

ALAN M. ARAKAWA
Mayor

TEENA M. RASMUSSEN
Economic Development Director



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OFFICE OF ECONOMIC DEVELOPMENT

COUNTY OF MAUI
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Telephone: (808)270-7710 Facsimile: (808)270-7995 Email: economic.development@mauicounty.gov

July 12, 2017

Honorable Alan M. Arakawa
Mayor, County of Maui
200 South High Street
Wailuku, HI 96793

RECEIVED
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COUNTY COUNCIL

For Transmittal to:

Yuki Lei K. Sugimura, Chair
Policy, Economic Development,
And Agriculture Committee
200 S. High Street
Wailuku, HI 96793

APPROVED FOR TRANSMITTAL
Alan Arakawa
Mayor
7/14/17
Date

Dear Councilmember Sugimura,

SUBJECT: Economic Development Revolving Fund (PEA-36)

Attached are the EDRF reports requested by the PEA committee on July 12, 2017.

Should you have any questions, please contact me.

Sincerely,

Teena M. Rasmussen, Director



MAUI BREWING CO

June 17, 2017

Teena Rasmussen
Maui County, Office of Economic Development
EDRF
One Main Plaza
2200 So. High St. #305
Wailuku, HI 96793

Re: Maui Brewing Co. EDRF Status Report

Dear Mrs. Rasmussen,

Please accept this letter as a status update for the EDRF grant program project with Maui Brewing Co.


We have purchased and received most of the equipment necessary for our project to commence. We are awaiting final details on our pasteurizer from Germany as there were some changes to technology mainly around reducing energy and water consumption that we wanted to capture. Additionally we have just this past week resolved the issues with regards to access to sugar. The closure of HC&S was a huge blow to the soda program as we relied on the locally grown sugar. We will now be importing bulk containers of organic cane sugar from South America and sharing this resource with other producers on island.

We have received all of the necessary equipment for distillation and have set the equipment in place. We plan to complete installation in the fall. As of June 15th we now have Federal TTB clearance for our DSP permit. The only issue we foresee with local licensing will be Maui Liquor Control although we have submitted all necessary paperwork to the department.

If all goes to plan we should have locally produced spirits and soda beginning to flow by end of the year.

Mahalo in advance for your assistance. Please advise should you need anything else from us. My telephone and email address are below.

Sincerely,


Garrett W. Marrero
CEO/Founder

Handcrafted Ales & Lagers Brewed with Aloha
605 Lipoa Parkway, Kihei, HI 96753
808.213.3002

UPTOWN SERVICE INC.
DbA UPTOWN CHEVRON FOOD MART & CAR WASH
2085 Main Street
Wailuku, HI 96793

June 16, 2017

To: Teena Rasmussen

Director

Office of Economic Development

Re: Status Report for Uptown Chevron Project

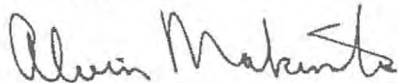
Dear Teena,

I am informing you of a delay in our project schedule. I will not be requesting additional grant funds as scheduled for January, April, and July 2016 as the next disbursement was allocated for construction work.

The most recent delay has been the result of my architect and engineers being busy with other jobs. My architect was ready to submit our permit's for approval but found out an additional requirement was needed because we were using County funds. We have submitted our plans to this Disability and Communication Access Board and are awaiting their response.

I am estimating that construction to start early in 2018 and the length of the construction is 6 months so we are looking at project completion to be in 2018.

Thank you,



Alvin Makimoto

Uptown Chevron



To: Maui County Office of Economic Development
From: HNu Photonics, LLC
Date: June 16, 2017 (Feb 2016-May 2017)
Subject: HNu Photonics Project Status for Economic Development Revolving Fund

I. Summary of Program Status

HNu Photonics has directly benefited from the Economic Development Revolving Fund Grant by providing funds for the resources necessary to help launch our space-based biotechnology and science platforms with NASA.

As briefed in last year's summary, HNu has been making substantial progress developing the SCORPIO-V BioChip SpaceLab (BCSL) platform. This is an ultra-portable, remote-controlled, automated microfluidics, imaging, and analysis platform for general cell, tissue and organism investigations on the International Space Station (ISS).

BioChip SpaceLab is generating rapid interest among principal investigators within academia and industry scientists as a premier platform to conduct their research in space. HNu has been partnering with several investigators along with their proposal submissions for funding the use of BCSL for their desired experiments onboard the International Space Station.

We have successfully completed our Preliminary Design Review (PDR) in June 2016, hosting NASA at our facility to observe our hardware test development, presentations, and holding working groups. Next, we completed our Phase I Safety Review of our BCSL payload at Johnson Space Center (JSC) NASA, December 2016, which was a major milestone for the project. We are working toward our Critical Design Review at this time which is scheduled for September 2017.

In addition, we have been awarded an IDIQ (Indefinite Delivery, Indefinite Quantity) Service Contract with NASA. This vehicle funded an additional \$1.5M under the first Task Order around September 2016. This Task Order (TO) provides pre-flight experiment development documentation and implementation of three flight experiment checkouts using the BioChip SpaceLab platform per the contract.

Furthermore, we are finalizing negotiation on the second Task Order on the IDIQ to develop and build a second platform for the International Space Station. This product is titled Photonics ISS Multipurpose Microscopy Suite (PIMMS). The PIMMS payload will be able to perform physical and life science investigations in real-time with high-resolution microscopy. It will provide a



versatile solution for upgrading the current microscopy facilities onboard the ISS National Lab (ISS-NL) to current laboratory state-of-the-art technology. We are estimating this task order to be funded within the next few weeks.

As part of the NASA -REDDI (Research, Development, Demonstration, and Infusion) Solicitation, we were awarded a contract in January 2017 to participate in demonstrating new technologies for flight tests for future space exploration on Blue Origin's New Shepard Sub-orbital vehicle.

Our test bed is titled BioChip Sub-Orbital Lab (BCSOL): An Automated Microfluidic and Imaging Platform for Live-Cell Investigations in Microgravity. Our demonstration will be an automated platform to visualize in real time how live cells will react to the different phases of a rocket launch. Cell cultures with fluorescent genes will be pumped through channels and recorded by an optical microscope camera during flight.

We are proud to be at the forefront of commercializing medical research on the ISS and EDRF came at a critical juncture to help make that happen. We hope that the success of this program will help grow the high-tech industry for the State and County. HNU is well on its way to becoming a key technology leader in building space platforms for future space exploration and benefits to mankind. Please check out: www.scorpiov.com

II. Company Growth and Job Creation

Hnu Photonics is committed to growing technology in Hawaii and bringing in skilled scientist and engineers into the community. As outlined below, several permanent professionals in science and technology were added to the HNU team this quarter to help us achieve our goals.

Technical Professionals hired within this reporting period:

- Devin Ridgley, PhD, Project Scientist of biotechnology and cell biology, March 1, 2016
- John Ernesto Messersmith - Senior Software Engineer, February 2016,
- Ben Hamel- Software Engineer and algorithm development, June 2016.
- Rodell Agdinaoay - Electro-Mechanical Test Engineer, February 2017
- Sylvia Loh, BioEngineer, January 2017
- Mark Mulrooney, PhD, Senior Research Scientist, May 2016
- Bill Goodman, PhD, Vice President of Space Systems, October 2016
- Levy Silva, Expert Machinist/Mechanic, September 2016

Sea Link of Hawaii, Inc.



Maui-Molokai Ferry

June 16, 2017

To: County of Maui – Office of Economic Development
From Sea Link of Hawaii, Inc.
Grant Number: G4121
Program/Project Title: Molokai Ferry Project

RE: ANNUAL REPORT (Final Report Submitted 10/5/16)

Program/Project description: To Sea Link of Hawaii, Inc. (SLH) to offset operational losses while SLH works through application of tariff change with the PUC. The change requested to suspend unprofitable voyages due to low ridership numbers due to increased airline service between Molokai and Maui and due to depressed economic conditions on Molokai.

Results of program/project: SLH continued to operate at a loss from April 1, 2015 to July 1, 2015 (3 months at \$35,000.00 per month, total \$105,000.00). The grant of \$105,000.00 from the County of Maui, State of Hawaii was issued on August 8, 2015 to SLH. The grant money was appropriated to offset operational losses for July 2015, August 2015 and September 2015. Marketing efforts: news media, website updates and public notices on status of the Molokai ferry and upcoming changes upon PUC approval of schedule change.

Dashboard of Performance Measures: See EXHIBIT A

Grant funding assisted the community: SLH was able to provide 5 special charters in September 2015 for Maui County schools and community at a reduced rate.

Report...actual outcomes and results: SLH shareholders continued and continues to take losses even with the awarded grant of \$105,000.00. SLH averaged approximately 6 full-time and 5 part-time employees, SLH was able to retain most of the employees and couple employees voluntarily resigned to seek other employment and 1 employee was released due to logistical issues.

