



# Application for Grants

*If any item is not applicable to the request, the applicant should enter "not applicable".*

## **I. Certification – Please attach immediately after cover page**

### **1. Certificate of Good Standing (If the Applicant is an Organization)**

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2022.

One (1) copy of a certificate of good standing for Hawaii Health Information Exchange ("HHIE" or the "Applicant") from the Director of Commerce and Consumer Affairs dated January 9, 2023 is included with this application as Attachment 1.

### **2. Declaration Statement**

The applicant shall submit a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#).

A signed declaration statement affirming HHIE's compliance with [Section 42F-103, Hawaii Revised Statutes](#) is included with this application as Attachment 2.

### **3. Public Purpose**

The applicant shall specify whether the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

By its submission of this application, HHIE certifies, attests, and specifies that the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#), as described herein in greater detail.

## **II. Background and Summary**

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

### **1. A brief description of the applicant's background**

Hawaii Health Information Exchange (HHIE) is a Hawaii 501(c)(3) nonprofit corporation founded in 2006 to serve as Hawaii's neutral, trusted entity to aggregate and securely exchange patient-level health and medical records between health plans, health systems, and providers. This secure exchange improves the quality, safety, and efficiency of patient care, bettering health outcomes for patients and reducing health care costs for the community. HHIE

was founded by Hawaii's major healthcare entities who contributed subject-matter expertise and financial support to get HHIE off the ground.

In 2009, HHIE became the State's Designated Entity to facilitate the exchange of health information. The designation was affirmed in 2012 and 2014. HHIE has been securely exchanging patient records between health plans, health systems, and providers, since the launch of its Community Health Record portal (also known as Health eNet) in March of 2015.

HHIE has the technology, technical expertise, and governance to enable health care providers and stakeholders to share and access complete clinical data. HHIE's Community Health Record portal is accessible by medical providers that contract with HHIE and creates virtual consolidated charts on-demand for each unique individual, retrieving data from separate repositories holding data for the person from different hospitals and clinics. The arrangement allows for traceability of records for accounting and auditing of data access. The HHIE Health eNet receives and processes real-time records on patient registration, admission, transfer and discharge activities, diagnostic testing (e.g., laboratory, pathology, imaging) results, medication histories, care plans and discharge summaries. The Health eNet also allow authorized users to communicate securely using protocols specified by the CMS Office of National Coordinators for Health IT (ONC). HHIE has made significant contributions toward improving outcomes and reducing health care costs for the population in Hawai'i.

In addition to providing portal access, HHIE also monitors about 700,000 patients identified by their providers as "high risk" because of chronic illnesses. As they seek care (e.g., unplanned hospital visits), HHIE sends real-time electronic alerts and notifications to care coordinators at health plans, health systems, and clinics to ensure that those individuals get timely follow-up to achieve optimal outcomes.

As shown in Fig.1 below, the weekly usage of the Health eNet over the last five years has trended consistently upward, reflecting the value that the community sees in the HHIE solutions.

*Figure 1. Week Usage of HHIE Records by Authorized Users*



Throughout the COVID-19 pandemic, HHIE played a pivotal role in transmitting COVID-19 testing results to the Department of Health for their reporting to policy-makers at the local and federal level, and for HiPAM (the multi-disciplinary pandemic modeling workgroup at UH-Manoa) to provide forecasts to inform the public. HHIE also made available clinical information in our repository to support patients and providers in telehealth visits while the in-person interactions between providers and patients were restricted to minimize the risk of COVID-19 spread.

HHIE continues to participate and/or lead various community forums, task forces and workgroups to transform healthcare and address health equity. Our neutrality, cultural sensitivity, specialized knowledge, and expertise continues to be looked upon as a valuable resource, both at the local and national level. HHIE strives to improve our tools and services so that we can contribute to improving health and social equity in Hawai'i.

2. The goals and objectives related to the request

Goal

To continue to provide the state's health information exchange services that health care providers need to deliver effective health care and to operate their businesses in a sustainable manner.

