(Interqual) that we are
licensed to use.	(4 , ,
Altonout Oil - C II - I	
11. Alternate source. The following other possible sources for the good, sen	vice, or construction were investigated
but do not meet our needs because: No other vendor provides electronic ve	reion of the Intercent with with
Privides electronic ve	asion of the interqual enteria.
Additional Note:	
While there are other criteria sets available, Interqual is used by our intermediary f	or Medicare & Medicaid to validate
admission and committee stay.	
Using the same criteria as our intermediary makes it possible for us to be consisten	t in our review of admission &
stay appropriateness.	t in our review of admission & continued
• ** *	
12. Direct any inquiries to:	10 Phone N
Department: ASD	13 Phone Number:
Contact Name/Title: Claim to Guerra Application	<u>733-4083</u>
Contact Name/Title: Claire teGroen, Applications Analyst	Fax Number:
	<u>733</u> -4091
Expenditure may be processed with a purchase order: Yes No If no, a con	
No If no, a con	tract must be executed and funds certified.
	<u> </u>
Agency shall ensure adherence to applicable administrative and	statutory requirements
- III TO A MINISTERIO VO AND	statutory requirements.
14 I cartify that the information would be	
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 throi	Joh only one source
	ign only one source.
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Department Head	
	Date
Department Head	Date
	Date
Department Head Reserved to: ©Pt/Oelegge Use Only	Date
Department Head Reserved to: ©Pt/Oelegge Use Only	Date
Department Head Reserved (or CPO/Delegee Use Only 15 Date Notice	Date te Posted:
Department Head **Exerved for CPO/Delegae Use Only 15 Date Notice Submit written objections to this intent to issue a sole source contract within	Date te Posted:
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REQUEST FOR SOLE SOURCE (Cont.)

Submit in Duplicate

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	16. Head of Purchasing Agency commen	ts:				
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			Head of Pur	chasing Agenc		Date

SPO-01 (Rev. 03/15/2005)

9. S.S. No. _____