HAWAII HEALTH SYSTEMS CORPORATION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Chief Procurement Officer
2. FROM: Pat Holliday, ASD, IT

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 service requested is the ability to send electronic workers compensation claims to multiple payers using HHSC existing McKesson RelayHealth claims processing system. McKesson will forward our electronic claims to Stone River - P2P Link where they would be edited by HHSC business office. Completed claims are then submitted to the work comp payer by P2P Link.

Request a contract with Stone River - P2P Link for a term of 1 year with the ability to renew for 1 year.

4. Vendor Name: Stone River - P2P Link
   Address: Memphis, Tennessee

5. Price: $4,000.00

6. Term of Contract:
   From: 08/01/2010
   To: 09/30/2011

7. Prior Sole Source Ref No.

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: This service allows facilities to send electronic workers' compensation claims. Currently business offices must mail paper claims due to the payer's requirement for copies of doctor's notes attached the claim.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: P2P Link will assemble electronic claims with associated electronic doctor's notes and submit to payers. P2P Link will also perform State specific and payer edits and allow changes directly to the electronic claim. The result is a faster payment rate with less paperwork.

10. Sole Source No. SS/10-002

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11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: **McKesson does not offer an alternate way for us to send electronic claims with attachments to workers comp payers through our processing system. The alternate source is to print claims, copy doctor's notes, attach to claims, address and stuff envelopes and mail.**

**Direct any inquiries to:**
- **Department:** ASD
- **Contact Name/Title:** Pat Holiday/IT Analyst

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<tr>
<th>Phone Number:</th>
<th>808-733-4084</th>
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<td>Fax Number:</td>
<td>808-733-4001</td>
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Expenditure may be processed with a purchase order: [ ] Yes [x] No If no, a contract must be executed.

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.**

[Signature]

Department Head (sign and print name) 6/30/10

Date Notice Posted: 6-30-10

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:

- **Chief Procurement Officer**
- **HHSC**
- **3675 Kilauea Ave.**
- **Honolulu, Hawaii 96816**

16. **Chief Procurement Officer comments:**

[Signature]

Chief Procurement Officer 7/8/10

[ ] APPROVED  [ ] DISAPPROVED

[ ] NO ACTION REQUIRED

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