HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
Statewide Health Coordinating Council – Plan Development Committee

DRAFT

Meeting Minutes

September 19, 2024 | 1:30 PM Hawaii Time
Virtually via Zoom and Physical Meeting Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402
https://www.zoomgov.com/rec/share/CGIog632m-WzHzvkKUNAZhmYsUea-lVn9ljjM28TmGg8Jk_OEWDYVhzTWTfZcd5E.-UUHOWDStfFxPYNY
Passcode:D8HAv^A!

MEMBERS: Tori Abe Carapelho, Lance Ching, Adrienne Dillard, Robert Hirokawa, Karen Holt, Jeanette Koijane, Paul Roeder, Wesley Sumida
MEMBERS ABSENT: Melissa Ah Ho-Mauga, Jillian Kelekoma
GUESTS:
SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	6/19/23	9/1/23	10/27/23	12/1/23	1/26/24	9/19/24	TBD	TBD	TBD	TBD
Melissa Ah Ho-Mauga	/	X	X	X	X	O				
Tori Abe Carapelho	X	X	X	X	X	X				
Lance Ching	/	X	X	X	O	X				
Adrienne Dillard	/	X	O	X	X	X				
Stacy Haumea	/	/	/	/	/	X				
Robert Hirokawa	/	X	X	X	X	X				
Karen Holt	X	X	O	O	X	X				
Jillian Kelekoma	X	O	O	O	X	O				
Jeanette Koijane	/	O	X	X	X	X				
Paul Roeder	X	X	X	X	X	X				
Wesley Sumida*	X	X	X	X	X	X				

Legend: X=Present; O=Absent; /=No Meeting
*-Chair, **-Vice Chair

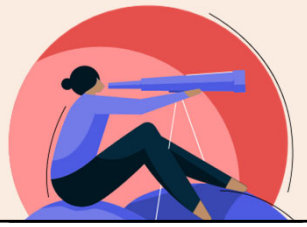
TOPIC	DISCUSSION	ACTION
Call to Order	A quorum was established. The meeting was called to order at 1:33 p.m. by W. Sumida, Chairperson, Plan Development Committee (PDC) presiding.	
Roll Call	Welcome to members and staff. Former PCD member Scott Daniels who represented the Hawaii County Subarea Health Planning Council has termed out; he is replaced by Stacy Haumea. A new backup will be identified at the next meeting.	
Minutes	Motion to accept the minutes from the meeting on January 26, 2024. Vote: Unanimous. Motion carried. Public testimony – none.	
Health Services and Facilities Plan Updates	W. Nihoa, Comprehensive Health Planning Coordinator, State Health Planning and Development Agency (SHPDA) provided an update on the Health Services and Facilities Plan (HSFP). A simplified copy of the presentation is hereby attached to these minutes as Attachment A. Subarea Health Council Priorities Updates: Honolulu Subarea Health Planning Council (HONSAC): T. Carapelho reported that the HONSAC has met several times to reach consensus on their priorities but wants to ensure alignment with SHPDA's broader goals. They are awaiting guidance from this meeting to finalize their priorities. Hawaii County Subarea Health Planning Council (HCSAC): S. Haumea reported that all members have conducted research and identified eight key issues and challenges. The next step is to finalize these priorities and establish their order of importance. Kauai Subarea Health Planning Council (KCSAC): The KCSAC represented was not present, W. Nihoa reported that the prioritization process has not yet begun but is set to start this month, with expectations to complete it by the end of the year. Tri-Isle Subarea Health Planning Council (TISAC): K. Holt reported the TISAC met recently; a few members reported their research and priorities; and a few more to present. We're on track. West Oahu Subarea Health Planning Council (WOSAC): P. Roeder reported that there was no quorum at the recent meeting. W. Nihoa noted that WOSAC has faced challenges in convening, but members are currently conducting research and are scheduled to share their	

