**Notice of Intent to Certify Sole Source**

**To:** Interested Parties

**From:** Dr. Paul Veregge

CIO/CMIO

**Date:** May 17, 2018

**Re:** Sole Source Certification Number **SS9068** for n**aviHealth**

**Contact Email Address:** [solesource@umc.edu](mailto:solesource@umc.edu)

**Sole Source Certification Award Details**

Regarding UMMC Sole Source Certification Number **SS9068** for n**aviHealth Care Transitions Platform**, please be advised that UMMC intends to award the purchase of the **naviHealth Care Transition Platform** to **naviHealth, Inc.** as the sole source provider of the ExamSoft.

UMMC issues this notice in accordance with Mississippi state law, policy, and procedures for sole source procurements.

Sole Source Criteria

1. Where the compatibility of equipment, accessories, or replacement parts is the paramount consideration (and manufacturer is the sole supplier).
2. Where a sole supplier’s item is needed for trial use or testing.
3. Where a sole supplier’s item is to be required when no other item will service the needs of UMMC.

**Schedule**

|  |  |
| --- | --- |
| **Task** | **Date** |
| First Advertisement Date | May 25, 2018 |
| Second Advertisement Date | June 1, 2018 |
| Response Deadline from Objectors | June 8, 2018, at 3:00 p.m. Central Time |
| Notice of Award/No Award Posted | Not before June 8, 2018 |

**Project Details**

1. **Describe the commodity/service that the agency/institution is seeking to procure:**

naviHealth (Curaspan) Discharge Central is an electronic discharge and referral application system to manage and automate discharge workflows, as well as allows for online communication with post-acute care providers in order to facilitate discharge and transfer of hospitalized patients to the next level of care.

1. **Explain why the commodity/service is the only one (1) that can meet the needs of the agency/institution:**

Discharge Central improves patient’s flow and access to post-acute care services. This product decreases the length of stay, as well as monitors avoidable or medically unnecessary hospital days. Additionally, the system monitors and reports patient readmissions with respect to level of care, as well as has the ability to generate reports to see where patients are being referred and discharged to ensure accountability with post-acute care provider performance and outcomes. This platform has the ability to communicate electronically with post-acute providers at all levels (nursing home, skilled nursing home health, durable medical equipment, etc.) with over 2000 providers in Mississippi alone. Additionally, they are connected to providers throughout the United States which is optimal as discharge planning and post-acute services must be arranged in other states if not available in MS or the patient resides in another state. Discharge central also has the ability to maintain a forms library of federal, state, and local forms necessary for transitional management of patient such as CMS Detailed Notice of Discharge and Notice of Discharge Rights.

1. **Explain why the source is the only person or entity that can provide the required commodity/service:**

naviHealth (Curaspan) Discharge Central allows coordinated of care to communicate with a network of post-acute care providers throughout the State, as well as outside the State of Mississippi simultaneously due to their extensive database of providers. This platform is designed to optimize patient flow, decrease length of stay, and maximize resources.

They are not available from any other distributor. See supporting letter from **naviHealth, Inc**., Attachment A.

1. **Explain why the amount to be expended for the commodity/service is reasonable:**

The estimated amount to be expended is for the purchase of the naviHealth (Curaspan) Discharge Centralis **$245,176.15**. This amount is within the expected price range for these products.

1. **Describe the efforts that the agency/institution went through to obtain the best possible price for the commodity/service:**

Through market intelligence, UMMC was able to negotiate best pricing for these products. All applicable discounts were explored and applied.

**Submission Instructions and Format of Response from Objecting Parties**

Interested parties who have reason to believe that the **naviHealth Discharge Central,**  (hereafter, “Products”) should not be certified as a sole source should provide information in the Vendor Form for the State to use in determining whether or not to proceed with awarding the sole source to The Vendor Form may be found at [http://www.dfa.state.ms.us/ **naviHealth, Inc.** Purchasing/documents/ObjectiontoSoleSourceDetermination.pdf](http://www.dfa.state.ms.us/%20naviHealth,%20Inc.%20Purchasing/documents/ObjectiontoSoleSourceDetermination.pdf).

Objections must include the certification in Attachment B.

Comments will be accepted at any time prior to **Friday, June 8, 2018, at 3:00 p.m.** (Central Time) to [solesource@umc.edu](mailto:solesource@umc.edu). Responses may be delivered via email to [solesource@umc.edu](mailto:solesource@umc.edu). UMMC WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF RESPONSES. It is solely the responsibility of the Interested Parties that responses reach UMMC on time. Responses received after the deadline and responses that lack all required information will be rejected. UMMC reserves the right to inspect Interested Party’s commodity for comparison purposes.

If you have any questions concerning the information above or if we can be of further assistance, please contact [solesource@umc.edu](mailto:solesource@umc.edu).

Attachment A: Vendor Correspondence

Attachment B: Objection Certification

Attachment B

**SUBMITTED IN RESPONSE TO**

**Sole Source Certification No. SS9068**

**Accepted until Friday, June 8, 2018, at 3:00 p.m.**

I certify that the information contained in this objection is true and accurate to the best of my knowledge. I understand that UMMC will investigate all statements made in this objection and that any false or misleading information provided may result in adverse action.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Objector Name

Objector’s title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date