Objectives

1. Provide the ability for authorized health care providers to continue to access a complete patient record in a vendor neutral environment.
2. Provide capabilities to assemble a complete patient record based on information from the entire health care community.
3. Provide the capability for health care providers to demonstrate compliance with emerging government regulations in order to enhance their revenue stream and maintain their business operations.

Because of new use cases and data requirements as the nation move towards value-based care, and rules and regulations promulgated by the 21st Century Cures Act, the healthcare community seeks to adopt new technology to meet those needs. In response, solution vendors are upgrading, or radically redeveloping their technology stacks and sunsetting their “legacy” software to stay competitive in the market. HHIE must upgrade its technology as it strives to continue supporting our community, including the underserved population.

The Health eNet was licensed by HHIE from Medicity, now known as Health Catalyst Interoperability (HCI), in 2011, after being chosen as the best solution by the HHIE stakeholders. In October 2022, the parent company of HCI announced that they will be sunsetting the HCI platform by 2024. It will be replaced with software from a newly acquired company, KPI Ninja, specializing in supporting Health Information Exchanges with up-to-date technologies.

**The requested funds will allow HHIE to upgrade and maintain the current Health eNet technology as well as improve the parsing of the clinical data so that it can be more easily accessed and utilized by the organizations that assist community providers, especially rural providers that care for the underserved. This improvement will allow the clinical data to follow the patient to the point of care.**

**Additionally, the ability to provide data analytics to Provider Organizations, Accountable Care Organizations, and other organizations that are lacking the technological infrastructure will allow them to better assist those smaller practices and help improve patient care and drive performance indicators.**

**These services that improve the effective delivery of healthcare will improve Hawaii’s ability to attract new health care providers to practice in the State and have a positive impact on the overall shortage of physicians in Hawaii.**

3. The public purpose and need to be served

HHIE’s public purpose is to better health outcomes for Hawaii’s population and reduce health care costs for the community, by working to create a complete patient health record for providers, regardless of the health care facility where the patient was previously treated. HHIE saves lives and betters patient care.<sup>1</sup>

4. Describe the target population to be served

HHIE securely exchanges patient-level health and medical records between health plans, health systems, and providers for patients seen in the State of

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<sup>1</sup> <https://www.hawaiihie.org/testimonials> S

Hawaii. The target population is anyone seeking medical care in the state of Hawaii, which includes virtually all residents of the state, as well as visitors to the state who seek medical care.

The HHIE Health eNet portal has data on close to four million patients, including many visitors, veterans, military personnel, and their dependents. In an average week, records on about 23,000 patients are accessed by about 3,600 providers and their staff.

5. Describe the geographic coverage

As of December 2022, all major health systems and hospitals and both major laboratories across the State are participating and sharing data with Hawai'i HIE. In the provider community, HHIE has over 2,000 providers sharing all or partial data with HHIE. HHIE's data sources come from Oahu, Hawaii Island, Maui, Lanai, Kauai and Molokai.<sup>2</sup>

### **III. Service Summary and Outcomes**

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities

HHIE will leverage its existing domain committees, whose members are subject-matter experts in their respective specialization from the healthcare community to advise on and influence the project activities. Committee to be leveraged include the Interoperability Committee, the Technical and Infrastructure Committee, the Legal Policy Committee and the Communications and Outreach Committee. The following are high-level scopes and tasks:

- Preparation and Project Activities Planning  
Tasks will include systems and security analysis, legal and compliance review, negotiation of vendor agreement. Tasks will be done by HHIE internal resources (see Section VI for personnel details).
- Technical Activities  
Tasks include establishing secure cloud infrastructure; synchronization and deduplication of patient identities across all data sources; migration of data interfaces; conversion of database and data elements and post-migration validation and testing. Tasks will involve vendors, including Health Catalyst and other vendors specializing in cloud-based services and patient identity

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<sup>2</sup> <https://www.hawaiihie.org/data-flow>

management. HHIE technical and legal/compliance resources will be involved, so will technical and clinical data experts from HHIE stakeholder communities.

