## HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AMENDMENT TO EXEMPTION FROM CHAPTER 103D, HRS, CONTRACT

1. TO:	Chief Procus	rement Officer			
2.FROM:	A.A. Stran	sky			
	Department/Division/Agency				
3. Name of Contractor: Ability Network 4 P.E. Reference No. EX-088					
5. Description of goods, services, or construction:					
Electronic Medicaid Claims Access					
6. Scope of work for the contract is revised as follows:					
N/A					
	Santunat Driac	ss 850 000	Amondod Cont	tenat Delace	P<0.000
Original Contract Price: \$50,000 Amended Contract Price: \$60,000  7. Reason: This/These amendment(s) are necessary because:					
Annual extension of primary agreement					
1 HARON C		b			
a. Direct o	questions to:	Matt Chun		Phone:	808-733-4088
Agency shall ensure adherence to applicable administrative and statutory requirements.					
9. Pursuant to § 103D-102, HRS, and § 3-120-5, HAR, I certify that the information provided above is, to the best of my knowledge, true and correct					
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Departmen	it Head		Date		
		. A. 89 . M.	Date		7-10-17
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11. Submit written objections to this notice of intent to amend a procurement exemption contract within seven calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer					
Carona	ar days or as	Child Wido allow our Living	to accord positia date to:	HHSC	
				3675 Kil	auea Ave.
				Honoluli	ı, HI 96816
12. Chief Procurement Officer's Comments:					
<del></del>	PROVED [	DISAPPROVED	( in D. (	> ,	JUL 2 0 2017
L INO	WOLION KI	SQUIMIED.	Chief Proce	urement O	fficer Date