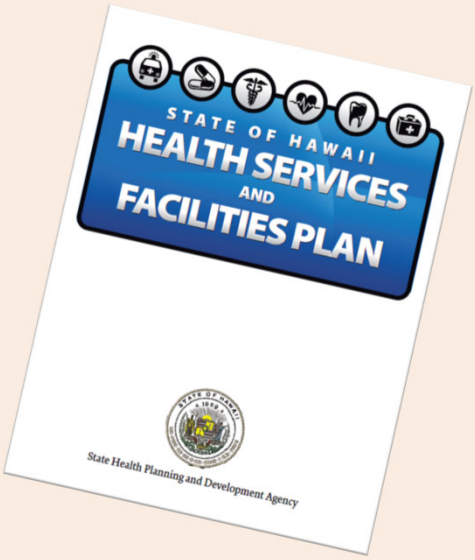
	findings and recommend priorities soon. Discussion regarding recruitment to Subarea Health Planning Councils. Recommendations should be made to SHPDA staff and/or interested persons may contact SHPDA staff directly. It was noted the SAC members are Governor appointed positions and the process is managed by the Governor's office on Boards and Commissions. Priorities Matrix. W.Nihoa shared provided samples of how the priorities could be displayed in the upcoming HSFP revision. The presentation included a priorities matrix and several visual displays. A simplified copy of the presentation is hereby attached to these minutes as Attachment B. A discussion ensued regarding whether to publish the SAC priorities as a standalone document or include them in the HSFP. It was noted that one CON Criteria requires the applicant illustrate the relevance of the applicant's proposed services to the HSFP. Members requested more information about the CON Process, which will be sent to them and is attached as Attachment C. Additionally, members requested a training on the CON process to better understand its operation and alignment with the plan, which will aid in deciding the publication of priorities. There was agreement that the SACs and Advisory Councils will continue the prioritization process. The decision on how the priorities will be published will be deferred to a future meeting. Public testimony – none.	
State Health Planning and Development Agency Updates	J. Lewin, Administrator, provided updates. A simplified copy of the presentation is attached as Attachment D. Regarding the AHEAD Grant, J. Lewin noted that the Implementation Phase depends on success in the Pre-Implementation phase. Continued funding will rely on the participation of doctors, hospitals, physician groups, Federally Qualified Health Centers, and other providers in the AHEAD Grant Models. Additional resources will be directed from CMS to participants. The AHEAD grant offers Hawaii an opportunity to improve its healthcare future. SHPDA and DHS-MQD are currently hiring staff and establishing the program infrastructure. Regarding the APCD, J. Lewin added, the APCD currently collects Medicaid and EUTF data only. The Medicare Advantage data needs to be added in addition to other sources of data. We're going to need to work together as a state to collect meaningful data to improve population health and be the health state again.	
Advisory Council Updates	Keiki (KC): K. Ho, Chair, reported that the group met several times but slowed down after realizing they were not part of the AHEAD grant. She suggested considering the inclusion of	

	social determinants of health as part of the advisory group. J. Lewin responded that MedQUEST will likely focus more on the keiki, as they represent over half of that population. W. Nihoa noted that the KC will hold a meeting before the end of the year. Kupuna (KAC). M. Ah Ho-Mauga, Chair was not present. W. Nihoa noted there will be a meeting convened in October or November. Currently working on solidifying the date. Universal Access (UAAC): P. Roeder, Chair, reported that the UAAC is refocusing its efforts after concentrating on the CMS AHEAD grant this year. Going forward, the UAAC will prioritize defining "Access" and gathering data on the underinsured and medical debt, as well as addressing some of the previously mentioned SHPDA priorities. Data (DAC). R. Hirokawa, was off screen, no report was given. Public testimony – none.	
Next Meeting & Agenda Items	November 2024. Exact date and time to be determined. Agenda item: Overview of the CON process and relation to the HSFP.	W. Nihoa to poll members to determine next meeting date and time.
Announcements	None.	
Adjournment	The meeting was adjourned at 2:58 p.m.	

HEALTH SERVICES AND FACILITIES PLAN

Projected Timeline





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PDC 2023-2024 ACTIVITIES

HSFP

AHEAD GRANT, LEG PREP, HSFP

1
JUNE 19, 2023
PDC Inaugural Meeting

- Identify Advisory Councils: Keiki, Kupuna, Technology
- Prioritization Process Development

2
SEPTEMBER 1, 2023
PDC Meeting

- Expanding PDC Membership
- Finalized Advisory Councils: Keiki, Kupuna, Data and Universal Access
- Appointment of Chairs for Advisory Councils

3
OCTOBER 27, 2023
PDC Meeting

- Defined Advisory Council's Responsibilities
- 2024 Legislative Priorities Identified
- AHEAD Grant

4
PDC Meeting
DECEMBER 1, 2023

- Convening of Advisory Councils
- Prioritization Process Approved; Implementation to Initiate

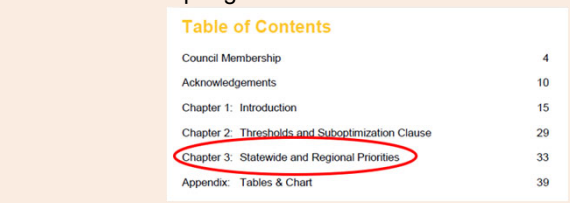
5
JANUARY 26, 2024
PDC Meeting

- Advisory Council Progress
- Prioritization Process Implementation Underway (SACs)

2

The SAC Priorities (Chapter 3 of the HSFP) and the HSFP have SEPARATE Timelines.

ANTICIPATED COMPLETION
Spring/Summer 2025



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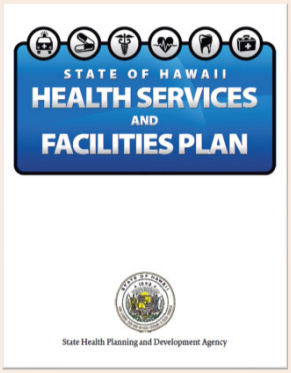
ANTICIPATED COMPLETION
Fall 2025/Spring 2026



