JUSTIFICATION AND APPROVAL FOR OTHER THAN FULL AND OPEN COMPETITION

Acquisition Title: COVID-19 Claim		ns Reimburs	ement for Testing and Treatment f	for Healthcare Providers Serving the Uninsured				
Agency:	HRSA/OPS							
Acquisition Year: FY 21								
Author:		Dina Passman						
2. Description	n of A	ction:						
Nature:	□N∈	w Requirement		Follow-on Requirement				
	✓ Mo	odification to Ex	isting Purch	ase Order/Contract Number: 75R6	50221C00004			
Pricing:	√ Fir	m-Fixed Price		☐ Time & Materials	Cost			
	□ Ot	her:						
Funds:		MΑ		Other Funds:				
		l)						
Name of Prop	osed C	Contractor(s):	United Hea	althCare Services, Inc.				
Street Addres	ss:		9900 Bren	Rd E				
City, State, Zi	p:		Minnetonk	Minnetonka, MN 5 5343-9664				
3. Description	n of Se	ervices or Suppli	es:					
Basis for Appr	oval (F	AR 6.303-1(d)):	✓ Individual Basis		Class Basis			
The total esti	mated	value of the pro	posed action	n, including all options is \$	(b) (4), (b) (5)			
This requirement is to increase the services necessary to process and distribute claims reimbursement, provide customer service education and outreach, project and program management, compliance and dispute resolution support, provider outreach, and data support for the COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for Uninsured Individuals (Uninsured Program) across the Nation.								
4. Authority and Rationale: Identify the statutory authority, FAR title and FAR citation permitting other than full and open competition. It may be one of the following most commonly used citations by the operating divisions of the Department of Health and Human Services (HHS), but other exceptions may apply per FAR Subpart 6.3.								

FAR 6.302-1: Only one responsible source and no other supplies or services will satisfy agency requirements, 41 U.S.C. 3304(a)(1)
As part of the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, HHS via HRSA awarded a Letter
FAR 6.302-2: Unusual and compelling urgency, 41 U.S.C. 3304(a)(2)
FAR 6.302-5: Authorized or Required by Statute, 41 U.S.C. 3304(a)(5)
Other (See <u>FAR Subpart 6.3</u> for additional authority):
5. Bridge Contracts:
6. Actions to Increase Competition:
This was an urgent requirement that needed an expedited response for reimbursing claims from healthcare providers for the testing an treatment of uninsured persons across the nation that have been affected by the Novel Coronavirus (COVID-19). The contracted services are only necessary to meet the current COVID-19 Pandemic needs and should not be required after the conclusion of the pandemic.
7. Market Research:
To find the current source, as part of its market research on April 2020, HHS and HRSA Leadership met with representatives from with potential vendors that could administer this program, including Medicare Administrative Contractors. This portion of the market

research allowed the Government to understand better the vendors' capability regarding their claim processing systems, staffing, and structure. After the meeting, technical proposal solutions were requested and evaluated; based on those presentations, UHG was

determined to be the best-suited vendor for the department's needs.

Actions other than simplified acquisition procedures (select only one and provide an explanation):

6. Procurement His	tory:		
Purchase order or contr	act number:	75R60221C00004	
Was action competed?	Yes	✓ No	
If action was not compe increase competition an		• •	le, and describe the actions that were supposed to be taken to
Contract Number 75R6	0220C00004 was not	t competed under authority	41 U.S.C. 3304(a)(1), Only One responsible source and no other
7. Additional Informati	ion to support the ju	stification	
attributable to corona-virus. In FY 2021, HRSA rec These laws provide economic and financial suppor healthcare-related expenses or lost revenues attrib	wived an additional \$8.5B from the American t for individuals and businesses impacted by outable to corona-virus. All of the claims to	n Rescue Plan Act (PL 117-002) in appropriated funds to rein y the corona-virus outbreak. To provide relief, Congress app	nd prevent, prepare for, and respond to corona-virus. HRSA subsequently received an additional \$78B from the Psycheck Protection P.L. 116-129) in appropriated funds to reimburse eligible healthcase providers for healthcare-related expenses or but revenues burse eligible rural healthcare providers or suppliers for healthcare related expenses or lost revenue attributable to coronavisus, prizated funding from the Public Health and Social Services Emergency Fund to relimburse eligible health care providers for ging the contractor at this current state will make it exceedingly challenging to process claims and return funds to health care e contract.
•	ments Certification:		rtify that the supporting data under my review which is
		Program Mai	nager
Name:	Danita Hunter		
Position Title:	Office of Providers	Services, Associate Administ	rator
Email address / Phone:	DHunter@hrsa.gov	/ 301.945.9815	
Signature	Danita F	. Hunter -S	Digitally signed by Danita F. Hunter -S Date: 2021.08.24 14:45:39 -04'00'
,	Program N	Manager Supervisor (or one	evel above Program Manager)
Name:	Diana Espinosa		
Position Title:	HRSA, Deputy Admi	inistrator	

