HAWAII HEALTH SYSTEMS CORPORATION NOTICE & REQUEST FOR SOLE SOURCE

55 10-002

1. TO:

Chief Procurement Officer

2. FROM: Pat Holiday, ASD, IT

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 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.

	Stone River - P2P Link phis, Tennessee	<u> </u>	5. Price: \$ <u>4.000.00</u>
6. Term of Contract: (mm/dd/yyyy)	From: <u>08/01/2010</u>	To: <u>09/30/2011</u>	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.

11. Alternate source. The following other possible sources for the good, service but do not meet our needs because: McKesson does not offer an altern claims with attachments to workers comp payers through our processing print claims, copy doctor's notes, attach to claims, address and stuff en	ate way for us to send electronic system. The alternate source is to		
12. Direct any inquiries to:	13 Phone Number:		
Department: ASD	<u>808-733-4084</u>		
Contact Name/Title: Pat Holiday/IT Analyst	Fax Number:		
	If no a contract must be executed		
Expenditure may be processed with a purchase order: Yes No If no, a contract mu Agency shall ensure adherence to applicable administrative and statutory require			
Agency shall ensure adherence to applicable administrative a	the statutory requirements.		
14 I certify that the information provided above is to the best of my the goods, services, or construction are available thro	ugh only one source.		
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Department Head (sign and print name)	Date		
Department Head (sign and print mane)	(C)		
45 Nate No	tice Posted: <u>6-30-/0</u>		
Submit written objections to this intent to issue a sole source contract within allowed from the above posted date to: Chief Procurement Officer HHSC 3675 Kilauea Ave. Honolulu, Hawaii 96816	seven calendar days or as otherwise		
16. Chief Procurement Officer comments:			