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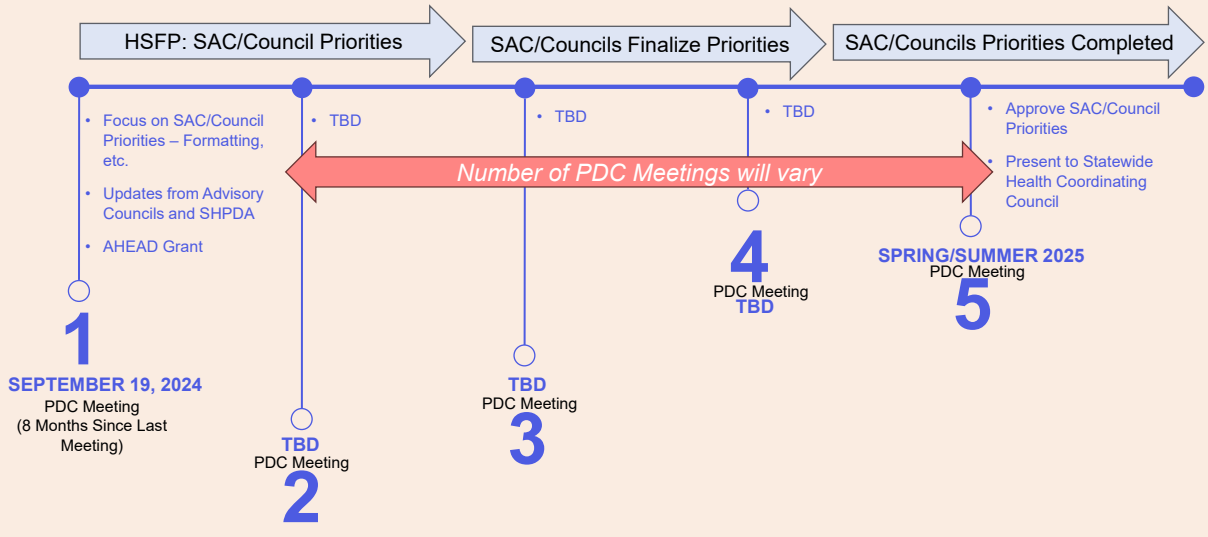
PDC ACTIVITIES 2024-2025



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HSFP PLANS & TIMELINE (TENTATIVE)

SAC/Council Priorities Completed

JAN-MAY 2025

REQUEST TO LEGISLATURE

Funding for a Consultant to Facilitate the process and writing of the HSFP.

JULY 2025

FUNDING

If Funds are Granted, initiate procurement/contracting.

Contingency – SHPDA to lead HSFP Update/Revision.

Timeline may need to be adjusted.

OCTOBER 2025

DRAFTING CONTINUED

Convene Permitted Interaction Group to focus on specific Chapters.

DECEMBER 2025

FINALIZE

Route for Approval

Disseminate to Key Stakeholders

5

STATE OF HAWAII
HEALTH SERVICES AND FACILITIES PLAN

State Health Planning and Development Agency

Health Services and Facilities Plan

Statewide and Regional Priorities Matrix and Visuals

1

Started with SHCC Priorities

Chapter 3: Statewide and Regional Priorities

Statewide Health Coordinating Council (SHCC) Priorities

General Principles

1. Promote and support the long-term viability of the health care delivery system
2. Expand and retain the health care workforce to enable access to the appropriate level of care in a timely manner
3. Ensure that any proposed service will at least maintain overall access to quality health care at a reasonable cost
4. Strive for equitable access to health care services (i.e., remove financial barriers, increase availability of physicians)
5. Ensure all projects are appropriate for the regional and statewide continuum of care
6. Encourage and support health education, promotion, and prevention initiatives
7. Expand awareness of available human, financial, programmatic resources

Specific Health Areas of Concern

1. Ensure capacity and access to a continuum of long-term care services
2. Establish a statewide emergency and trauma system
3. Ensure capacity and access to primary care services
4. Increase and improve access to mental health programs, services, and education
5. Increase and improve access to substance abuse programs, services, and education

2

Btoqpns$K 'xnts

Continued with Lists of SAC Priorities

Subarea Health Planning Council (SAC) Priorities

HAWAII COUNTY/HAWAII SUBAREA PLANNING COUNCIL (HSAC)

In determining its priorities, HSAC notes that Hawaii, as compared to the rest of the State, has the:

- Highest growth rate of resident population due to in-migration
- Highest growth rate of older adults (60+) between 1980 and 2000
- Lowest life expectancy
- Highest coronary heart disease death rates
- Highest cerebrovascular disease death rates
- Highest cancer death rates
- Highest motor vehicle accident death rates

The following are the HSAC priorities:

1. PROVIDER (WORKFORCE) SHORTAGE: Increase the number of and retention of the health care workforce. This includes but is not limited to:
   - Primary care providers
   - Specialty care providers