The one-time grant fund was a very limited solution to the overall financial condition of the company; however, the simple fact that the Maui County granted any money at all to support the ferry spoke volumes to the PUC. See EXHIBIT B

Unfortunately, the Federal DOT elected to subsidize two of Molokai's air carriers with grants totaling \$3,454,474 over three years. These grants allowed four increased air service at reduced rates which made the ferry operation unsustainable due to decreased ridership. The ferry ceased operations on August 25, 2016. Losses for 2016 were \$332,733. The PUC operating certificate was surrendered and no plans exist to resume service.



Sea Link of Hawaii, Inc.

Maui-Molokai Ferry

Describe how this program/project could be improved. The County of Maui, State of Hawaii, Inc. should seriously consider adopting the ferry service from Sea Link of Hawaii, Inc. and provide affordable service to the people of Maui County's schools and government agencies.

Five digital photos and report is included on a USB Flash Drive

Final Reimbursement Budget Summary: See EXHIBIT C 2015 PUC Annual Income Statement

Sea Link of Hawaii, Inc.



Maui- Molokai Ferry

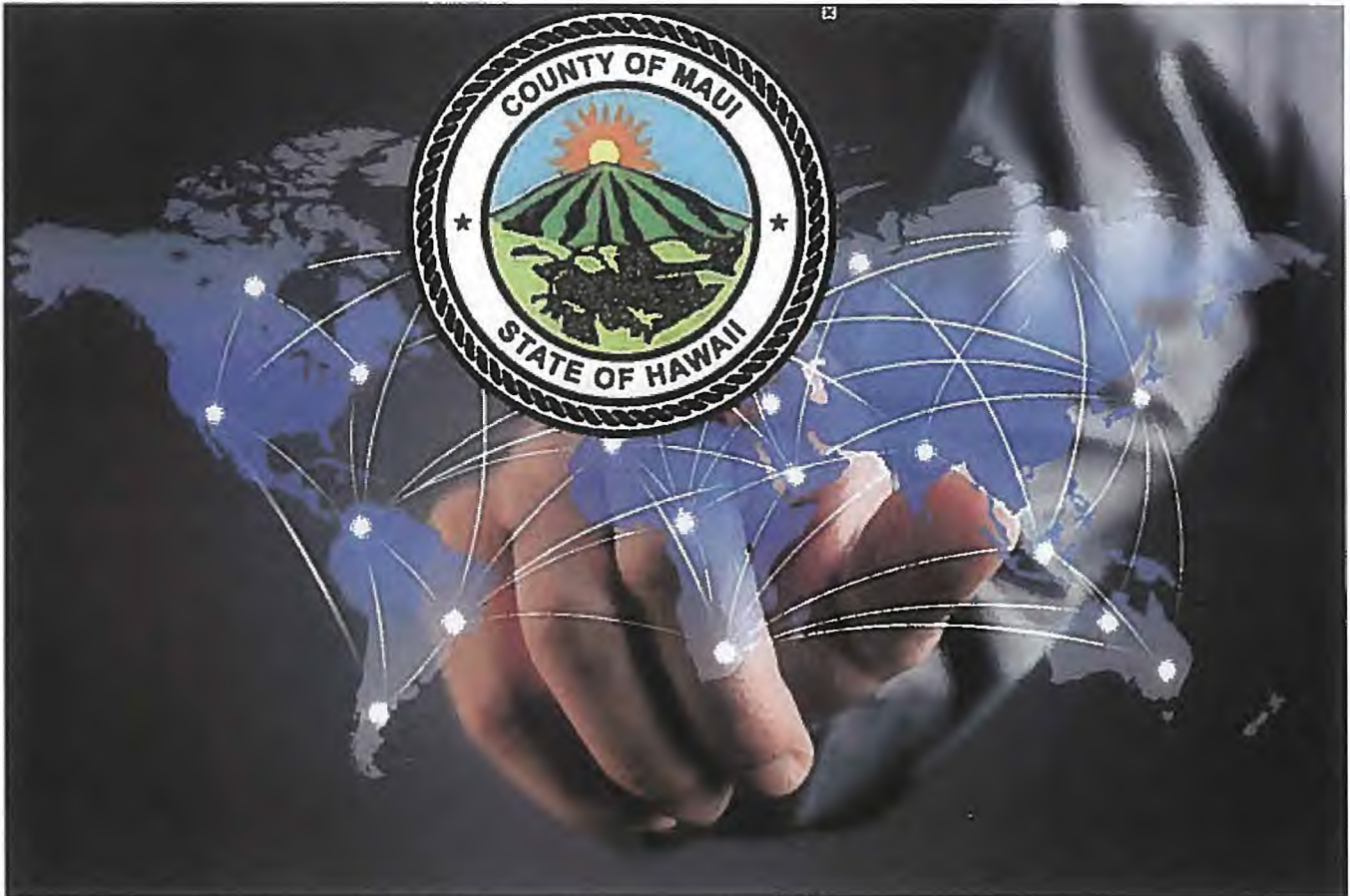
EXHIBIT A

Dashboard of Performance Measures

Month	No. of Passengers Per Month
July 2015	1306
August 2015	1278
September 2015	1710 *special groups and charters included

Groups and special runs:

- *September 11, 2015 – 48 pax Lahainaluna High School
- *September 12, 2015 – 28 pax Molokai High School (cross country)
- *September 18, 2015 – 77 pax Molokai High School (volleyball) & Seabury Hall (football)
- *September 19, 2015 – 229 pax Canoe Club
- September 24, 2015 – 35 pax Molokai High School (football)
- September 25, 2015 – 12 pax Molokai High School (air rifle)
- *September 26, 2015 – 38 pax Molokai High School (football)



June 2017 Updated Report:
The Economic Development Revolving Fund (EDRF)
Grant #G4120
Maui County

Presented by:

Plexis Healthcare Systems, Inc.
Jorge Yant, President and CEO
340 Oak Street
Ashland, OR 97520
541-494-2506
jyant@plexisweb.com

Maui Innovation Group, Inc.
Ned Davis, Founder & CEO
2742 PuuHoolai St
Kihei, HI 96753
808 866 4347
Ned@MauiInnovationGroup.com

Date:
June 16, 2017



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Executive Summary

Maui Innovation Group LLC and Plexis Healthcare Systems Inc. have combined their experience and resources to create a Medical Management Software Application initially called "Quantum Care Management", now branded simply as *Canopy Care*. This complex case management tool helps coordinate care across various doctors, specialists, and facilities.

The software has now been deployed with 3 customers in Beta. An additional 4 companies are currently in negotiations with us. Development continues with new advances and additions to the program being delivered on a roughly bi-weekly basis. We continue to demonstrate it to new customers, presented it at a software conference, and are generally receiving a high level of interest in the product. We have recently expanded into a bigger facility, with our own machine shop that will allow us to better tackle additional projects.

This project in its current form and in reality probably our company itself was made possible by the County of Maui's EDRF fund. The CEO of Plexis, Jorge Yant, and the CEO of Maui Innovation Group, Ned Davis, were looking for a project to work on together. Mr Yant was initially willing to invest on the order of \$100k with Dr. Davis to remotely manage the development of a medical case management product in Costa Rica. Dr. Davis mentioned Maui's EDRF grant to him, and they struck a deal to move the entire project including the code development to Maui resulting in \$991,000 of additional investment in Maui County above and beyond the \$175k EDRF Grant from the county and larger than the originally committed \$400k – This has been a win – win – win situation for all involved: Plexis, Maui Innovation Group, and the County of Maui – Over 5x return on investment already – just in software development work alone (almost all to the local economy in salaries, benefits, and overhead such as office rent and supplies right here in Maui County), and a path to millions of dollars of recurring revenue in the future.

Furthermore, by moving this work to Maui instead of offshore, Maui Innovation Group has been able to create a much more enduring business presence on Maui with 5 regular employees, an office, and payroll & benefits including health insurance, workman's comp, TDI, etc. – All of the trappings of a full-fledged employer on island. Furthermore, we have leveraged this business to bid additional development programs that we hope to expand into.

We would like to express our incredible gratitude for this wonderful program and for selecting us as one of the first recipients! This program made it possible for us to bring a line of software work here that would have likely gone offshore without it -- Imagine – It made our little R&D outfit on Maui being competitive with outsourcing software hubs like Costa Rica! The promise of the EDRF was the lure that closed the deal for us.

Quantum Care is designed to be the next generation tool for managing patient care across the entire healthcare continuum, resulting in lower healthcare costs and improving access to quality care. The current medical landscape involves very little coordination between healthcare providers, especially

with patients that have chronic or acute conditions. Our solution is implemented within the guidelines of the ACA and the needs of the healthcare insurance marketplace. The software was designed by a team of experts with many years of experience in medical management for managed care organizations.