- Communications and Training Activities  
Tasks include communicating and coordinating with all HHIE-participating health plans, hospitals, clinics and providers throughout the process, and as each technical task is complete to validate and test the results of the technical activities; followed by training of end-users of the new and improved features and functionality implemented. Vendors and HHIE resources will be engaged in these tasks.
- Documentation and Compliance Activities  
Tasks include preparation of system operational policies and procedures, training material, user-guides and other collateral material to support HHIE users; assuring data security and compliance throughout the implementation process; and support of information security-risk analysis of new software platform. HHIE resources and specialized vendor will be engaged.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service

**PHASES.** Targeted start by June 2023, go-live by September 2024, and completion by March 2025.

PHASE	DURATION	DATES
1. Preparation	3 months	June 2023 – August 2023
2. Implementation	12 months	September 2023 – September 2024
3. Post-live Transition	3 months	October 2024 – December 2024
4. Close-out	3 months	January 2025 - March 2025

**STAKEHOLDERS.** Project timeline developed based on the below key stakeholder audiences:

- Board Of Director Stakeholders
- Healthcare Community
- Current End-Users
- Future End-Users
- Citizens (and visitors) in Hawaii who uses the health care system

**TIMELINE.** Timeline of the proposed activities.

PHASE 1	PREPARATION
June 2023 – July 2023	<ul style="list-style-type: none"> <li>• Formalize project management plan and subsidiary plans.</li> <li>• Socialize PMP to key stakeholders and partners/vendors.</li> <li>• Conduct end-user needs assessment.</li> </ul>
July 2023 – August 2023	<ul style="list-style-type: none"> <li>• Establish security protocols.</li> <li>• Formalize business continuity/contingency plans, roll-out plans, and transition plans.</li> </ul>

	<ul style="list-style-type: none"> <li>• Formalize integration plans for dependent systems.</li> <li>• Determine product features.</li> <li>• Finalize implementation plan, training plan, testing/UAT (user acceptance testing) plan, and communication plan.</li> <li>• Finalize SOW and execute any remaining contract agreements.</li> <li>• Communicate to healthcare community on new project.</li> </ul>
<b>PHASE 2</b>	<b>IMPLEMENTATION</b>
September 2023 – December 2023	<ul style="list-style-type: none"> <li>• Conduct kick-off meetings.</li> <li>• Establish cloud infrastructure.</li> <li>• Integrate EMPI (enterprise master patient index).</li> <li>• Process HL7 V2 and CCDAs (Continuity of Care Documents) into CDR (Clinical Data Repository).</li> </ul>
January 2024 – March 2024	<ul style="list-style-type: none"> <li>• Continue to process HL7 V2 and CCDAs into CDR.</li> <li>• Develop Community Health Record / Provider Portal.</li> <li>• Conduct data validation, execute test plans, and conduct UAT.</li> <li>• Resource Provider Services / Account Management team for training and transition support.</li> </ul>
April 2024 – May 2024	<ul style="list-style-type: none"> <li>• Integrate dependent systems (i.e., PASS/REG, Salesforce, etc.).</li> <li>• Finalize internal SOP/SLAs.</li> <li>• Conduct internal training.</li> <li>• Develop user-friendly resources for end-users.</li> <li>• Communicate systems upgrade and transition plan to end-users.</li> </ul>
June 2024 – August 2024	<ul style="list-style-type: none"> <li>• Create system back-ups and establish system back-up plans.</li> <li>• Resolve or create mitigation/resolution plan for all remaining errors, bugs, and issues.</li> <li>• Create maintenance plan and formalize future upgrades/releases.</li> <li>• Conduct operational readiness assessment.</li> <li>• Outreach and schedule trainings with end-user Point of Contact (POCs).</li> <li>• Conduct external trainings with end-user POCs.</li> <li>• Develop marketing and business materials for new service system.</li> </ul>
August 2024 – September 2024	<ul style="list-style-type: none"> <li>• Communicate to healthcare community and end-users on go-live date of new system.</li> <li>• Update website with new portal, systems requirements info, end-user resources, and business/marketing materials.</li> <li>• Complete migration from HCI to KPI systems.</li> <li>• Go-live with new Community Health Record.</li> <li>• Go-live with new Analytics.</li> <li>• Finalize documentation and knowledge transfer.</li> <li>• Continue to support and train end-users on transition to new system.</li> </ul>
<b>PHASE 3</b>	<b>POST-LIVE TRANSITION</b>
October 2024 – December 2024	<ul style="list-style-type: none"> <li>• Monitor system performance.</li> <li>• Analyze new system use and produce case studies/report on valuable data.</li> <li>• Conduct and complete Information Security Risk Assessment and remediation of items identified.</li> <li>• Communicate to healthcare community and end-users on sunsetting of old system.</li> <li>• Continue to support and train end-users on transition to new system.</li> <li>• Continue to engage and educate end-users.</li> <li>• Conduct end-user survey to obtain feedback on new system.</li> <li>• Develop outreach plan to generate interest with potential new end-users and the healthcare community.</li> </ul>