3

Btoqpns$K 'xnts

SAC Priorities Continued

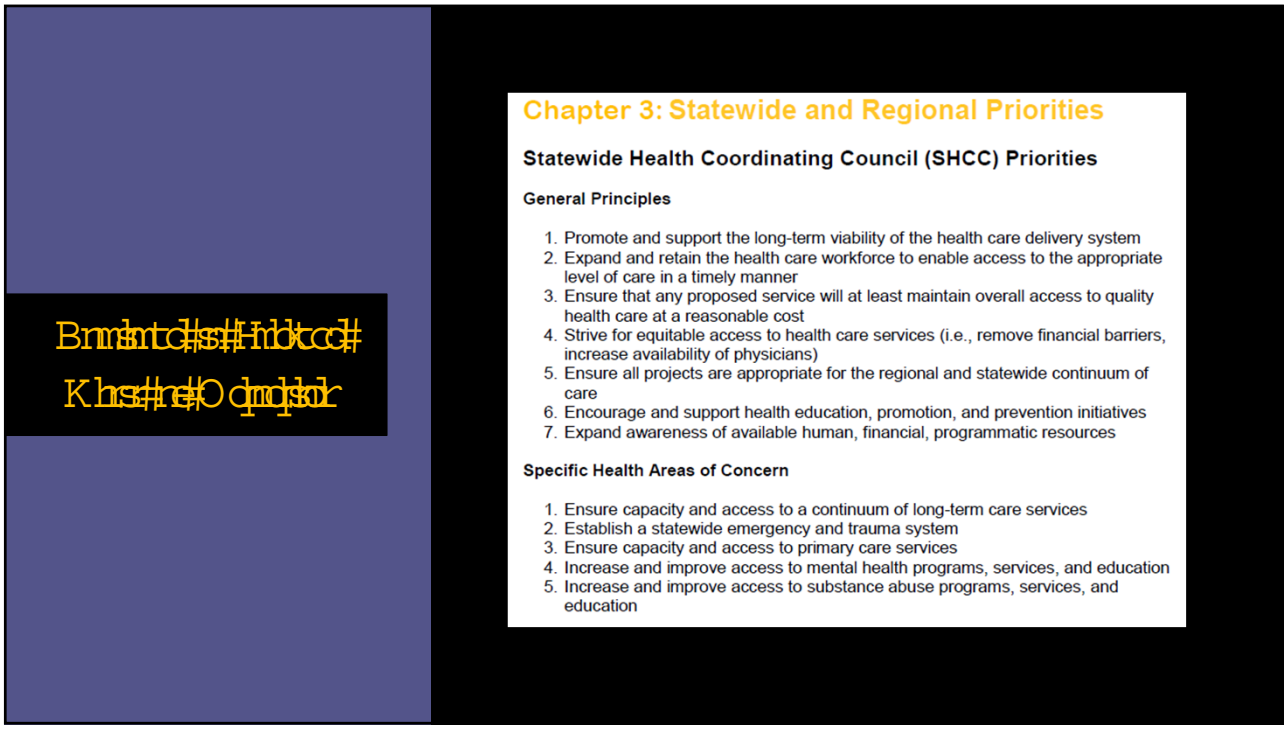
WEST OAHU SAC PRIORITIES

1. IMPROVE AND INCREASE ACCESS
   - Acute care
   - Critical care
   - Specialty care
   - Emergency care options
   - Routine outpatient diagnostic services (i.e., blood pressure, urinalysis)
   - Geriatric services (home and community based) to keep older adults out of institutions
   - Nursing home beds
   - Mental health services
   - Substance abuse services
   - Services for uninsured and underinsured
   - Telemedicine

2. INCREASE COMMUNITY ENGAGEMENT
   - Raise dialog of health issues in the community (neighborhood boards, businesses, providers, schools)
   - Develop partnerships between various organizations in the community to support health care activities (University of Hawaii-West Oahu/Leeward, neighborhood boards, community associations, focal points) and increase utilization

3. IMPROVE EDUCATION AND INCREASE PREVENTIVE MEDICINE
   - Health education for chronic disease (i.e., hypertension, diabetes, asthma) to ensure cost savings
   - Community preventive health campaigns (obesity/chronic disease, screenings, nutrition)

4



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Statewide and Regional Priorities Matrix

7 Total Councils	ACCESS/ RURAL HEALTH (LTC, Facilities, Home & Comm Based Srvcs.)	PREVENTION (Healthy Lifestyle)	EDUCATION (Awareness, Community Engagement)	WORK FORCE (Shortage, Support, Expand)	COST CONTROL	COMPREHENSIVE HEALTH SYSTEMS (Build Capacity, Mental Health, Substance Abuse)	EMERGENCY SERVICES (Including Disaster Preparedness)	ENVIRON-MENTAL MEDICINE (Clean air and water)
	8 Total Priorities Statewide							
Statewide Health Coordinating Council	X	X	X	X	X	X	X	
Hawaii County	X	X	X	X	X			
Honolulu	X	X		X	X			
Kauai County	X	X	X	X		X	X	
Tri-Isle	X	X	X	X	X	X	X	X
West Oahu	X	X	X				X	
Windward Oahu	X	X	X			X		
Totals (7 Max)	7	7	6	5	4	4	4	1
			Easy to Understand Rankings					

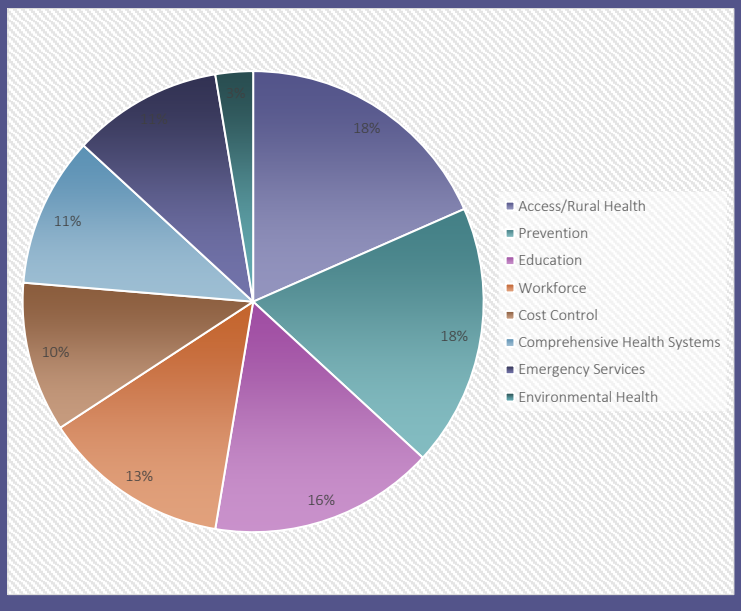
- Allows for side-by-side comparison
- Enables and Encourages Collaboration among Councils
- Supports diverse learning styles
- Simplifies what can appear to be complex information