Maui Innovation Group is leading the product development and quality assurance efforts of the Quantum Care product from Maui County. Plexis has provided the initial design and is marketing this new product to its existing customers in place of the third party solutions those customers are currently employing with Plexis' products. Maui Innovation Group will also help market and support this product to new customers as well.

Once Quantum Care Management is in production installations, Maui will continue to be the base of operations for product development, quality assurance, product design, technical support and other functions for Quantum Care, and will also take on other projects that will require additional on-site staff.

The estimated market for this class of products worldwide is in the billions of dollars, and it is currently one of the fastest growing markets in the US economy due primarily to the success of enrollment in the Affordable Care Act and the recession proof healthcare marketplace. Even a small market share for QCM will result in large future increases in revenue and staffing levels for Maui Innovation Group and significant gains for Plexis.

Plexis Healthcare Systems is already a successful software company in business since 1996 which sells ~\$15M a year worth of software and services to healthcare payers across the globe. Its current base of operation is in Ashland Oregon with offices in Chicago, Southern California and Arizona. Plexis was able to expand its presence in the Hawaiian market by creating this joint venture with Maui Innovation Group, a start-up company headed up by Ned Davis, a Maui Resident and active member of the local business community.

We have commenced this software project, hired a team of engineers, created a working prototype of the software, and presented at the Plexis annual users' conference for potential customer interest. We received multiple inquiries about our software, installed the product with 3 customers, and will bid to provide it to the Bahamas for their national healthcare system as well.

We have achieved the hiring goals laid forth in our proposal, with a current headcount of 5 FTE's, and are located in the Kihei tech park with all applicable insurances, licenses, and certifications in good-standing. And we are likely to expand further as soon as more of these leads (Bahamas or domestic) comes to fruition.

Technical Approach

We have created a complex medical case management software tool, demonstrated it to customers, received follow up inquiries, and are in 3 beta sites. Altogether, we have written 76,000 lines of code (this line count is offered as an example of the scale of the work completed, and may wax or wane as

the program progresses, the software is streamlined, and the configuration is solidified). The following section details the software that we have created thanks to the EDRF grant and the matching funds from Plexis.

Upon launching the program, a user is presented with a login screen as shown in Figure 1 – Note that a user is offered the option to select a language at the initial login – Our software offers built in translation capability allowing users to work in their native language or perhaps one of their patient’s native languages.



Figure 1: Login Screen

Next upon logging in, the user is presented with a Navigator tab depicting information about that User’s assigned Members (patients are called members within the system – as they are by definition members of the insurance plan, HMO, Medicare, Medicaid and/or whatever programs that brought them to this case management program). The first sub-tab in the Navigator is the Dashboard screen as shown in Figure 2 to view a summary of the work on hand and easily access the members and cases.



Figure 2: Dashboard Screen in the Navigator Panel

Figure 3 shows the program operating in Japanese – We selected the Worklist Tab to show off the Japanese translation because it contained even more of the beautiful translation work that Laurie Tamura did for the program than the simpler Dashboard in Figure 2.



Figure 3: Japanese version of the Worklist Screen in the Navigator Panel

The next tab to the right within the Navigator presents the user's Calendar (Figure 4). This calendar contains all of the medical appointments, calls, tasks, and medical interventions associated with the Members & Cases assigned to a particular user of the system.

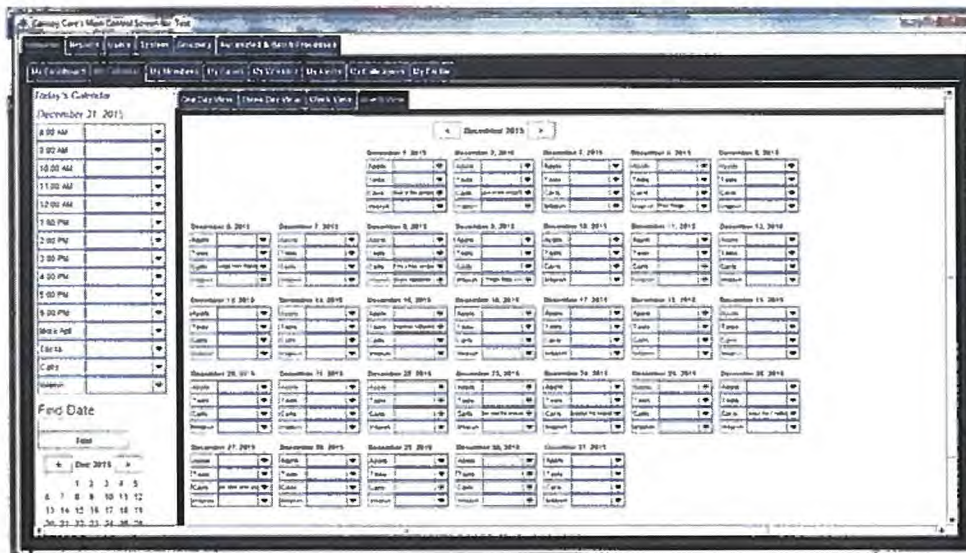


Figure 4: Calendar

All members assigned to a particular user of the system (for example a Case Manager) are shown in a succinct list in the My Members Tab as shown in Figure 5. These members may or may not have active cases established yet (and could also potentially have more than one case – potentially managed by more than one case manager).

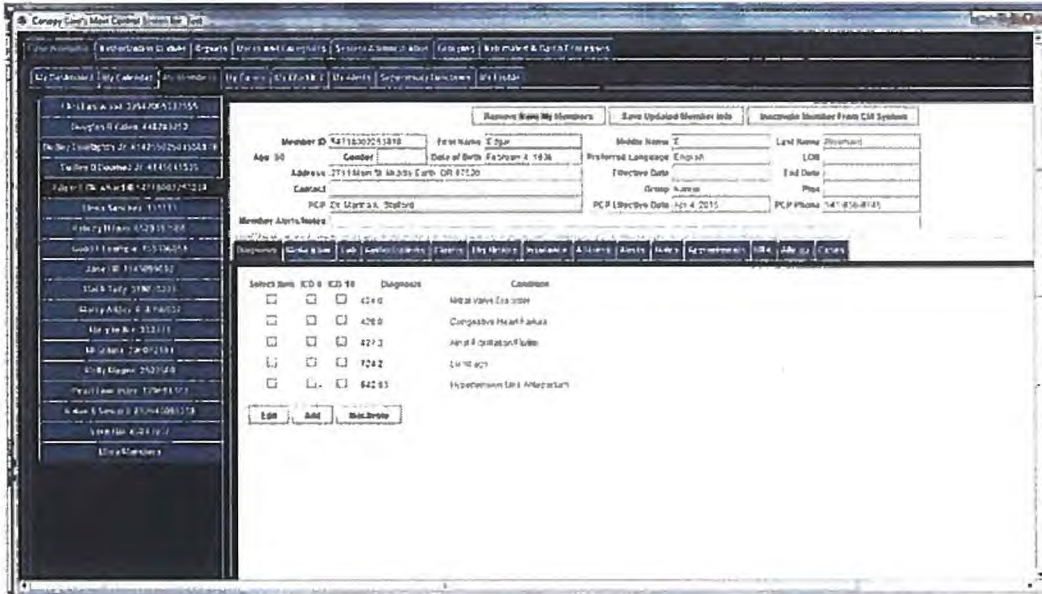


Figure 5: My Members

Each Member (or Case) view starts with the Member History header as shown in Figure 5b – This is the top level synopsis of the Member’s demographic and contact information: name, age, gender, primary contact information, primary care physician if applicable, primary insurance, etc.

Remove from My Members			Save Updated Member Info			Inactivate Member From CM System		
Member ID	4145045535	First Name	Dudley	Middle Name	Be	Last Name	Doomed	
Age	80	Gender		Date of Birth	April 4 1935	Preferred Language	English	LOB
Address	PO Box 4567 Kalaheo HI 96744			Effective Date	Feb 7 2015	End Date	Dec 31 2015	
Contact				Group		Plan		
PCP	Dr. Katani M. Makaleha			PCP Effective Date	Feb 7 2015	PCP Phone	808 777-5432	
Member Alerts/Notes								

Figure 5b: Member Information

The member history tabs contain diagnosis, medication, lab results, authorizations, claims, eligibility history, current insurance information, addresses, alerts, notes, appointments, health risk assessments (HRA), allergies, and all of this member’s cases in the case tab. Everything clinical that a case manager

needs to know when assessing the patient is located right there. Figure 6 shows all of these tabs with the diagnosis tab currently selected – The diagnosis tab in particular shows all known diagnoses for this member, whether they are related to a particular case in case management or not. These tabs are also accessible from the My Cases window – Via the Member History tab (as described later).