PHASE 4	Close Out
January 2025 – March 2025	<ul style="list-style-type: none"> <li>• Project Closeout Report to include: Evaluation of project performance against PMP, variance report, project completion approval.</li> <li>• Archive documentation.</li> </ul>

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results

Summary of planned quality control and assurance activities:

- Use Salesforce CRM to create tickets for issues identified, progress documentation and resolution of issues reported
- Use project monitoring tools to summarize and document specific activities changes to original plan
- Weekly project meetings, both internally and with vendor(s) for technical, security and compliance checkpoints to focus effort and adjust priorities as needed
- Monthly summary report of key metrics to HHIE domain committees (led by Board of Directors) to gain feedback and additional insight to improve project execution
- Informal survey of stakeholders within each phase of the project to identify issues and concerns
- Formal survey of stakeholder after completion of each phase of the project
- Engage current HIE consultants to provide feedback on new developments
- Regular reporting to awarding State Agency overseeing the award

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency).

The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

**MEASURES OF EFFECTIVENESS.**

- Overall adherence to timeline of deliverables
- Number of end users onboarded to new system
  - Number of providers onboarded
  - Number of Medicaid/Medicare-related providers onboarded
- End user utilization rate
  - Provider utilization rate
  - Staff user utilization rate
- End user satisfaction assessment
- Platform financial and operational sustainability rates
- Patient duplication rate

- Other measurable improvements due to increased utilization of new system such as reduced acute care utilization rates

## **IV. Financial**

### **Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
  - a. Budget request by source of funds (Link)
  - b. Personnel salaries and wages (Link)
  - c. Equipment and motor vehicles (Link)
  - d. Capital project details (Link)
  - e. Government contracts, grants, and grants in aid (Link)

See Attachment 3.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2024.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$396,427.40	\$396,427.40	\$396,427.40	\$396,427.40	\$1,585,709.60

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.

HHIE is also seeking potential for funding from community foundations of up to \$100,000.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

HHIE is a 501(c)3 nonprofit organization and is tax exempt. There are no other known tax credits from either state or federal credits pertaining to any capital project.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2024 for program funding.

Please see table below:

Client	Project name or identifier	Description	Award Date	Amount	HHIE Role	Funding Source	Funding Description
L. Krenk Inc.	NIH Federal Award No. 1R42AG063655-01	Algorithm to Identify Patients at Risk of Medication-Related Hospitalization	2019	\$ 46,016.67	Sub-Recipient	Federal	Federal - NIH
Department of Human Services (MedQUEST)	DHS-20-MQD-0086 / MQD-2020-016 / IFB-MQD-2020-2016 / P.O. 00459906	COVID 19 Emergency	2020	\$ 1,051,249.00	Contractor	Federal/ State	90/10
Department of Human Services (MedQUEST)	P.O. 00462578	COVID 19 Emergency	2022	\$ 248,676.34	Contractor	Federal/ State	90/10
L. Krenk Inc.	NIH Federal Award No. 4R42AG063655-02	Algorithm to Identify Patients at Risk of Medication-Related Hospitalization	2022	\$ 149,362.00	Sub-Recipient	Federal	Federal - NIH
Research Corporation Of The University Of Hawaii	Kuleana Project	Award	22-Feb	\$ 56,509.00	Contractor	County of Hawaii	Federal Grant to County
Research Corporation Of The University Of Hawaii	Kuleana Project Amendment 1	Scope Change / No Dollar Impact	22-Jun	\$ -	Contractor		Federal Grant to County
Research Corporation Of The University Of Hawaii	Kuleana Project Amendment 2	Award - Project Phase 2	22-Oct	\$ 56,509.00	Contractor	County of Hawaii	Federal Grant to County