Digitally signed by Diana Espinosa -S

Date: 2021.08.25 15:37:34 -04'00'

Email address:

Signature

Date:

DEspinosa@hrsa.gov

Diana Espinosa -S

_		pare the proposed prices to h etermine price fair and reasor			ices and with the independent this modification.
ptions)): I hereb	certify that the ct to availability	val (Required for proposed co is justification is accurate and of funds, and provided that th	complete to the bes	t of my knowledg	e. I approve this sole source
Nam	e:	Shirley Karver	F	Phone:	301-443-0136
Signat	ure:	Shirley Karver - Digitally signed by Shirley Karver - Date: 2021.08.25 16:2		Date:	8/25/2021
3. Legal Reviev	1				
1 OPDIV Compe	tition Advocate	Approval (Required for prop	osed contract over	\$700 000 but not	exceeding \$13.5 million value
calculated inc	uding all optio	ns): tion and find that it adequate			·
calculated inc	uding all optio ed this justifica Wendy B. P	ns): tion and find that it adequate	y supports other that Phone:	an full and open c	ompetition.
Name: Signature: Office of Small I have review	wendy B. P Wendy B. F I and Disadvant ed this justifica	tion and find that it adequated by the state of the state	Phone: Date:	301-443-2479	ompetition.
Calculated inc I have review Name: Signature:	wendy B. P Wendy B. F	tion and find that it adequated by the state of the state	Phone: Date:	301-443-2479	ompetition.
Name: Signature: Office of Small I have review	wendy B. P Wendy B. F land Disadvant ed this justifica	tion and find that it adequated by the state of the state	Phone: Date: Phone: Phone: Date:	301-443-2479	ompetition.
Calculated inc I have review Name: Signature: I have review Name: Signature:	wendy B. P Wendy B. F Wendy B. F I and Disadvant ed this justificat Wayne Berry Wayne M.	tion and find that it adequated by the signed by Wendy B. Ponton -S Ponton -S Ponton -S Date: 2021.08.2517:03:44-04'0 aged Business Utilization tion and find that it adequated by Digitally signed by Wayne M. Ber Serry -S8 Serry -S8 Serry -S8 Serry -S8	Phone: Date: Phone: Date: Date: Date:	an full and open of 301-443-2479	ompetition.
Calculated inc I have review Name: Signature: I have review Name: Signature: OPDIV HCA A	wendy B. P Wendy B. F Wendy B. F I and Disadvant ed this justificat Wayne Berry Wayne M.	tion and find that it adequated by the signed by wendy B. Ponton -S Ponton -S Date: 2021.08.2517:03:44-04'00 aged Business Utilization tion and find that it adequated by Digitally signed by Wayne M. Ber SB Date: 2021.08.26 07:28:08 -04'00 ared for proposed contract over	Phone: Date: Phone: Date: Date: Date:	an full and open of 301-443-2479	ompetition. ompetition. smpetition. million value calculated

HHS Senior Procurement Executive (SPE) Approval

Based on the foregoing justification, I hereby approve the procurement of (state supplies/services being procured) on an other than full and open competition basis pursuant to the authority of (state the full statutory authority and FAR cite and title, consistent with paragraph 4, e.g. 41 U.S.C. 3304), as implemented by <u>FAR 6.301</u>), subject to the availability of funds, and provided that the services herein described have otherwise been authorized for acquisition.

Name:	David R. Dasher	Phone:	
Signature:	David R. Dasher David R. Dasher (Sep 13. 2021 14:41 EDT)	Date:	09/13/2021

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CONTRACT OPPORTUNITY

Claims Reimbursement to Health Care Providers and Facilities For Testing, Treatment and Vaccine Administration for the Uninsured

This is the currently published version of this notice. Click here to edit a draft of the Contract Opportunity.