Select Item	ICD-9	ICD-10	Diagnosis	Condition
<input type="checkbox"/>			424.0	Mitral Valve Disorder
<input type="checkbox"/>			428.0	Congestive Heart Failure
<input type="checkbox"/>			427.3	Atrial Fibrillation/Flutter
<input type="checkbox"/>			724.2	Lumbago
<input type="checkbox"/>			842.83	Hypertension, Uns Antepartum

Figure 6: Member History Tabs – Diagnosis Tab shown

Figure 7 shows the medication tab, listing all known medications being used by this member.

Select Item	Drug Name	Drug Code	Ordering MD	Dosage	Frequency	Date Filled	Last Date	Brand/Generic	Recalled	Recalled By
<input type="checkbox"/>	Warfarin			4mg		Apr 1 2011			Yes	
<input type="checkbox"/>	Sildenafil			5mg		Apr 1 2011			No	
<input type="checkbox"/>	Tadalafil			10mg		Apr 1 2011			Yes	

Figure 7: Member History Tabs – Medication Tab shown

Figure 8 shows the member’s lab results tab.

Select Item	Ordered By	Lab Test	Results	Range Limits	Lab Date
<input type="checkbox"/>	John Sharpe MD	Hemoglobin	22.3	7-20	
<input type="checkbox"/>	Frank Linton MD	WBC	8.8	11-15	

Figure 8: Member History Tabs – Lab Tab shown

Figure 9 shows the authorizations tab – These are the insurance authorizations for procedures, visits to specialists, certain medications, and other occurrences requiring such approval.

Select Item	Auth #	Auth Class	Auth Type	Provider	From Date	To Date	Services	Status
<input type="checkbox"/>		PH 01 PH	ACUTE Care		Feb 11 2015	Feb 15 2015		Approved
<input type="checkbox"/>		Outpatient	Burgery		Feb 11 2015	Feb 15 2015		Approved
<input type="checkbox"/>		Outpatient	Specialty		Feb 11 2015	Feb 15 2015		Approved

Figure 9: Member History Tabs – Authorizations Tab shown

Figure 10 shows the member’s claims history tab.

Select Item	Service Date	Claim #	Renewing MO	Diagnosis	Procedure	Amount Paid	Paid Date
<input type="checkbox"/>	Mar 18 2015	01222878					Mar 30 2015
<input type="checkbox"/>	Feb 12 2015	22108298					Feb 22 2015
<input type="checkbox"/>	Mar 18 2015	01218042					Mar 30 2015

Figure 10: Member History Tabs – Claims Tab shown

Figure 11 shows the eligibility history tab – this is the record of insurance, medicare, Medicaid, and state based program eligibility including past plans, lapses, and other changes in status.

Select Item	Effective Date	End Date	Carrier	Member ID	Plan	PCP Name	PCP Eff Date	PCP End Date
<input type="checkbox"/>	Jan 1 2015		Avant	R0090877 01	A212		Jan 1 2015	
<input type="checkbox"/>	Jan 1 2013	Dec 31 2018	Avant	R0090877 01	86-7		Jan 1 2013	Dec 31 2014
<input type="checkbox"/>	Jan 1 2012	Dec 31 2012	Blue Shield	7509801 01	8675R		Jan 1 2012	Dec 31 2012

Figure 11: Member History Tabs – Elig History Tab shown

Figure 12 shows the insurance tab depicting all private party insurance.

Select Item	Carrier	Type of Insurance	Policy #	Group #	Effective Date	End Date	Primary
<input type="checkbox"/>	Avant	Health	2000101	08075	Jan 1 2013		<input type="checkbox"/>
<input type="checkbox"/>	Blue Shield	Health	857759E 01	812	Jan 1 2010	Dec 31 2012	<input type="checkbox"/>

Figure 12: Member History Tabs – Insurance Tab shown

Figure 13 shows the address tab – this includes past addresses for cross reference purposes and alternate addresses such as vacation homes, relatives who are care givers, and long term care facilities. It also shows effective dates to depict whether a given address is current or past (sometimes past addresses can be useful to verify a patient record is really for a given patient).

Select Item	Address Type	Street Address	City	State	Zip Code	Effective Date
<input type="checkbox"/>	Other - Home	2711 Main Street	Waikaloa	HI	96720	Oct 11 2008
<input type="checkbox"/>	Other - Mailng	P O Box 8711	Waikaloa	HI	96720	Dec 1 2012

Figure 13: Member History Tabs – Address Tab shown

Figure 14 shows the Alerts tab.



Figure 14: Member History Tabs – Alerts Tab shown

Figure 15 shows the member’s notes tab.



Figure 15: Member History Tabs – Notes Tab shown

Figure 16 shows the member’s appointments tab.



Figure 16: Member History Tabs – Appointments Tab shown

Figure 17 shows the Health Risk Assessment or HRA tab – this is one of the key tools utilized in complex case management, and typically one of the first steps in inducting a member into case management is to fill out an overall assessment of that patient’s health.



Figure 17: Member History Tabs – HRA Tab shown

Figure 18 shows the member’s allergies (tab) – these are subdivided into food, medication, environmental allergies, and a catch-all other category.



Figure 18: Member History Tabs – Allergy Tab shown

Figure 19 shows the cases tab – This tab shows all the cases that this member has in the system – Including past cases and ones not assigned to this particular user.

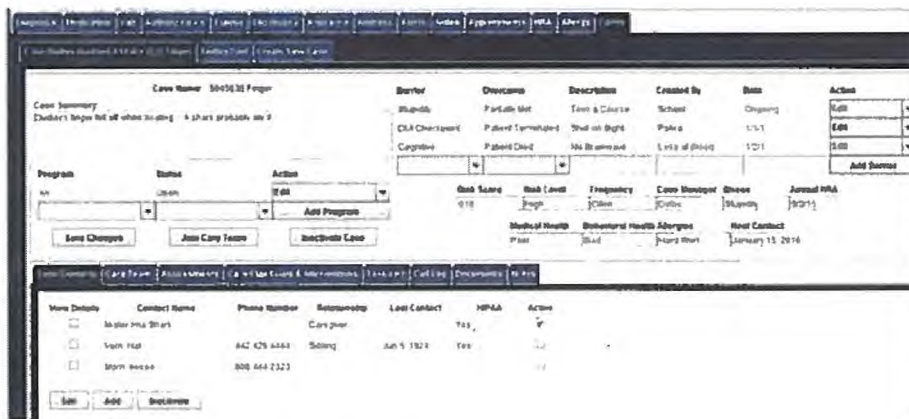


Figure 19: Member History Tabs – Cases Tab shown

Next we discuss the case specific tabs – These are shown within My Members under the member’s “Cases” tab or in the higher level “My Cases” tab, which organizes nearly identical information to be viewed case by case rather than at the member level – The distinction being that a particular member might have more than one medical case, and those cases may or may not be managed by the same care team personnel. Viewing a member’s cases through “My Members” shows all or that member’s cases, whereas viewing the cases through “My Cases” of course only shows my cases, i.e. the ones that a particular user is currently involved in. Figure 20 shows “My Cases”. The familiar member information is shown at the top of each case, then case specific information, and finally case specific tabs.

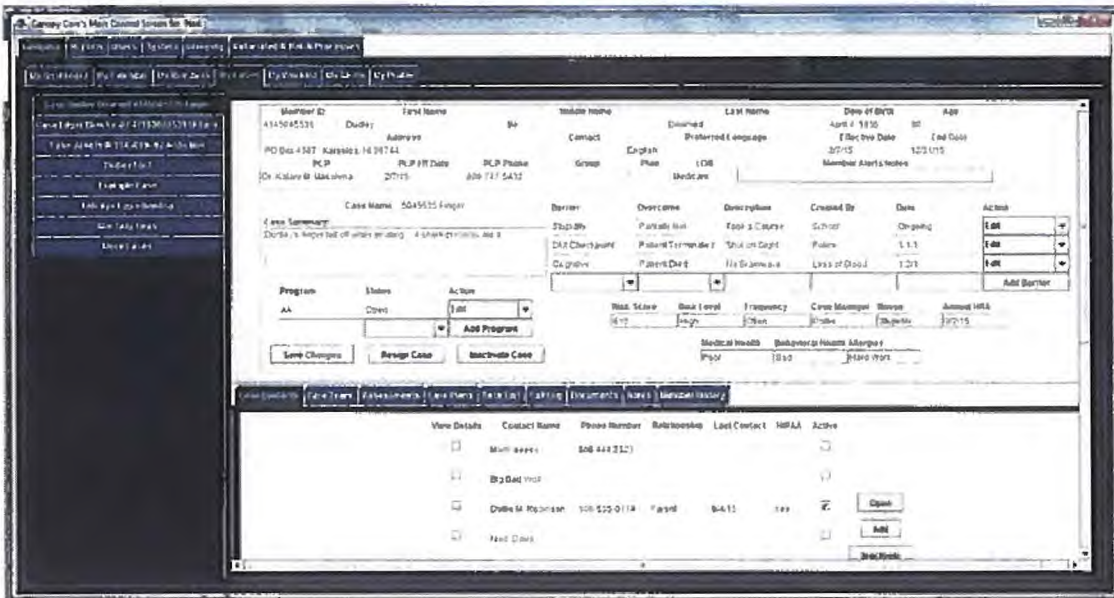


Figure 20: My Cases

Each case starts with a case summary: Global barriers carry across all cases. In the summary the member is set into a user defined program, will show risk scores and risk levels, frequency for patient touches, the case manager and primary medical and behavioral health issues as well as known allergies (close up in Figure 21).