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

HHIE Unrestricted Current Assets as of 12/31/2022 totaled \$850,000.00

## **V. Experience and Capability**

### **1. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Hawaii Health Information Exchange has served as Hawaii’s neutral, trusted entity securely exchanging patient-level health and medical records between health plans, health systems, and providers since its founding in 2006. HHIE has been securely exchanging patient records continuously using standards specified by the Federal Government since 2012, first using Direct Email exchange. For almost eight years, HHIE has supported dynamic, secure web-based exchange since the launch of its Community Health Record portal in March of 2015.

HHIE staff, including staff that initially worked with the community to select HCI (then Medicity), will lead the migration of the Health eNet from HCI to KPI Ninja by Health Catalyst. See Section VI “Personnel: Project Organization and Staffing” for more detail on key staff members.

HHIE has contracted with HCI continuously since 2011 to license the Community Health Record and related tools since HHIE and the community selected HCI as the best solution to provide health information exchange services. Additionally, HHIE has contracted with KPI Ninja since 2021 (prior to, as well as following its business combination with HCI) on various health information exchange projects.

## 2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

N/A

## **VI. Personnel: Project Organization and Staffing**

### **1. Proposed Staffing, Staff Qualifications, Supervision and Training**

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

#### **KEY STAFF**

##### **Francis Chan, Chief Executive Officer**

Mr. Chan will lead HHIE's strategic vision on the migration of the Health eNet from HCI to KPI Ninja by Health Catalyst and will work with HHIE's Board of Directors and community leaders to ensure the seamless transition of services. Mr. Chan has served as HHIE's Chief Executive Officer since 2018 and has over 11 years' experience working at HHIE. Before joining HHIE as an employee, Mr. Chan served as an HHIE Board member from 2007-2011. As an employee and as a Board member, he guided the design of the HIE architecture and helped acquire technology solutions to make the Community Health Record and clinical data exchange possible. He previously served as the Chief Information Officer at Clinical Labs of Hawaii. He has 32 years of experience managing health information technology systems and staff. Mr. Chan serves as a Board member for Mountain Pacific Quality Health Foundation. He holds a MPH and B.S. from the University of Hawaii at Manoa.

##### **Albert Ogata, Chief Operating Officer, Chief Technology Officer**

Mr. Ogata will lead HHIE's technology vision and operational execution on the migration of the Health eNet. He has worked at HHIE since 2020. He previously worked at Hawaii Medical Service Association (HMSA) for 18 years, including serving as HMSA's Chief Information Security Officer and HIPAA Privacy and Security Officer. Mr. Ogata is a multidisciplinary leader with over 40 years' experience managing local and global teams, with extensive background in risk management, cyber security, HIPAA privacy and security, business continuity, facilities management, and information systems. He holds a B.S. in Engineering from the University of California at Berkeley.

*Ben Tutor, Senior Director, Business and IT Operations*

Mr. Tutor will lead the day-to-day aspects of the migration and maintain oversight on systems and data security. He has worked at HHIE since 2018. Mr. Tutor has over 25 years' experience working in health information technology. His extensive experience includes working as the Director of Information Technology at Waikiki Health, serving as an IT Analyst at Planned Parenthood of the Great Northwest and Hawaiian Islands, and working as the Manager of Information Technology at Kalihi-Palama Health Center.