Header Information

Award Details

General Information

Classification

Description

Attachments/Links

Contact Information

History

Interested Vendors List

L	Authenticateu	

Public

Action▼

○ ACTIVE	Contract Opportunity
Notice ID	
75R60221C00004-P00004	
Related Notice	
75R60221C00004	
Department/Ind. Agency	
HEALTH AND HUMAN SERVICES, DEPARTMENT OF	
Sub-tier Sub-tier	
HEALTH RESOURCES AND SERVICES ADMINISTRATION	
Office	
HRSA HEADQUARTERS	

Award Details

Contract Award Date: Aug 23, 2021 Contract Award Number: 75R60221C00004 Task/Delivery Order Number:

Modification Number: P00004

General Information

Contract Opportunity Type: Justification (Original)
Original Published Date: Sep 15, 2021 09:51 am EDT
Inactive Policy: 30 days after published date

Original Inactive Date: Oct 15, 2021

Authority: FAR 6.302-1 - Only one responsible source (except brand name)

Initiative:

o None

△Allow Vendors to Add/remove from Interested Vendors List: Yes

△Allow Vendors to View Interested Vendors List: Yes

9/15/2021 SAM.gov

Classification

Product Service Code: Q701 - SPECIALIZED MEDICAL SUPPORT NAICS Code:

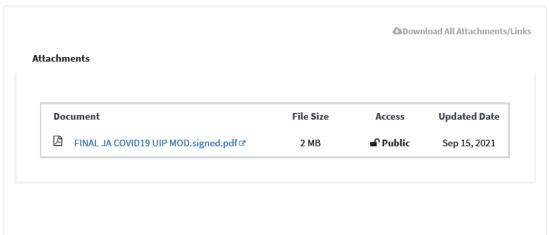
o 524292 - Third Party Administration of Insurance and Pension Funds

Place of Performance:

Description

The purpose of this modification is to increase the services necessary to process and distribute claims reimbursement, provide customer service education and outreach, project and program management, compliance and dispute resolution support, provider outreach, and data support for the COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for Uninsured Individuals (Uninsured Program) across the Nation.

Attachments/Links



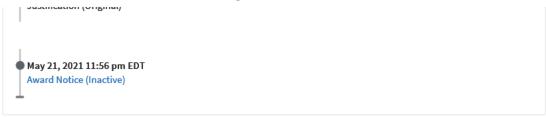
Contact Information

History

Sep 15, 2021 09:51 am EDT

Justification (Original)

9/15/2021 SAM.gov



Interested Vendors List







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JUSTIFICATION AND APPROVAL FOR OTHER THAN FULL AND OPEN COMPETITION

Acquisition Title: COVID-19 Claim		ns Reimburs	ement for Testing and	Treatment f	or Healthcare Providers Serving the Uninsured			
Agency:		HRSA/OPS						
Acquisition Ye	ear:	FY 21						
Author:		Dan Bietz						
2. Description	on of A	ction:		-				
Nature:	□N∈	ew Requirement		▼ Follow-on Requir	rement			
	□м	odification to Ex	isting Purch	ase Order/Contract Nu	ımber:			
Pricing:	▼ Fir	m-Fixed Price		☐ Time & Materials		Cost		
	Ot	her:						
Funds:		MA		Other Funds:	<u> </u>			
	1							
Name of Prop	osed C	Contractor(s):	United Hea	althCare Services, Inc.				
Street Addres	ss:		9900 Bren	Rd E				
City, State, Zi	p:		Minnetonk	Minnetonka, MN 55343-9664				
	•-							
		ervices or Suppli AR 6.303-1(d)):	ies: Individ	lual Basis		Class Basis		
				<u> </u>		b) (4), (b) (5)		
					🗘		_	
vaccination o	The purpose of this procurement is to support claims reimbursement and other support for COVID-19 testing, treatment, and vaccination of uninsured individuals. The scope of this activity includes processing and distributing payments, providing customer							
service outreach, project and program management, compliance and dispute resolution support, provider outreach, and data support.								
<u></u>	-							
Authority and Rationale: Identify the statutory authority, FAR title and FAR citation permitting other than full and open competition. It may be one of the following most commonly used citations by the operating divisions of the Department of Health and Human Services (HHS), but other exceptions may apply per FAR Subpart 6.3.								
							\Box	

Actions other than simplified acquisition procedures (select only one and provide an explanation): FAR 6.302-1: Only one responsible source and no other supplies or services will satisfy agency requirements, 41 U.S.C. 3304(a)(1)
This follow-on contract action is to continue reimbursing claims from healthcare providers for the testing and treatment of uninsured persons across the nation that have been affected by the Novel Coronavirus (COVID-19). To meet this urgent and compelling national contract to the contract of the contr
FAR 6.302-2: Unusual and compelling urgency, 41 U.S.C. 3304(a)(2)
N/A
FAR 6.302-5: Authorized or Required by Statute, 41 U.S.C. 3304(a)(5)
N/A
Other (See <u>FAR Subpart 6.3</u> for additional authority):
N/A
5. Bridge Contracts:
N/A
5. Actions to Increase Competition:
Even though this is a sole source follow on procurement action, the intent to sole source with United HealthCare Group was posted in the Government Point of Entry (beta.sam.gov). The purpose of the notice was to let interest offerors of the Government's intent and provide them an opportunity to submit their interest by sending their capabilities or responses before the notice's closing date and to
7. Market Research:
Market Research was conducted within the last year to determine if capable sources exist to provide the services. Based on the mark research, the Government ran a limited competition.

6. Procurement His	tory:			
Purchase order or contr	act number:	75R60	220C00005	
Was action competed?	peted? Yes		□ No	
If action was not compe increase competition an			y, summarize rationa	e, and describe the actions that were supposed to be taken to
7. Additional Informati	ion to support the ju	ıstificati	ion	
Program (PPP) and Health Care Enhancement Ac attributable to coronavirus. In FY 2021, HRSA rece These laws provide economic and financial suppor	t (P.L. 116-139), and the Coronavirus Respo eived an additional \$8.5B from the American rt for individuals and businesses impacted by	onse and Relief (Rescue Plan Ad orthe coronavirus	Supplemental Appropriations (CRRSA) Act (F ct (PL 117-002) in appropriated funds to reimb s outbreak. To provide relief, Congress appro	prevent, prepare for, and respond to coronavirus. HRSA subsequently received an additional \$78B from the Paycheck Protection L. 116-123) in appropriated funds to reimburse eligible healthcare providers for healthcare-related expenses or lost revenues use eligible rural healthcare providers or suppliers for healthcare related expenses or lost revenues attributable to coronavirus, orizated funding from the Public Health and Social Services Emergency Fund to relativuse eligible health care providers for ging the contractor at this current state will make it exceedingly challenging to process claims and return funds. The Nation's health
•	ements Certification: is accurate and com		signature below, I ce	rtify that the supporting data under my review which is
			Program Mar	<u>ager</u>
Name:	Danita Hunter			
Position Title:	Office of Providers	Services	s, Associate Administ	ator
Email address / Phone:	DHunter@hrsa.gov	/ 301.9	945.9815	
Signature				
	Program N	1anager	Supervisor (or one l	evel above Program Manager)
Name:	Diana Espinosa			
Position Title:	HRSA, Deputy Admi	inistrato	or	
Email address:	DEspinosa@hrsa.go	οv		
Signature				

Date:

cost to the Go		his contract action v	will be fair and	reasonable.	ıre below, I here	
_		pare the proposed petermine price fair a	•		or the same servi	ices and with the independent
otions)): I hereby	certify that the t to availability	is justification is acc	urate and com	plete to the best	of my knowledg	e calculated including all ge. I approve this sole source bed have otherwise been
Nam	e:	Shirley Karver		P	none:	301-443-0136
Signati	ıre:			[Oate:	3/24/21
. Legal Review						
calculated incl	uding all option	ns): tion and find that it				
calculated incl	uding all optioned this justifica	ns): tion and find that it		pports other tha	n full and open c	competition.
Name: Signature:	wding all optioned this justificated Wendy B. Po	ns): tion and find that it	adequately su	pports other tha Phone: Date:	301-443-2479	competition.
Name: Signature:	wding all optioned this justificated Wendy B. Po	ns): tion and find that it onton aged Business Utiliz tion and find that it	adequately su	pports other tha Phone: Date:	301-443-2479	competition.
Name: Signature: Office of Small	wed this justificated this justificated this justificated when the wedge with the	ns): tion and find that it onton aged Business Utiliz tion and find that it	adequately su	pports other tha Phone: Date: pports other tha	301-443-2479	competition.
Name: Office of Small I have reviewed Name: Signature: Signature: Signature:	wendy B. Po and Disadvant ed this justifica Wayne Berr	ns): tion and find that it onton aged Business Utiliz tion and find that it	adequately su ation adequately su	pports other tha Phone: Date: pports other tha Phone: Date:	301-443-2479	competition.
Name: Office of Small I have reviewed Name: Office of Small Signature: Name: OPDIV HCA A	wendy B. Po and Disadvant ed this justifica Wayne Berr	ns): tion and find that it onton aged Business Utiliz tion and find that it y	adequately su ation adequately su	pports other tha Phone: Date: pports other tha Phone: Date:	301-443-2479	competition. competition. competition.

HHS Senior Procurement Executive (SPE) Approval

Based on the foregoing justification, I hereby approve the procurement of (state supplies/services being procured) on an other than full and open competition basis pursuant to the authority of (state the full statutory authority and FAR cite and title, consistent with paragraph 4, e.g. 41 U.S.C. 3304), as implemented by <u>FAR 6.301</u>), subject to the availability of funds, and provided that the services herein described have otherwise been authorized for acquisition.

Name:	David Dasher	Phone:	
Signature:		Date:	