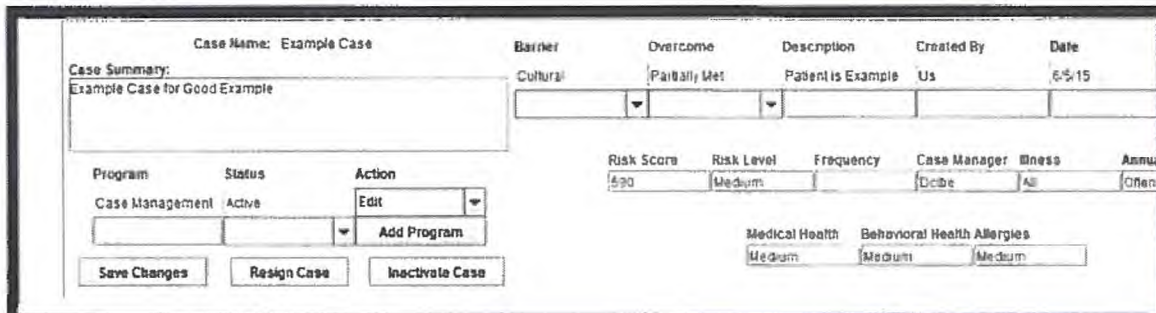


Figure 21: Case Summary

Below the Case Summary is The Case Book – each case has a working case book that consists of Case Contacts, the Care Team, Assessments, Care Plans, Task Lists, Call logs, any and all documentation including health education material sent to the patient. Unlimited case notes and a link to the member history for easy clinical review Figures 22 a - f.

View Details	Contact Name	Phone Number	Relationship	Last Contact	HIPAA	Active	
<input type="checkbox"/>	Barry Manning	808 852 8099	Caregiver	10/02/2015	Yes	<input type="checkbox"/>	
<input type="checkbox"/>	Barry Erample	808-987-6657	Spouse	05/07/2015	Yes	<input type="checkbox"/>	Open
<input type="checkbox"/>			Select from the list		Select from the list	<input type="checkbox"/>	Add
<input type="checkbox"/>			Select from the list		Select from the list	<input type="checkbox"/>	Inactivate
<input type="checkbox"/>			Select from the list		Select from the list	<input type="checkbox"/>	

Figure 22a: Case Book Tabs – Case Contacts

Select Item	Name	Clinic/Organization	Specialty	PCP	Lead MD	Office Phone	Fax	Start Date	Active	
<input type="checkbox"/>	Dotbe Robinson	Your Health Organization	Case Manager	No	No	800-443-7660		03/01/2015	<input checked="" type="checkbox"/>	Open
<input type="checkbox"/>	Ned P Davis	Your Health Organization	Med Director	No	Yes	800-443-7660		03/02/2015	<input checked="" type="checkbox"/>	Add
<input type="checkbox"/>	Sal Spina	Midland PCP Group	Internal Medicine	Yes	No	808-345-6655		09/10/2015	<input checked="" type="checkbox"/>	Inactivate

Figure 22b: Case Book Tabs – Build Care teams for all avenues within case management. Internal Care teams, Interdisciplinary Care Teams, Specialty team for care coordination.

View/Run	Assessment Name	Started By	Status	Last Save Date	Last Save By	
<input type="checkbox"/>	HRA	Dotbe Robinson	Completed	03/15/2015	Dotbe Robinson	Open
<input type="checkbox"/>	Psych/Social	Dotbe Robinson	Completed	03/15/2015	Ned Davis MD	Add
<input type="checkbox"/>	Psych/Social	Dotbe Robinson	Completed	03/15/2015	Ned Davis MD	Inactivate

Figure 22c: Case Book Tabs – All member assessments in one place with side by side views to compare answers as assessments are updated.

Action	Priority	Role	Goal Group	Goal	Intervention	Status	Sign Off	Start Date	End Date	Term	Appt
<input type="checkbox"/>	High	Case Manager	General	Visit PCP within 3 months	Schedule an appointment with the PCP	Comp	04/01/2015	04/02/2015	04/16/2015	Short	
<input type="checkbox"/>	Medium	Case Manager	Psych	Visit PBP within 3 months	Schedule an appointment with the PBP	Comp	04/01/2015	04/02/2015	04/16/2015	Short	
<input type="checkbox"/>	Low	Case Manager	Cardio	Visit Ensure patients health	Schedule a call for PHQ Assessment	Comp	04/01/2015	04/02/2015	04/02/2015	Short	No

Figure 22d: Case Book Tabs – Care plans have goal groups with specific goals and interventions to assist the member in improving their health and to reach their ultimate care goals. Track and work the goals & interventions in one place. Track necessary patient appointments. Set reminders when needed

Flag	Action	Priority	Role	Task	Status	Start Date	Completion Date	Appt
<input type="checkbox"/>	High	Care Coordinator	Send Education material	Completed	05/03/2015	05/04/2015	No	No
<input type="checkbox"/>	Medium	Case Manager	Review Care Plan	In Progress	05/04/2015	Null	No	No
<input type="checkbox"/>	Low	Med Director	ICT Meeting	Completed	05/02/2015	05/05/2015	Kept	

Figure 22e: Case Book Tabs – Task list is the check off list of all activity associated to the members’ case. Keep the care manager up to date on all that has been done and what remains open.

Action	Caller	Date	Outcome	Comments
<input type="checkbox"/>	Member	05/03/2015	Successful	Show first 50 characters. Allow the user to expand th
<input type="checkbox"/>	Member	05/03/2015	Successful	Show first 50 characters. Allow the user to expand th
<input type="checkbox"/>	PCP	05/02/2015	Left Message	Called to invite PCP to ICT Meeting. Sent Email
<input type="checkbox"/>	Caregiver	05/02/2015	Successful	PI Kept DR appt and has new appt scheduled for 05

Figure 22f: Case Book Tabs – Track incoming and outgoing calls.

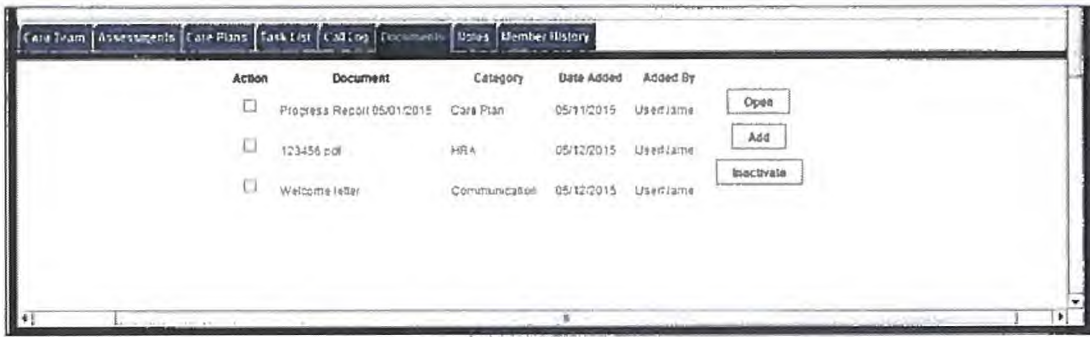


Figure 22g: Case Book Tabs – Within the Documents tab the case manager stores important case documents and letters.