*Rebecca Burton, M.D., Chief Medical Officer*

Dr. Burton will use her medical expertise to lead HHIE's partnership with the healthcare community to communicate the medical benefits and efficiencies of the updated Community Health Record and related suite of HHIE services to current and prospective health care practitioners, ensuring the seamless access to vital health data. She has worked at HHIE since 2016. Dr. Burton is a physician licensed in Hawaii who completed three years of general surgery residency at Summa Health Systems. She holds a M.D. from Wright State School of Medicine, and a B.S. from Cleveland State University.

*Rahul Maitra, J.D., General Counsel and Privacy Official*

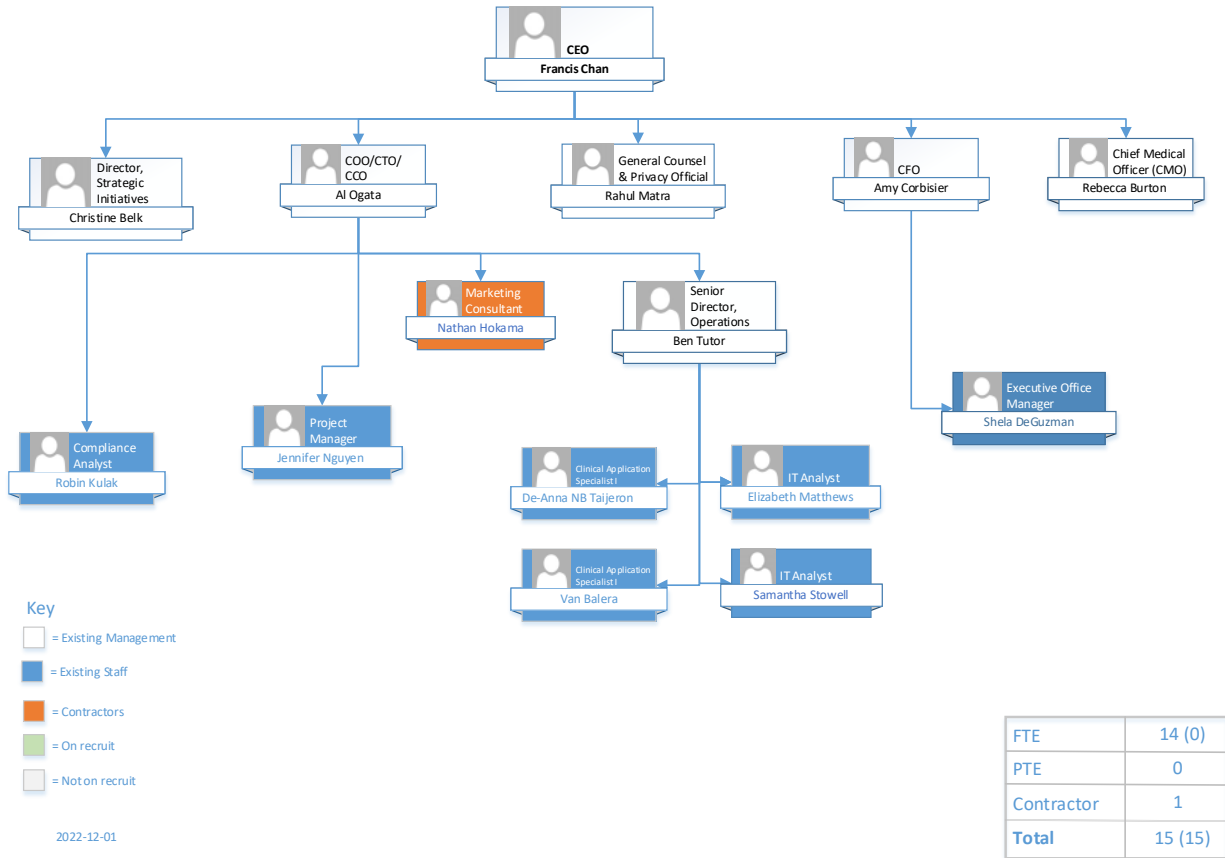
Mr. Maitra will lead oversight of the regulatory and compliance aspects of the migration. He has five years' experience working in health information exchange. Mr. Maitra previously served as General Counsel of Clinical Labs of Hawaii. He holds a J.D. from Duke University School of Law, and a B.A. from Cornell University.