6

Statewide Regional Priorities by Ranking

1. Access/Rural Health (7)
2. Prevention (7)
3. Education (6)
4. Workforce (5)
5. Cost Control (4)
6. Comprehensive Health Systems (4)
7. Emergency Services (4)
8. Environmental Medicine (1)

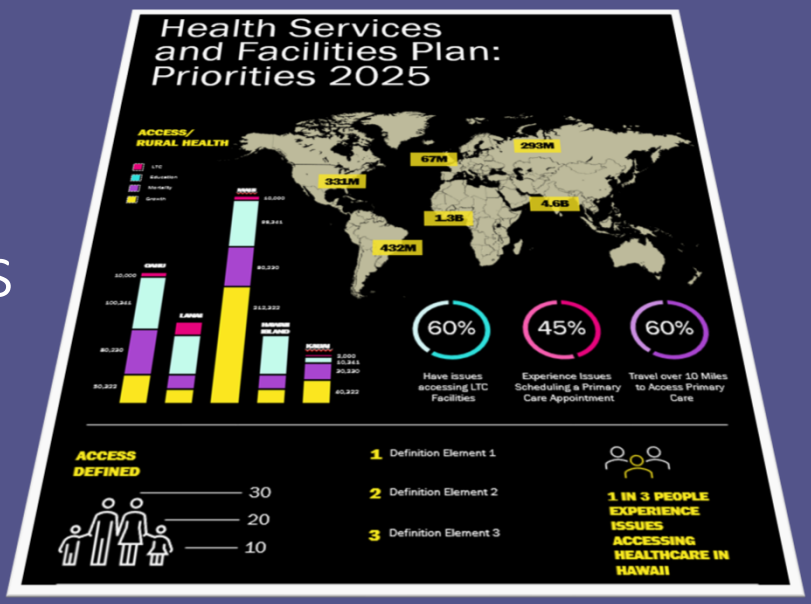
7



Statewide Regional Priorities by Ranking

8

Infographics



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Certificate of Need

As a member of one of the State Health Planning and Development Agency's councils, one of the duties and responsibilities you have is to assist in the Certificate of Need process by reviewing standard Certificate of Need applications received by the Agency and providing recommendations on such applications to the Agency's Administrator. The following orientation is designed to assist you in this process.

Prior to the certificate of need review meeting

1. Meeting Date and Quorum

   Agency staff will canvas members prior to the Certificate of Need review meeting to determine if we will have quorum. At this time, please try to determine if you may have a conflict of interest and advise the Agency as soon as possible as this will affect quorum. The conflict of interest provisions are as follows:

   > No member of a subarea council, a countywide review committee, the review panel, or the statewide council, shall vote on any matter respecting an applicant with which the member, the member's spouse, the member's child, or the member's parent has (or within the twelve months preceding the vote, had) any substantial ownership, directorship, officership, employment, prospective employment for which negotiations have begun, medical staff, fiduciary, contractual, creditor, debtor, or consultative relationship.

   If you are not sure, please call the Ethics Commission at 587-0460. They will be happy to assist you in this regard.

2. Receipt of Application

   It is the certificate of need applicant's responsibility to mail a copy of the application to you a week to 10 days prior to the date of the public review meeting. If you do not receive the application by the 6th or 7th day prior to the meeting, please call the Agency and we will immediately arrange for you to get a copy of the application.

3. Reviewing the application

   Review the application prior to the review meeting. Keep in mind that the purpose of the meeting is to make a recommendation on the application to the SHPDA Administrator. Feel free to make notes and/or write down any questions you may have as you review the application. Please remember that all questions must relate to the Certificate of Need criteria. (see Page 4 below)

4. Ex parte communications and Hawaii Sunshine Law.

   The Certificate of Need rules provide that, during the review period, no contact is allowed between you and:

   a) the applicant or any person acting on behalf of the applicant,
   b) any person in favor of the application, or
   c) any person opposed to the application

   on any matter related to or arising out of the application for the certificate of need. In addition, the Sunshine Law in Hawaii prohibits you from discussing the application with other council/panel members outside of the public meeting forum.

5. Certificate of Need criteria

   Please keep in mind throughout the application process, that the application must be reviewed in relation to the 12 Certificate of Need criteria. (See page 4 below) Please note that the 12 criteria have been consolidated into 6 categories. These are the only criteria that may be considered in making your recommendation to the SHPDA Administrator.

6. State Health Services and Facilities Plan (the Plan)

   One of the 12 Certificate of Need criteria is the application's relationship to the Plan. Here is the link to the Plan: http://health.hawaii.gov/shpda/files/2013/07/shhsfp09.pdf Please note that Chapter II of the Plan contains utilization threshold guidelines for selected health services. Please check this chapter when you are reviewing the application to determine whether any of the thresholds are applicable.

7. Burden of Proof

   The burden of proof is on the applicant to prove that its proposal meets the certificate of need criteria. The degree of proof required is *the preponderance of the evidence*. This is the level of proof required to prevail in most civil cases. In a civil case, the judge or jury must be persuaded that the facts are more likely one way (the plaintiff's way) than another (the defendant's). In the certificate of need process, the applicant must prove that its application *more likely than not* meets the certificate of need criteria.

At the certificate of need review meeting

1. Applicant presentation

   The applicant is given 10 minutes to present a summary of its application. If you have any questions arising from the presentation, please write them down and save them for the question period that occurs later in the meeting.

2. Public testimony
   Any member of the public may provide public testimony on the application. Public testimony is limited to 3 minutes per person. Again, if you have any questions which arise out of the public testimony, please write your questions down and save them for the question period.

3. Question and Answer Period

   During this segment of the meeting, we encourage you to ask questions of the applicant or of those who provided public testimony. Please remember that all questions must relate to the Certificate of Need criteria.

4. Note break

   After the question and answer period, the Chairperson will invite all council/panel members to take a few minutes to silently review their notes prior to asking for a motion for a recommendation to the SHPDA Administrator. If you plan to make a motion, this will give you an opportunity to formulate your motion and to summarize your justification as to how the application meets, (or in the case of a recommendation for disapproval), fails to meet the Certificate of Need criteria.
   Note: You may wish to make fairly detailed notes in this regard as you will be asked to provide your justification for each one of the 6 criteria categories after your motion has been made and seconded.

5. Motions

   Once the Chairperson asks for a motion, any council/panel member may make one of the following three motions:
   - Motion for recommendation to approve the application
   - Motion for recommendation to disapprove
   - Motion for recommendation for conditional approval whereby the applicant is given a condition or conditions to meet in order for their application to be considered approved.

   After the motion has been made, the Chair will ask if there is a seconder for the motion. After a seconder has been identified, the Chair will ask the person who made the motion to go through the 6 criteria categories and to summarize why he/she made the motion. The Chair will then ask the seconder to do the same.

6. Discussion on the Motion

   Council/Panel members are given the opportunity to discuss their support or opposition to the motion. This is an important part of the review as it provides valuable input on how the application relates to the criteria. Please remember that any discussion on the motion must relate to the Certificate of Need criteria.

7. Vote

   After council/panel discussion on the motion, members will be asked to vote, either in favor of the motion, or in opposition to the motion. Motions are carried by a majority of members voting in favor of the stated motion. In the event that the motion is defeated, the Chair will go back, obtain another motion and follow the same procedure above, this time in relation to the new motion.

Thank you for serving on the council!

CRITERIA BY WHICH CERTIFICATE OF NEED APPLICATIONS MUST BE JUDGED

	CRITERIA
RELATIONSHIP TO THE STATE PLAN	1. Relationship of the proposal to the state health services and facilities plan.
NEED AND ACCESSIBILITY	2. The need that the population served or to be served has for the services proposed to be offered or expanded, and the extent to which all residents of the area, and in particular the elderly, low income persons, racial and ethnic minorities, women, persons with disabilities, and other underserved groups are likely to have access to those services. 3. In the case of a reduction, elimination, or relocation of a facility or service: A. the need that the population presently served has for the service; B. the extent to which that need will be met adequately by the proposed relocation or by alternative arrangements; and C. the effect of the reduction, elimination, or relocation of the service on the ability of the elderly, low income persons, racial and ethnic minorities, women, persons with disabilities and other underserved groups to obtain needed health care.
QUALITY OF SERVICE/CARE	4. The applicant's compliance with federal and state licensure and certification requirements. 5. The quality of the health care services proposed. 6. In the case of existing health services or facilities, the quality of care provided by those facilities in the past.
COST AND FINANCES	7. The probable impact of the proposal on the overall costs of health services to the community. 8. The probable impact of the proposal on the costs of and charges for providing health services by the applicant. 9. The immediate and long-term financial feasibility of the proposal.
RELATIONSHIP TO THE EXISTING HEALTHCARE SYSTEM	10. The relationship of the proposal to the existing health care system of the area. 11. The availability of less costly or more effective alternative methods of providing services.
AVAILABILITY OF RESOURCES	12. The availability of resources (including health personnel, management personnel, and funds for capital and operating needs) for the provision of the services proposed to be provided and the need for alternative uses of these resources as identified by the state health services and facilities plan.