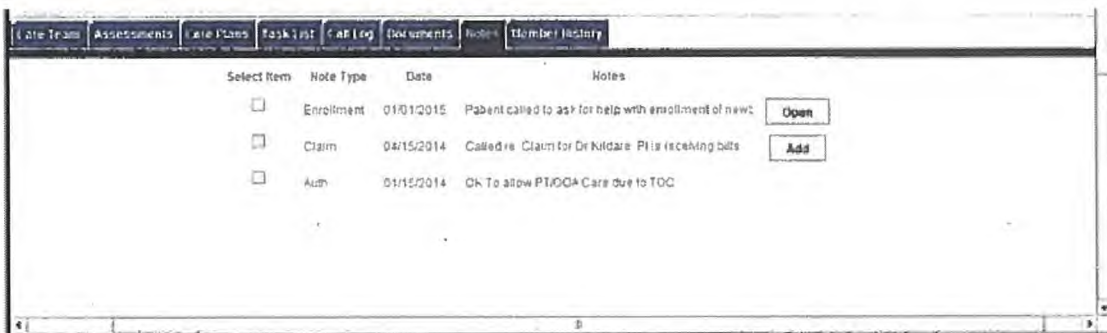


Figure 22h: Case Book Tabs – Take advantage of unlimited note taking capabilities with the ability to categorize notes into user defined buckets and secure each note by note type.

Finally, the last case tab is actually full circle back to “Member History” – the tabs we discussed above in “My Members”

Figure 23 shows the user’s work-list – with a quick visual graph of the type of work outstanding.



Figure 23: Work-list

Figure 24 shows the user's alert log.

Alert Description	Last Name	First Name	Date of BIRTH	Risk	Appt Date	Provider	Provider Phone	Next Contact
Annual CHF HRA due	Doomed	Dudley	Apr 04 1935	High	08/06/15			11/07/2015
Care Plan Updates	Doomed	Dudley	Apr 04 1935	High				11/07/2015
Prescription for Atorvastatin has not been refilled	Doomed	Dudley	Apr 04 1935	High	08/06/15			11/07/2015
Edit or Delete 1	Blowhard	Edgar	Feb 04 1938	High				9/03/2015
Care Plan Updates	Blowhard	Edgar	Feb 04 1938	High				9/03/2015
Need to reschedule missed appointment on 8/6/15	Fear	Felicitr	Jun 18 1938	High	08/06/15			7/05/2015
Snake Updates	Fear	Felicitr	Jun 18 1938	High				7/05/2015
Refill for Hydrocodone is approved for two weeks	Fear	Felich	Jun 18 1938	High	8/6/15			7/05/2015
Care Plan Updates	Example	Good	May 05 1935	High				11/07/2015
Care Plan Updates	Example	Good	Mar 05 1935	Low				02/02/2016
Care Plan Updates	Example	Good	May 05 1935	High				09/01/2015
Please schedule an appointment for annual physical	Hal	Vern	May 12 1985		TBD			

Figure 24: Alerts

There is an optional supervisory panel (shown in Figure 25) for managerial roles – This allows a supervisor to assign and track the work of their direct reports.

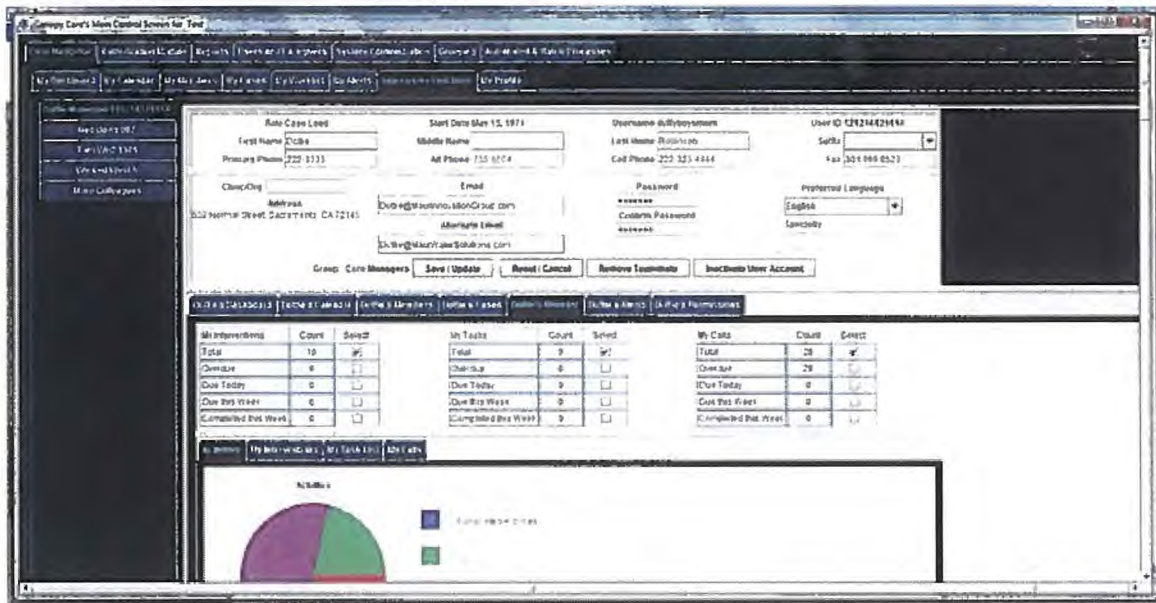


Figure 25: Supervisory Functions

Finally within the overall Navigator tab, the My Profile tab control's the user's own contact information as shown in Figure 26.



Figure 26: My Profile

Figure 27 a – c shows the Authorization Module – This is where the authorizations shown within the member history tabs are actually originated, processed, and approved.

Figure 27a: Authorization Module – Authorization Intake

Figure 27b: Authorization Module – Review Pending Requests

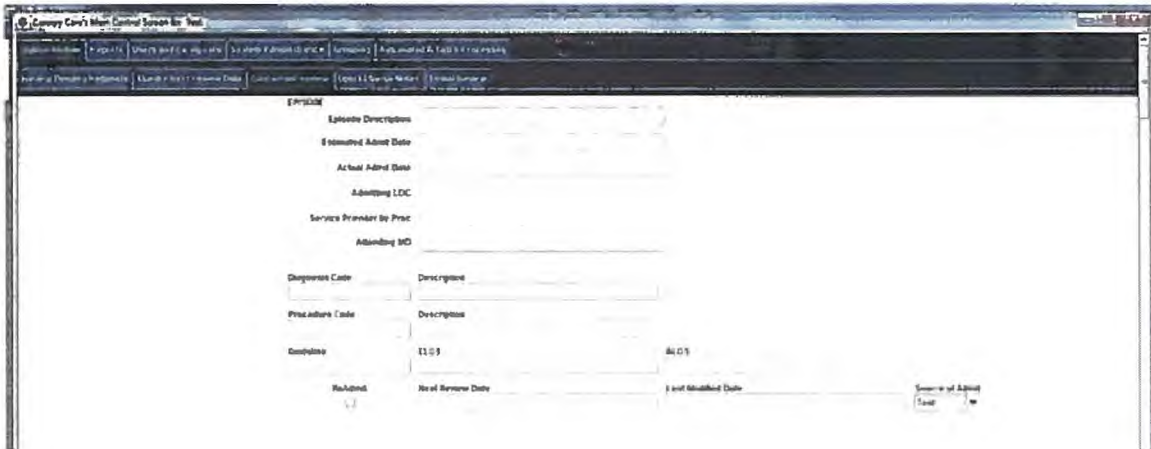


Figure 27b: Authorization Module – Concurrent Review

Figure 28 a – c shows the reporting functions.

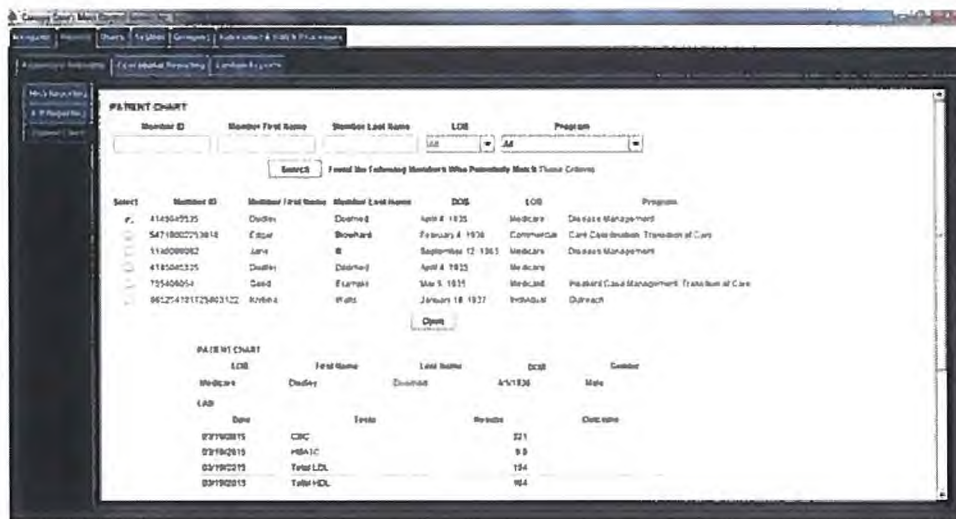


Figure 28a: Reports – Regulatory Reporting – Patient Chart



Figure 28b: Reports – Regulatory Reporting – Patient Chart Continued



Figure 28c: Reports – Operational Reporting

Figure 29 shows the user and caregiver management functions – Basically how to add new users and providers to the system.



Figure 29: Users and Caregivers

Figure 30 shows the System Administration tab (and the Care Planning) sub-tab.



Figure 30: System Administration

Figure 31 shows the assessment manager (accessed from System Administration) – this is where (blank – i.e. the original forms) HRA’s and other assessments are developed for all members.

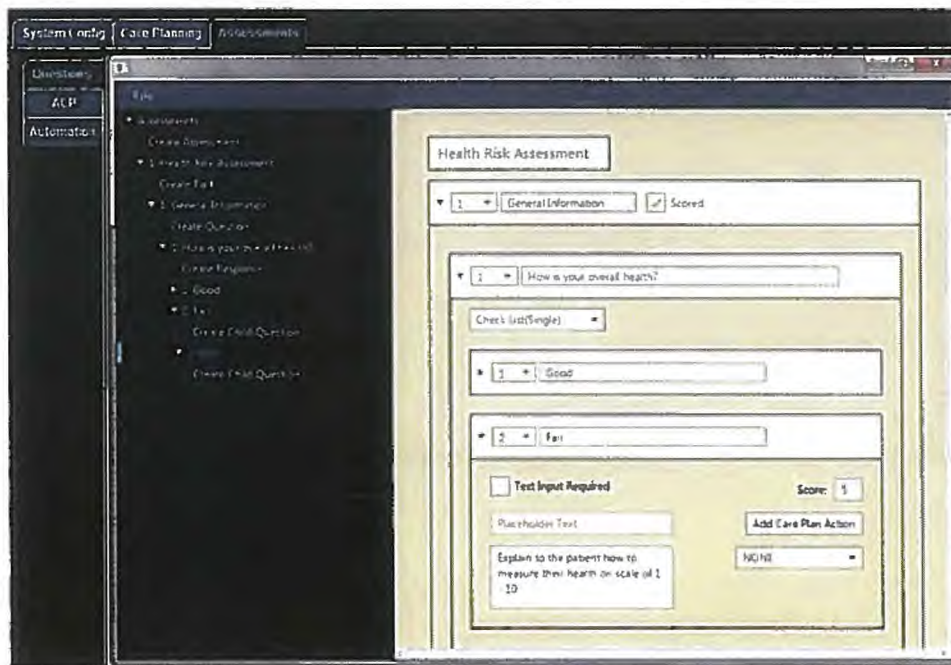


Figure 31: Assessment Manager

Figure 32 shows the program's group management tool.

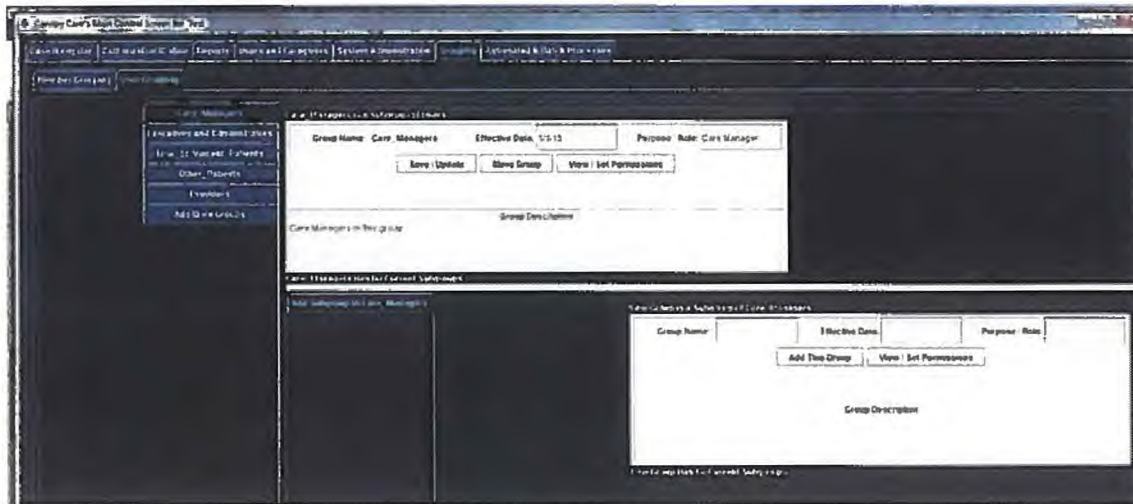


Figure 32: Grouping

Figure 34 shows the beginnings of our batch processing capabilities.

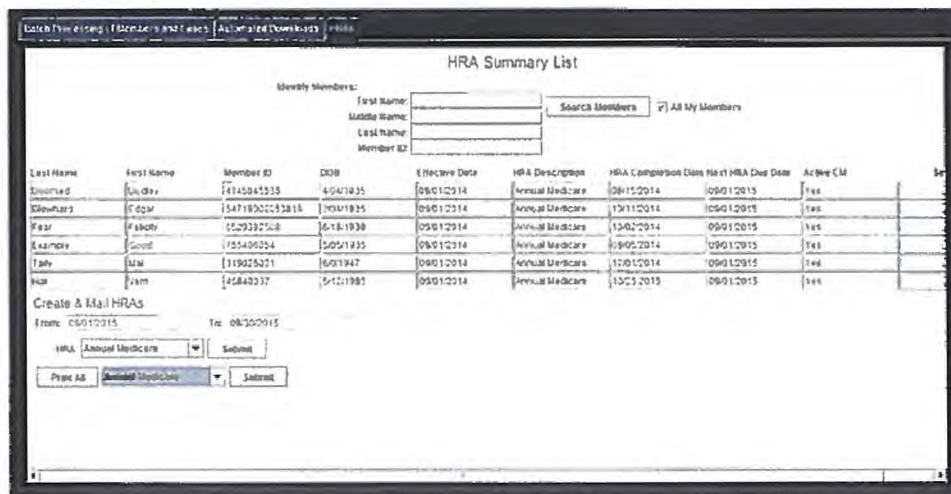


Figure 34: Batch Processing

As part of the batch processing capability, we have also completed the integration between Plexis's flagship product Quantum Choice, and our Quantum Care program as shown in Figure 35.



Figure 35: Quantum Care Downloading Patient Data from Quantum Choice

Marketing and Business Development Progress

Ned Davis and our consultant Dottie Robinson presented the new software at the Plexis annual users' conference for potential customer interest. We received 8 inquiries about our software; we got two call-backs, and proceeded to give two full software demos. One of those companies became a beta site. Figure 36 shows Ned at our booth at the Plexis conference.



Figure 36: Presenting our software at a conference

The software has now been deployed with 3 customers in Beta. An additional 4 companies are currently in negotiations with us. Development continues with new advances and additions to the program being

delivered on a roughly bi-weekly basis. We continue to demonstrate it to new customers, presented it at a software conference, and are generally receiving a high level of interest in the product.

We will also eventually re-bid our software solution to the Bahamas for their national healthcare system (the first RFQ was withdrawn, and a new one is being issued – due to issues relatively unrelated to us). This is seen as a good opportunity to make our price more competitive.

Commercial applications are also numerous, and with ~\$3T spent on healthcare in the United States, the rationales presented above for this analysis are even stronger, and the payoffs even larger.

Goals and objectives:

The initial objective of the joint venture was to create the next generation case management software for healthcare payers. The vast experience of Plexis employees and customers in the healthcare payer industry served as the springboard for the innovative design of QCM.

Medical Case Management refers to the planning and coordination of health care services appropriate to achieve the goal of medical rehabilitation. Medical case management includes care assessment, including personal interviews with injured employees, and assistance in developing, implementing and coordinating a medical care plan with health care providers, as well as the employee and his/her family and evaluation of treatment results.

Medical case management requires the evaluation of a medical condition, developing and implementing a plan of care, coordinating medical resources, communicating healthcare needs to the individual, monitoring an individual's progress and promoting cost-effective care.

Case Management is also used in a managed care environment to assist healthcare providers with a complete picture of the care the patient is receiving and to ensure cost efficiencies by coordinating care between all providers.

The market for Medical Case Management software is growing rapidly across the US, largely due to the implementation of the Affordable Care Act, and the return of managed care models of healthcare delivery.

The market needs a new innovative solution that helps nurses, doctors and patients get access to information and provide them with guidelines for improving healthcare delivery. Plexis has designed such a solution, and is ready to begin the programming and completion of the product.

Maui Innovation Group has led the development of QCM by providing coding services, architectural implementation, and quality assurance, and the QCM joint venture will continue to be run from Maui County at the direction of Dr. Ned Davis.

The long term goal is to establish a full service organization that will do ongoing software development on Maui for this project and others as they arise. We will also establish a technical support department to assist our clients in production, and will hire subject matter experts to assist with the installation and implementation of medical management programs.

Maui Innovation Group will also continue to bid on other high tech projects that will create new jobs and opportunities for local technical and professional staff.

QCM is a thriving joint venture located on the island of Maui that will hire local talent and will work with the community to create living wage professional and technical jobs. Maui Innovation Group will work with the local schools to establish job training programs and educational opportunities for local youth.

We will market the product worldwide through various established channels already in place at Plexis.

Statement of work

Maui Innovation Group and Plexis have undertaken the following tasks comprising our statement of work in order to successfully complete this project:

- 1) Evaluate functional and technical designs and modify as necessary
- 2) Create prototype version of QCM program
- 3) Use prototype to market and pre-sell QCM software to Plexis customers
- 4) Software Integration with Plexis and other 3d party codes such as EMR
- 5) Create and Test Alpha Version of QCM Software
- 6) Create and Test Beta Version of QCM Software
- 7) Integration Testing
- 8) QCM Product Release

Schedule

Figure 37 shows the schedule for the work performed under the EDRF contract.

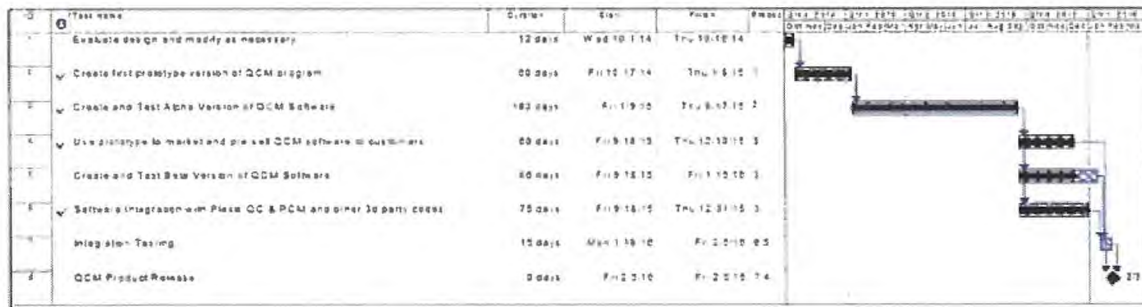


Figure 37: Schedule

Detailed description of work performed

Maui Innovation Group and Plexis have completed the following tasks enumerated in our statement of work in order to successfully complete this project:

C.1 Evaluate design and modify as necessary

A preliminary design for the QCM product already exists – Maui Innovation Group and Plexis will evaluate this design and decide whether it is complete or modify it accordingly (*essentially complete – small improvements ongoing*).

C.2 Create prototype version of QCM program

Maui Innovation Group will create a prototype version of the QCM product suitable to demonstrations to Plexis' customers. This prototype will be used as a basis for the later development versions and as a marketing tool to pre-sell the product (*Complete*).

C.3 Use prototype to market and pre-sell QCM software to customers

Plexis will use the prototype version of the QCM product to demonstrate the product to Plexis' customer for marketing purposes and to pre-sell the QCM product.

C.4 Software Integration with Plexis and other 3d party codes such as EMR

Integration between the QCM program and Plexis existing software including Quantum Choice™ is crucial for sales to Plexis' existing customers. Utility (and hence value) of the product will be enhanced, and the potential customer base will also be broadened by ensuring broader interoperability with other common medical software platforms such as EMR packages (*some progress, but needs more*).

C.5 Create and Test Alpha Version of QCM Software

The alpha version of the software will be completed and tested based on feedback and lessons learned from the prototype version (*Complete*).

C.6 Create and Test Beta Version of QCM Software

Next, the beta version of the software will be completed, essentially incorporating full product functionality, and it will be tested to a much more rigorous standard in order to eliminate remaining issues within the code (*to commence soon*).

C.7 Integration Testing

Integration testing will be performed by engineers from Maui Innovation Group and Plexis in order to insure compatibility and interoperability with Plexis and other companies' existing product lines (*to commence after beta*).

C.8 QCM Product Release

Upon completion of the previously described tasks, the software will be released to the customers *(to commence after beta and testing)*.

Budget Progress

Maui Innovation Group maintains 3 separate business bank accounts at American Savings Bank:

- 1) A central company account from which payroll, taxes, benefits, and expenses such as office insurance and rent are paid – and to which payments for labor & overhead are deposited
- 2) A Plexis specific account into which Plexis electronically transfers funds for this project, and from which Maui Innovation Group bills and deducts expenses such as labor with fringe & overhead, and Plexis specific expenses such as travel and lodging for project business
- 3) An EDRF specific account to which we deposited all of our EDRF grant checks and will deposit, and from which we deducted the EDRF portion of labor, overhead, and fringe in accordance with the terms of our grant.

To date, Plexis has directly contributed \$991,000 to their account in this joint venture, and given additional support from their staff – this is far in excess of the \$200,000 cash support promised in the original proposal because some work commenced prior to the EDRF grant being made, and additional features have been added to the software in order to bid larger customers such as national healthcare plans. Currently ~\$58,000 remains in the separate Plexis account at American Savings Bank, and Plexis has committed to replenishing those funds further as needed and until customer revenues commence and can carry us forward – We are well positioned to see this through and become very successful.

All of the EDRF grant checks – the first two of \$80,000 each, and the final check for \$15,000 – Totaling \$175,000 were deposited to the EDRF project account, and used for labor on this project as described in our proposal and contract.

Current Employee Count

Our headcount is 5 FTE's better than promised in our EDRF proposal – Specifically our current employee roster is as follows:

- 1) Edward P "Ned" Davis Founder & CEO
- 2) Laurie Tamura Director of Operations
- 3) Dianne Butay Senior Engineer
- 4) Lucas McKeon Software Engineer
- 5) Libby Riter Admin

All employees are offered Kaiser health insurance fully paid by our company.

Facilities

Maui Innovation Group's primary office and lab are located in the Maui Research and Technology Park in Kihei Hawaii, which was created to house innovative high tech businesses such as ours. The building where our office is now located, the Maui Research and Technology Center MRTC (shown in Figure 38) is located at 590 Lipoa Parkway. We have a regular commercial lease on an approximately 700 square foot office and lab as shown in Figure 39. Maui Innovation Group's facilities where the work was performed meet all applicable environmental laws and regulations of federal, State of Hawaii, and local Governments for, but not limited to: airborne emissions, waterborne effluents, external radiation levels, outdoor noise, solid and bulk waste disposal practices, and handling and storage of toxic and hazardous materials.



Figure 38: The MRTC Building



Figure 39: Interior of Maui Innovation Group's office and lab

Our office shown in Figure 39 contains the requisite bulletin board displaying all our business licenses, occupancy permit, minimum wages (State & Federal), insurance policies, unemployment benefits, etc. present in most every business these days -- We possess all applicable property and liability insurance, TDI, Workman's Comp, and comply with all relevant laws, rules and regulations of the Federal Government, State of Hawaii, and Maui County.

Figure 40 shows our new machine shop.



Figure 40: Interior of Maui Innovation Group's machine shop

Conclusions

We have developed the Quantum Care software project, assembled our team of engineers, presented at the Plexis annual users' conference, and continue to bid on opportunities. We received multiple inquiries about our software and have acquired our first three beta site customers.

We have achieved the hiring goals laid forth in our proposal, with a current headcount of 5 FTE's, and are located in the Kihei tech park with all applicable insurances, licenses, and certifications in good-standing. We are likely to expand further as soon as these leads come to fruition.

We have more than achieved the financial goals laid out in our proposal by bringing \$991,000 of additional matching investment in Maui County above and beyond the \$175k EDRF Grant from the county and larger than the originally committed \$400k – This has been a win – win – win situation for all involved: Plexis, Maui Innovation Group, and the County of Maui – Over 3x return on investment already – just in software development work alone (almost all to the local economy in salaries, benefits, and overhead such as office rent and supplies right here in Maui County), and a path to millions of dollars of recurring revenue in the future.

Furthermore, by moving this software development work to Maui instead of offshore, Maui Innovation Group has been able to create a much more enduring business presence on Maui with regular

employees, an office, and payroll & benefits including health insurance, workman's comp, TDI, etc. – All of the trappings of a full-fledged employer on island. Furthermore, we have leveraged this business to bid two Federal SBIR programs – one directly related to this software project and one in a new area that we hope to expand into.

We are on schedule and on budget for success.

Future Work

We will continue to build out our case management tool, continue our marketing efforts, and continue to develop and improve the capabilities of our software, as well as add new features such as authorizations and referrals. We will re-bid our software solution to the Bahamas for their national healthcare system (the first RFQ was withdrawn, and a new one is being issued).