**2. Organization Chart**

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

HHIE's organization chart is as follows:

Hawaii Health Information Exchange Organization Chart



### 3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

<u>Position Title</u>	<u>Salary</u>
Chief Executive Officer	\$150,000.00
Chief Operating Officer	\$125,000.00
Chief Medical Officer	\$125,000.00

## VII. Other

### 1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

N/A

## **2. Licensure or Accreditation**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

In 2009, HHIE became the State's Designated Entity to facilitate exchange of health information. In February 2012, the designation was re-affirmed in a Memorandum of Agreement between the Hawai'i HIE and Governor Neil Abercrombie. In 2014, HHIE was recognized and designated as the only functional statewide HIE in Hawai'i through a 2014 Hawai'i Senate Concurrent Resolution No. 36 (2014). Under the Concurrent Resolution, it was resolved that HHIE continue to advance health care transformation initiatives, including the electronic exchange of health information as a partner with the Hawaii State Legislature and Administration. In 2015, Governor David Ige affirmed the role of Hawai'i HIE as key partner in Hawaii's strategies for system-wide health innovation.

## **3. Private Educational Institutions**

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

This grant will not be used to support or benefit a sectarian or non-sectarian private educational institution.

## **4. Future Sustainability Plan**

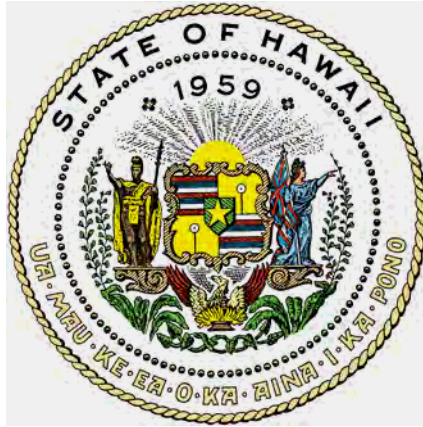
The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2023-24, but
- (b) Not received by the applicant thereafter.

HHIE is not directly funded by the state or federal government. HHIE was founded in 2006 and is and has been independently sustainable each year through private and public contracts it enters into to provide health information exchange services to the community. The funds HHIE is requesting in this application are for a one-time migration and upgrade of its technology services. HHIE will remain an independently sustainable organization through its private and public contracts if it does not receive grant funds after fiscal year 2023-2024 (or after December 2024).

# ATTACHMENT 1





## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

#### HAWAII HEALTH INFORMATION EXCHANGE

was incorporated under the laws of Hawaii on 02/16/2006 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 09, 2023

Director of Commerce and Consumer Affairs

# **ATTACHMENT 2**

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Hawaii Health Information Exchange

(Typed Name of Individual or Organization)



(Signature)

1/19/2023

(Date)

Francis Chan

Chief Executive Officer

(Typed Name)

(Title)

Rev 12/14/22

# **ATTACHMENT 3**

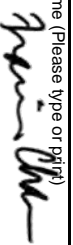
# BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: Hawaii Health Information Exchange (HHIE)

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	405,721	0	0	0
2. Payroll Taxes & Assessments	101,430	0	0	0
3. Fringe Benefits	60,858	0	0	0
<b>TOTAL PERSONNEL COST</b>	<b>568,010</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island & Accommodations	5,000			
2. Insurance	2,000			
3. Acquisition of Equipment	20,000			
4. Lease/Rental of Space	4,200			
5. Staff Training	10,000			
6. Supplies	1,500			
7. Telecommunication	20,000			
8. Utilities	5,000			
9. CIP Software & Implementation	825,000			100,000
10 Professional Consultants	25,000			
11 Professional Compliance & Risk Analysis	100,000			
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>1,017,700</b>			<b>100,000</b>
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>1,585,710</b>	<b>0</b>	<b>0</b>	<b>100,000</b>
<b>SOURCES OF FUNDING</b>				
(a) Total State Funds Requested	1,585,710			O:808-441-1351 M:414-234-6592
(b) Total Federal Funds Requested	0			Phone 1/19/2023
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	0			
<b>TOTAL BUDGET</b>	<b>1,585,710</b>			