SHPDA

State Health Planning and Development Agency

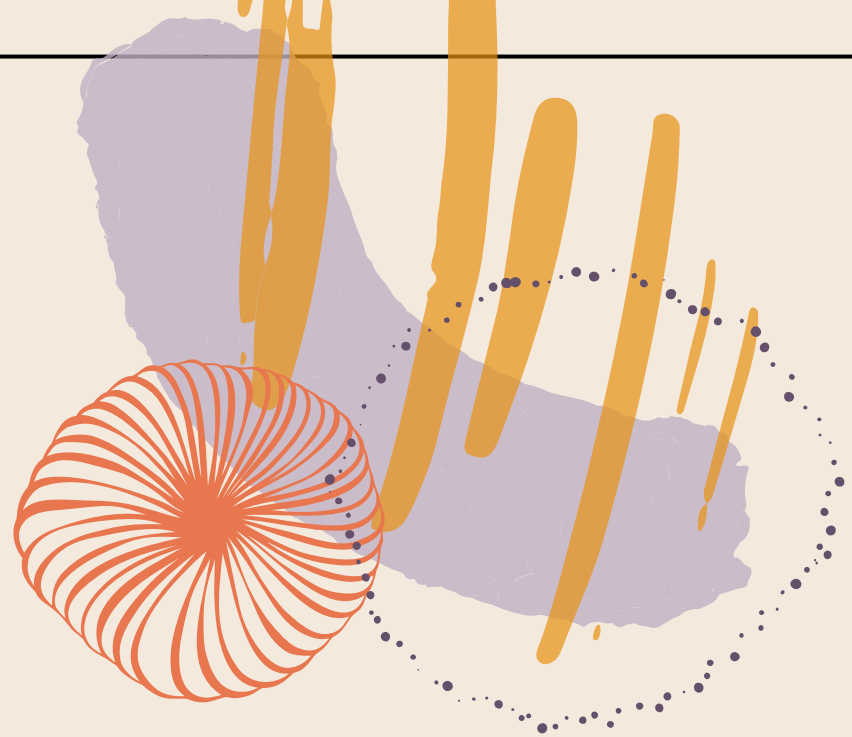
Updates

Prepared for the Plan Development Committee

September 19, 2024

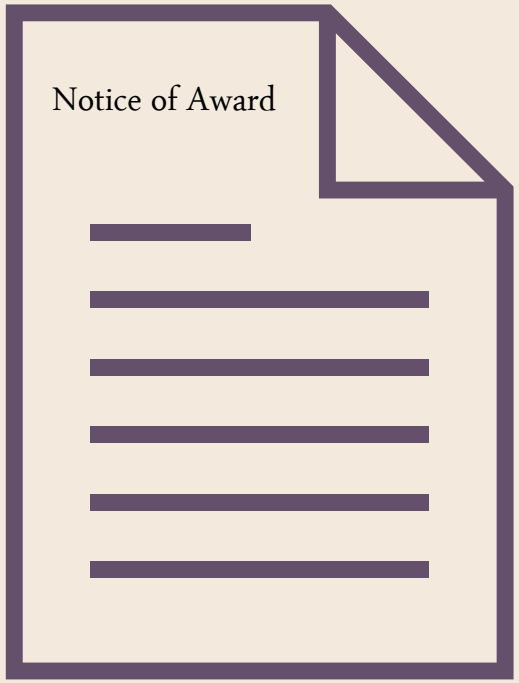
Updates

- AHEAD Grant – Grant Award Specifications
- SHPDA Priorities: General and 2025 Legislative
- Hawaii Health Data Center Steering Committee



AHEAD GRANT

- Cohort 1: Maryland and Vermont
- Cohort 2: Connecticut and Hawaii
- Cohort 3: Applications due October 21, 2024

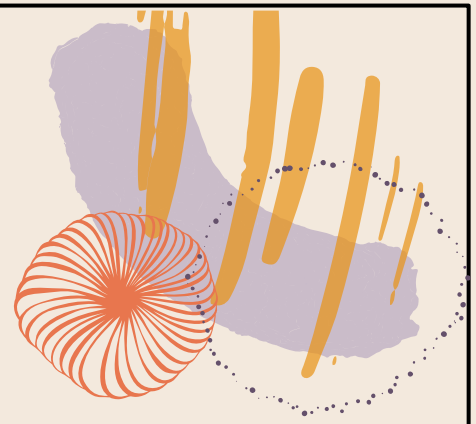


Cooperative Agreement

SUMMARY OF FEDERAL AWARD FINANCIAL INFORMATION

1. **Period of Performance** (Cohort 2) July 30, 2024-December 31, 2029 (5 Years)
2. **Budget Period 1**: July 30, 2024-December 31, 2025 (18 Months)
3. Primary Recipient: Department of Human Services, Hawaii, Med-QUEST Division

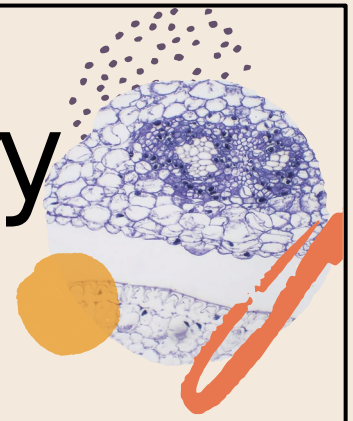
Cooperative Agreement



SUMMARY OF FEDERAL AWARD FINANCIAL INFORMATION

- **Period of Performance** (Cohort 2) July 30, 2024-December 31, 2029 (5 Years)
- **Budget Period 1**: July 30, 2024-December 31, 2025 (18 Months)
- **Primary Recipient:** Department of Human Services, Hawaii, Med-QUEST Division
    - Authorized Official: Judy Mohr Peterson
    - Project Director: Joy Soares
- **Subrecipient**: Hawaii State Health Planning and Development Agency
    - Medical Director: Jack Lewin
    - Financial Officer Support: Wendy Nihoa

Cohort 2: Projected Budget Summary



Period	Model Year	Project Period	Budget Period	Timeframe	Award Amount
PRE-IMPLEMENTATION ~~30~~ 29-Months (~~2.5 Years~~ 2 Years, 5 Months) (~~7/1/24~~ 7/30/24-12/31/26)	1	Pre-Implementation ~~6~~ 5 Months	1	~~7/1/24~~ 7/30/24-12/31/24	$ 2,497,983
	2	Pre-Implementation 12 Months		1/1/25-12/31/25	
	3	Pre-Implementation 12 Months	2	1/1/26/12/31/26	$ 2,500,000 (max)
				TOTAL 30-MONTH PRE-IMPLEMENTATION	$4,997,983.00 (max)
IMPLEMENTATION 36-Months (3 Years) (1/1/27-12/31/29)	4	Project Year 1	3	1/1/27-12/31/27	$ 2,330,000 (max)
	5	Project Year 2	4	1/1/28-12/31/28	$ 2,330,000 (max)
	6	Project Year 3	5	1/1/29-12/31/29	$ 2,330,000 (max)
				TOTAL 36-MONTH IMPLEMENTATION PERIOD	$ 6,990,000 (max)
				TOTAL POTENTIAL COOPERATIVE AGREEMENT	$11,987,983 (max)

Subsequent year funding is contingent on satisfactory fulfillment of the terms of the previous year.

Current Status:

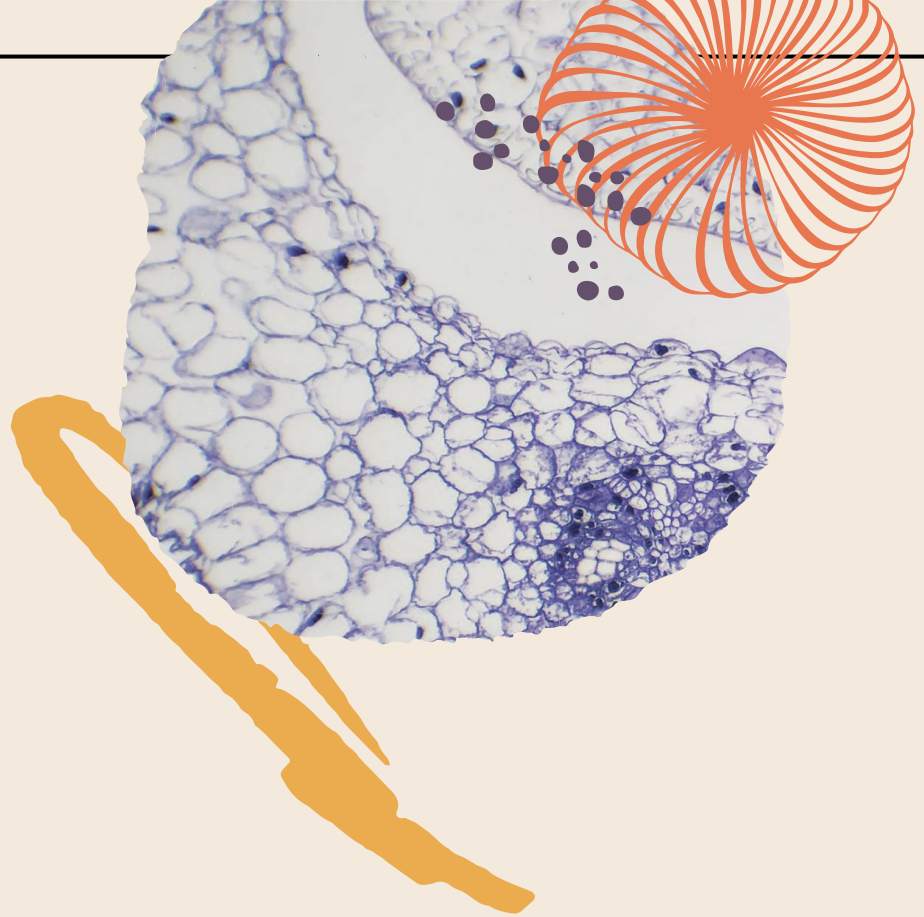
- Budget Revision Completed – Requested by CMMI
- SHPDA – Hiring Staff: Project Manager and Administrative Officer
- Project Rollout Planning/Coordination: Weekly HI-AHEAD Team Meetings (Med-QUEST and SHPDA)

SHPDA'S TOP 9 PRIORITIES

1. The Uninsured
2. Medical Debt
3. The Healthcare Workforce
4. Rising health care costs and affordability of health coverage
5. The AHEAD grant
6. The Federal funding equity gap
7. Using health care data to improve population health and health outcomes
8. Prior Authorization
9. Expedite the Credentialling of Clinicians

SHPDA 2025 LEGISLATIVE PRIORITIES

1. Pre-Authorizations
2. Hui Ho'omana Task Force
3. Office Modernization
4. Staffing: Administrative Officer and Epidemiologist
5. Healthcare Modernization Initiative:
    - Consultants: Actuarial, Informaticist, Project Manager, HSFP
    - Healthcare Modernization Conference



All Payor Claims Database

- History
- Data to be released – Spring 2025
- Other