

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
 2. FROM: Jennifer Aguiar and Troy Hoskin

SS 22-0003

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:
To provide assessment of MSSD for quality, timeliness, and efficiency for the following functions: Credentialing and privileging, Initial focused professional practice evaluation, Management of meetings and support related to credentialing and privileging processes, Use of technology, Extent and appropriateness of other duties e.g., emergency department call, continuing medical education (CME), medical staff leadership support, maintenance of governance documents, policies & procedures, and Evaluating staff knowledge and experience

4. Vendor Name: The Greeley Company Address: 5 Cherry Hill Drive, Suite 200, Danvers, MA 01923	5. Price: \$ 27500 (+up to <u>\$10,000 in travel.</u>
6. Term of Contract: (mm/dd/yyyy) From: 8 Weeks from start date To:	7. Prior Sole Source Ref No. <u>N/A</u>

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:

- Criteria-based core privileging*
- Medical staff services department/credentials verification office assessment and redesign*
- Delegated credentialing gap analysis and policy design*
- Provider enrollment analysis*
- Credentialing file audit and cleanup*
- Software optimization*
- Medical staff services policy assessment, development and redesign*
- NCQA certification gap analysis and policy design*
- Centralized credentialing assessment and design*
- Initial FPPE assessment and redesign, OPPE and peer review*
- Advanced practice professionals policy development and privileging redesign*
- Medical services professional education and training programs*

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: *Provide customized and specific consultation and assessment of key deliverables for Medical Staff Services including their assessment of our new software system and use of our technology.*

10: Sole Source No. SS 22-0003

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because:

Huron- does not provide consultation specifically for Medical Staff Services and Credentialing

12. Direct any inquiries to:

Department: Jennifer Aguiar/Troy Hoskin

Contact Name/Title: Assistant Admin/Administrative Service Officer

13 Phone Number: 932-4370

Fax Number: 928-8980

Expenditure may be processed with a purchase order: Yes 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.*



Department Head (sign and print name)

4/15/2022
Date

Reserved for RCEO/Designee Use Only

Received 5.03.2022 ckk

15 Date Notice Posted: 5.03.2022 NC

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to:

Regional Chief Executive Officer
East Hawaii Region
1190 Waiuanuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17. APPROVED DISAPPROVED
 NO ACTION REQUIRED

Regional Chief Executive Officer Date