Budget Prepared By: Amy Corbisier (CFO) Date

Name (Please type or print)  Date

Signature of Authorized Official: Francis Chan, Chief Executive Officer Date

Name and Title (Please type or print)

Applicant: Hawaii Health Information Exchange (HHIE)

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Program Executive	CEO	2,080	\$ 150,000.00	5%	\$ 6,850.96
Program Director	COO	2,080	\$ 125,000.00	5%	\$ 5,709.13
Program Finance Executive	CFO	2,080	\$ 125,000.00	5%	\$ 5,709.13
Program Manager	Sr Director IT	2,080	\$ 110,000.00	50%	\$ 55,000.00
Project Manager I	PM	2,080	\$ 90,000.00	10%	\$ 8,653.85
Project Manager II	Director - Strategy	2,080	\$ 110,000.00	10%	\$ 10,576.92
Health IT Business/Application Analyst - I	IT Staff	2,080	\$ 75,000.00	75%	\$ 55,889.42
Health IT Business/Application Analyst - II	IT Staff	2,080	\$ 80,000.00	75%	\$ 59,615.38
Health IT Interface & Data Analyst II	IT Staff	2,080	\$ 85,000.00	75%	\$ 63,341.35
Health IT Interface & Data Analyst III	IT Staff	2,080	\$ 90,000.00	75%	\$ 67,067.31
Health IT Database Administrator	IT Staff	2,080	\$ 75,000.00	75%	\$ 55,889.42
Medical/Health Subject Matter Executive	CMO	2,080	\$ 125,000.00	5%	\$ 5,709.13
Legal & Compliance Consultant Executive	General Counsel	2,080	\$ 125,000.00	5%	\$ 5,709.13
					\$ -
<b>TOTAL:</b>					\$ 405,721.15
<b>JUSTIFICATION/COMMENTS:</b>					

Applicant: Hawaii Health Information Exchange (HHIE)

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
IT equipment Laptops	8	\$ 2,500.00	\$ 20,000.00	\$ 20,000.00
			\$-	
			\$-	
			\$-	
			\$-	
<b>TOTAL:</b>			\$ 20,000.00	\$ 20,000.00
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
No Motor Vehicles			\$-	
			\$-	
			\$-	
			\$-	
			\$-	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

Applicant: Hawaii Health Information Exchange (HHIE)

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2021-2022	FY: 2022-2023	FY:2023-2024	FY:2023-2024	FY:2024-2025	FY:2025-2026
PLANS			\$ 391,427.40			
LAND ACQUISITION			\$ -			
DESIGN			\$ 391,427.40			
CONSTRUCTION - CIP Software, Professional Services and Labor			\$ 782,854.81		\$ 749,570.15	
EQUIPMENT - Laptops & other technology			\$ 20,000.00			
<b>TOTAL:</b>			\$ 1,585,709.62		\$ 749,570.15	
<b>JUSTIFICATION/COMMENTS:</b>						



**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: Hawaii Health Information Exchange (HHIE)

Contracts Total: -

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)</b>	<b>CONTRACT VALUE</b>
1	Request to Private Foundations	Pending	TBD		TBD
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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30					

# **ATTACHMENT 4**

## Application Submittal Checklist

*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - a) Budget request by source of funds ([Link](#))
  - b) Personnel salaries and wages ([Link](#))
  - c) Equipment and motor vehicles ([Link](#))
  - d) Capital project details ([Link](#))
  - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



FRANCIS CHAN, CHIEF EXECUTIVE OFFICER

1/19/2023

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE