WASHINGTON STATE HEALTH CARE AUTHORITY

Insurance System Replacement Post-Project Report Review

September 15, 2004

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TABLE OF CONTENTS

Page

I. EXECUTIVE SUMMARY 2

II. INTRODUCTION 7
- A. OBJECTIVES 7
- B. BACKGROUND 7
- C. APPROACH 8

III. ANALYSIS 11
- A. REPORT REVIEW.....11
- B. REVIEW SUMMARY 16
- C. RECOMMENDATIONS FOR MOVING AGENCY FORWARD 17

APPENDIX A – INTERVIEWS/MEETINGS

I. EXECUTIVE SUMMARY

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In May 2004, the Washington State Health Care Authority (HCA) terminated the Insurance System Replacement (ISR) Project. At that time, the project relationship between HCA and the vendor, Healthaxis, was also terminated. A subsequent post-project report was written by HCA to document the events of the ISR Project. HCA has hired MTG Management Consultants, L.L.C., to conduct the ISR Post-Project Report review.

HCA administers four healthcare programs for the state of Washington:

- Basic Health (BH)
- Community Health Services
- Prescription Drug Program
- Public Employees Benefits Board (PEBB)

HCA oversees health benefits and other insurance coverage through PEBB for state, K-12 school district, and local government employees. Washington also provides a state-sponsored BH program that offers affordable healthcare coverage to low-income residents. HCA contracts with insurance carriers to provide coverage to public employees and BH participants. However, HCA provides the enrollment and eligibility determination functions. Currently, the enrollment and eligibility functionality is supported by two legacy systems. The BH system is supported and maintained by HCA staff. The PEBB system is supported and maintained by the Washington State Department of Personnel (DOP).

The ISR Project was an HCA initiative to implement a new information system that would support the insurance enrollment and eligibility determination, and accounting functions for both PEBB and BH. In fact, the agency planned to later merge the PEBB and BH business operations, given that both the programs shared many common functional characteristics within their respective business processes. The project approach was to acquire a software package from Healthaxis and customize it to meet HCA's unique business needs. Healthaxis subcontracted with an offshore firm, Satyam Computer Services Ltd., to conduct the software changes. A new technology infrastructure was to have been implemented to support the business application. HCA invested $4.1 million in the project.

The current HCA system that supports the PEBB benefits administration function is operated by DOP. The DOP system, known as PAY1, currently supports the statewide payroll and personnel functionality and the HCA PEBB program. The compelling significance of PAY1 is how the DOP

system has evolved over a 25-year period. Part of this evolution is the growing relationship between PAY1 and the HCA-funded Insurance Eligibility and Accounting System (IEAS), which today supports the PEBB business program. This relationship has resulted in PAY1 and the IEAS becoming a tightly coupled environment. These factors over time have resulted in the HCA data being intertwined with the DOP data and processes.

DOP is currently implementing a new Human Resource Management System (HRMS). With this implementation, the statewide personnel and payroll functionality will be delivered through the new HRMS. The business need to sustain and operate the PAY1 legacy system will significantly diminish for DOP. The lone exception for continuing to support and operate PAY1 will be the IEAS, which is currently supported by DOP. In early 2005, DOP will begin implementing the new HRMS. As the HRMS implementation date draws nearer, HCA is faced with some key business issues:

- How will HCA deliver the agency's benefits administration and accounting functionality in the future?
- What will it cost HCA to deliver the agency's benefits administration and accounting functionality in the future?
- How can the current support levels and staff expertise be sustained on the IEAS in the future?

MTG Management Consultants, L.L.C., believes many factors contributed to HCA failing to meet its stated project objectives:

- ***HCA suffered substantial turnover*** in agency executive leadership. Four administrators and two sets of business program executives were involved in the project. The IT director led the project throughout the project life.
- ***Project leadership did not adequately prepare the agency for the organizational changes*** that were to result from the ISR implementation.
- ***The premise of merging the operational support of PEBB and BH failed*** because the two programs varied enough in terms of functionality that business operations were unable to develop a common set of requirements that could accommodate both business programs. Little organizational change preparation activities or resource relief were conducted, resulting in substantial stress and dissatisfaction among the business staff that participated in the project.
- ***The scope was too large and unrealistic***, given the project schedule and staff constraints. A significant reason to complete the ISR project by June 30, 2003, was partly caused by the need to realize immediate cost savings in the new 2003–2005 biennium.

- ***The Healthaxis contract did not match the original intent*** of acquiring a commercial off-the-shelf (COTS) package and was different than was represented in the site visit. Healthaxis had not implemented a comparable system in a similar organization. The software HCA required did not exist. The contract contained substantial ambiguity in the areas of contract escalation and controls.
- ***The project did not adequately recognize and manage issues***, which resulted in major problems. These issues were not escalated to agency executives and stakeholders in a timely manner so that they could be adequately resolved.
- ***Quality Assurance did not report independently*** to HCA senior management and the ISR project steering committee.
- ***HCA aggressively created a setting early on that the implemented COTS solution would deliver immediate savings***. This message was communicated to the *Information Services Board (ISB) and legislators.* The expected cost savings resulted in a reduction in the HCA operational 2003–2005 biennium budget.
- ***The expected cost savings and aggressive schedule had an impact on the ISR project.*** The aggressive expectations were influential in many project decisions, such as rushing to sign a contract, and the project ultimately attempted to deliver too much functionality and system capabilities too quickly.
- ***Healthaxis was unable to manage the transition between user requirement specifications to the Satyam offshore programming staff*** as illustrated by the high number of program deficiencies. HCA was unable to accept any of the Satyam software.

HCA needs to take action to implement a new application that supports the PEBB business benefits administration functionality. In addition, HCA must identify a suitable system solution that can support the PEBB and BH accounting functionality needs. While the current BH application (Member Benefits Management System [MBMS]) adequately supports BH business operations according to staff, the MBMS will not meet the needs of the agency's future direction, such as Web-based and self-service functionality.

With DOP implementing the new HRMS in 2005, HCA must address the long-term issue of a system solution that can support the agency's benefits administration and accounting computing and informational requirements. Today, the PEBB program and BH accounting functionality are supported by the IEAS, which is currently maintained by DOP. The IEAS is part of DOP's overall PAY1 system solution, which provides payroll and personnel functionality to many state agencies. Originally, HCA had intended to address the IEAS replacement need with a new COTS solution. The failure of the ISR project, coupled with DOP's desire to discontinue support of PAY1 and replace it with the new HRMS, has introduced a set of new challenges for the agency. HCA is now faced with developing a strategy that can address the agency's short- and long-term needs for a

benefits administration and accounting system solution. This need is particularly significant for the PEBB, since the program area support is directly tied to the DOP PAY1 system support. Any project undertaken by HCA should address the PEBB need first.

With the start of any new project, HCA must also address several fundamental IT management issues to convince stakeholders that HCA can indeed successfully implement an IT project.

HCA must regain its credibility regarding implementing IT initiatives by recognizing the key points of failure and taking action to resolve the problems and issues that led to the project's failure. Through the application of proven IT and project management principles, HCA can successfully rectify the systemic problems that led to this project failure and develop a successful strategy to acquire new benefits administration and accounting systems that meet the agency's business benefits and expectations.

II. INTRODUCTION

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The Washington State HCA engaged MTG to conduct a review of the ISR Post-Project Report. The report, authored by HCA, offers a high-level recount of the positive and negative experiences associated with the ISR project from October 2001 through May 2004. The Post-Project Report review is part of the HCA executive leadership strategy to analyze the ISR project experience, determine what significant events led to the project's failure, and apply the lessons learned from the experience. HCA believes this approach will assist the agency with picking up the pieces and moving forward with the ISR initiative.

A. OBJECTIVES

MTG conducted a review of the HCA ISR Post-Project Report. The objectives of this review and the submitted recommendations will enable HCA to improve the overall quality of the ISR closeout activities and set the stage for the agency to move forward.

HCA has specified three objectives for this engagement, which are listed below:

- Review the HCA ISR Post-Project Report.
- Interview internal and external project participants.
- Present key findings and recommendations to agency executives.

The intent of this review is to validate the findings outlined in the agency's Post-Project Report. In addition, MTG will supplement the report with recommendations that will enable HCA to move forward with completing the ISR initiative effort.

B. BACKGROUND

In March 2002, the Washington State HCA launched the ISR. This project focused on developing and implementing a new integrated IEAS. The new insurance system would allow the agency to retire several legacy systems, most notably the IEAS, which is currently maintained and operated by the Washington State DOP. HCA also envisioned automating much of the business functionality within the two principal business programs, PEBB and BH, in an attempt to merge common business practices between them. The target date for implementing the new insurance system was June 30, 2003.

The target implementation was never achieved, and subsequently the project was terminated in May 2004. HCA must now reflect on what transpired over the past 2 years, document the lessons learned during the ISR project, and develop a plan for moving forward with completing the insurance system modernization initiative.

C. APPROACH

EXHIBIT I shows the three-phased approach that was used by MTG for this engagement. Each project phase is discussed below.

Phase 1 – Information Discovery

The initial task for MTG involved a review of current and past ISR project documentation. This review provided our team with a broader understanding about past project events and the activities/decisions that led up to HCA terminating the ISR project in May 2004.

MTG reviewed the following ISR project documentation:

- ISR Project – Project Charter.
- ISR Review.
- ISR Contingency Planning.
- ISR Post-Project Review.
- ISR Project – State of Product.

Upon completing the project document reviews, MTG moved quickly to conduct a series of interviews with individuals that participated on the project. This included members from the following business areas:

- Executive Team.
- BH.
- PEBB.
- Information Services.

The interviews included current and former HCA employees that participated on the ISR project. Next, MTG interviewed a selected group of individuals from the stakeholder agencies. Individuals

from the Department of Information Services (DIS) and Office of Financial Management (OFM) were involved in the stakeholder agency interviews. The interviews provided much valuable information that helped to validate the content of the HCA report. An added benefit was that the interviews provided individuals with the opportunity to share their project experience and submit additional information about the project.

The list of individuals interviewed is provided in APPENDIX A. Upon completing the project documentation review, MTG transitioned to the next phase of our post-project review activities.

Phase 2 – Assessment

Based on the work completed in Phase 1, MTG prepared and presented a preliminary executive briefing to HCA executive sponsors. The briefing provided the preliminary findings, suggestions for refining the Post-Project Report, and a set of agency recommendations for moving forward.

Phase 3 – Recommendations/Confirmation

The final phase of this engagement involved submitting the MTG review and confirmation letter. MTG worked closely with HCA in refining the ISR Post-Project Report, completing the report review, and delivering the confirmation letter to HCA.

III. ANALYSIS

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This section presents our review of the ISR Post-Project Report and related project material. This review of the HCA report will serve two purposes: (1) conduct an independent and unbiased review of the ISR Post-Project Report, and (2) improve the overall quality and key messages in the HCA report with a set of key review recommendations.

The MTG report review is organized under the following subsections:

- Report Review
- Review Summary
- Recommendations for Moving Agency Forward

This review is a result of the research, interviews, and analysis conducted by MTG during July 2004. The recommendations offered in the subsections below represent our independent assessment of the ISR Post-Project Report.

A. REPORT REVIEW

The HCA Post-Project Report presents the project's lessons learned within four discussion categories. Each category covers the lessons in terms of the positive and negative project experiences. The agency has conducted a series of post-project activities with the intent of identifying what occurred and what lessons can be applied in the future that will prevent the agency from making similar project mistakes.

Our report review follows the outline of the HCA report. This document presents our review information under the following ISR Post-Project Report categories:

- Leadership
- Project Governance, Organization, and Management
- Vendor and Contract Management
- Requirements Definition and Management

Within each category, MTG offers a set of specific report recommendations. In addition, the review provides HCA with additional feedback for further consideration. The remainder of this section also presents MTG's recommendations.

1. Leadership

The report discusses the high commitment and management direction early on during the project. This is typical on most projects. What is missing, however, is changes in leadership at HCA during the ISR project and more importantly, the significant impact the changes had on the project overall. During the 2-year life of the ISR project, HCA witnessed leadership changes with the administrator, deputy administrator, PEBB, and BH leadership roles.

Based on our review, the ISR report should address the following project leadership-related matters:

Recommendations

- Expand report discussions regarding the HCA changes in executive leadership during the project.
- Point out that leadership changes had a significant impact within the project and the HCA organization as a whole.
- Point out in the report that leadership changes also impacted the agency's organizational preparation and readiness to implement a new COTS solution.

Other Considerations

The change in leadership had a consequential impact on the project. The resulting changes affected the vision, scope, and continuity in regard to the principal business premise for common services and functionality between the PEBB and BH programs. This also had an impact on the project in terms of confirming and finalizing its benefits administration and accounting functional requirements. A result of these failures was the inability to deliver and implement the new benefits administration and accounting system solution. The report should highlight this critical project point.

2. Project Governance, Organization, and Management

Under this section of the HCA report, many of the operational components of the ISR project are discussed. The ISR project documentation reviewed by MTG clearly demonstrated that HCA did indeed establish some project mechanics, such as:

- Developing an ISR project charter.

- Setting up a project team.
- Forming the ISR project steering committee.

The ISR report should address the following project governance, organization, and management related-matters:

Recommendations

- Outline that project funding did not cover staff backfilling, which resulted in staff assigned to the project remaining in their agency operational roles.
- Point out that the project did not have an adequate contingency plan.
- Include discussion that HCA did not establish a project office to support the project management team.
- Point out that project organization did not adequately support a project of this size and complexity.
- Establish that the project did not have an adequate project infrastructure, including:
  - » Conference/meeting rooms.
  - » Training facility.
  - » Testing facility.
  - » Equipment.[1]

Other Considerations

The ISR Post-Project Report identifies some key aspects regarding project governance, organization, and management. The most significant aspect was the fact that HCA did not adequately backfill staff that were assigned to project. This led to ISR project team members often performing their agency roles in addition to the project work assignments, which had an adverse affect on the project and overall morale of the agency. The report points out the good intent of HCA with regard to project governance, organization, and management, but the execution of these activities collapsed over the course of the project.

[1] Many project members complained about using laptop computers to conduct user testing.

3. Vendor and Contract Management

The Vendor and Contract Management section points out the collaborative effort exhibited by the agency during the procurement phase. PEBB and BH representatives witnessed that vendor capabilities were validated during the on-site demonstrations. The initial understanding was that HCA, under the expert direction of the vendor, would implement a COTS solution that would fulfill its benefits administration and accounting functional goals.

Based on our review, the ISR report should include these additional vendor and contract management points:

Recommendations

- Discuss the fact that the vendor COTS solution demonstrated during on-site visits and the procurement process differ from the solution that was to be implemented at HCA
- Point out the lack of clearly defined deliverable responsibility and ownership. Staff took ownership of certain task for the "good" of the project, but having such roles clearly defined and part of the contract process would have minimized the ambiguity regarding responsibility for project deliverables and work products.
- Include information about the fact that deliverables stated in the contract were not described at a level of detail and clarity that provided HCA with discreet evidence of vendor progress.
- Describe how HCA's desire to sign the contract overshadowed the agency's need for adequate contract protection, particularly regarding a clearly defined process for nonperformance.
- Discuss the excessive time period to terminate the vendor/client relationship.
- Discuss the agency's inexperience with negotiating and managing a COTS contract. The report should also point out that little evidence exists regarding the project implementing and executing a suitable contract management strategy and approach, which would have provided direction and guidance for:
  - » Managing project change requests.
    - Who could introduce a change request?
    - What is the mechanism for approving a change request?
    - What is the procedure for reflecting change in the overall project schedule and budget?

» Monitoring and tracking project performance based on the vendor meeting deliverable schedule and product quality expectations.

» Defining a process for performance issues and an established process for escalation.

Other Considerations

A significant failing of the ISR project was the lack of a contract management plan (CMP). The CMP would have included the project strategy and approach regarding how HCA would conduct contract negotiation, execution, and closeout. As part of the CMP, the agency would have defined the success criteria for the HCA/vendor contract, how that criteria would be measured throughout the life of the contract, any needed critical deliverable project milestones, and what actions to take in the event of noncompliance.

HCA must also work with the integrator vendor to develop a Project Deliverable Responsibility Matrix (PDRM). The PDRM document would clearly define vendor/customer roles and responsibilities for developing, finalizing, and approving project deliverables at all stages of the effort. A PDRM would help drive the project deliverable schedule and related work products to the appropriate work levels. This approach would also assist with establishing ownership for project deliverables and work products and tracking vendor performance with meeting deliverable due dates.

4. Requirements Definition and Management

The report discusses the fact that HCA committed experienced staff to the project to assist the vendor with understanding the functions associated with eligibility, healthcare, billing, and communications in the two business program areas (PEBB and BH). Many project staff members, however, seemed to feel these activities introduced a level of confusion and misunderstanding during the project. Several project staff were under the impression that their involvement was required to assist with designing the new "to be" COTS solution and did not understand the need to invest in what appeared to be a substantial level of effort in documenting the "as is" documentation.

The following recommendations should be included in the Requirements Definition and Management section:

Recommendations

■ The report must point out that the failure to adequately define the functional requirements early on during the project resulted in delays, questions about the design of the COTS solution, and confusion regarding whether incidents generated from the customer acceptance test-

ing were software application "bugs" or issues concerning the defined functional requirements.

- The report should also include the need to establish a baseline set of requirements and categorization/prioritization.

Other Considerations

The report offers a short discussion of how the project developed its functional and technical requirements. What is missing in this section is the fact that there were many project activities under way concurrently that generated a great deal of confusion for project staff and HCA overall. While the initial role was to implement a COTS solution, the reality was that the integrator was collecting requirements, building the technology infrastructure, and defining the new system architecture all at the same time. This confusion subsequently placed the project at significant risk. It is also important to note that the aggressive schedule put unrealistic expectations on the project, which hampered any attempts to leverage common business practices in the new system.

In addition to the above, HCA should point out the issue around the project scope. The agency should discuss the fact that the project attempted to redesign key business processes in PEBB and BH while attempting to design the new system. Managing scope was clearly a challenge throughout the life of the project and this topic should be discussed in the agency's report. The report should also discuss how the project did not have any evidence of requirements/scope traceability. During the requirements/design activities, the project did not properly tie work back to any documented requirements.

Before starting any new project, HCA should establish a baseline set of functional and technical requirements. As part of the requirements gathering and definition, HCA must identify which requirements are mandatory, desired, or highly desired. Taking the approach to identify the agency's requirements and prioritizing them will help HCA scope any future project and deliver any new functionality in a manageable, phased approach. This requirements definition and prioritization work should be accomplished prior to moving forward with any procurement process.

B. REVIEW SUMMARY

HCA is moving in the right direction with the ISR Post-Project Report. The message that is being delivered in the report demonstrates the agency's commitment to learn from the ISR project experience and, more importantly, take the needed actions to correct the possibility of making similar mistakes on any future project. MTG has offered this set of recommendations to assist HCA with moving forward from the ISR project events, which will help improve the overall quality of the HCA report.

As a final note, MTG believes the ISR Post-Project Report addresses the core issues of the HCA project in the agency report, which include:

- Changes in agency leadership.
- Ill-defined functional requirements that could support the PEBB and BH programs.
- RFP and contract differences.
- Insufficient vendor/contract management process.
- Quality Assurance/oversight failures.

C. RECOMMENDATIONS FOR MOVING AGENCY FORWARD

The ISR project, in terms of its objectives and scope, was a tremendously large and complex effort. HCA had little or no experience with implementing a COTS solution, which placed the organization at great risk. This inexperience proved costly to the agency not only in dollars, but also on the impact to agency staff. Recovering from the effects of the project will take a tremendous commitment from agency executives to pick up the pieces, learn from past mistakes, and provide the needed leadership and vision for how the agency will move forward from this experience.

We believe that the executive leadership must now undertake a set of key activities in moving the agency forward. We also believe these activities must occur prior to any new project launch by the agency. MTG offers the following recommendations for HCA:

- Establish an executive team that has the leadership continuity and skills to accomplish a new benefits administration and accounting project initiative.
- Establish a project governance structure that includes the agency administrator, deputy administrator, executive leadership team, and project manager, which will serve as the executive leadership for the next project.
- Build a governance structure that provides the overarching framework for leading the new project. Collaboratively set the vision and share in the responsibility to complete the new project.
- Revisit the original feasibility study and scope. This direction will confirm the needs of the agency for any new benefits administration and accounting business needs and establish the business direction for moving forward.

- Approach the new project in phases. Direct focus on implementing a solution that can support PEBB initially, which is currently supported by the DOP PAY1 system.
- Investigate the feasibility of implementing an accounting system component that can support both the PEBB and BH programs.
- Select a systems integration vendor that has successfully implemented the system solution in a similar state government setting.
- Develop a comprehensive contract/vendor management strategy and plan. Any approach defined by HCA should include both state and private sector resources. Establish a set of key criteria and expectations leading into the contract planning, negotiations, and execution phases.
- Ensure that contract and implementation work reflects the proposed system solution. The state should require that the proposals clearly identify the prime and subcontractor relationship in the vendor proposal. In addition, require the prime contractor assume full responsibility for the implementation.
- Require the integrator/implementation vendor include critical deliverable milestones throughout the project implementation schedule and establish the contract payment on this defined deliverable schedule.
- Hire a project manager with documented experience and expertise in managing a COTS benefits administration and accounting implementation. Select an individual or firm that can assist the agency with developing an internal project management framework that would include:
  - » Project management best practices.
  - » Methodology.
  - » Techniques.
  - » Tools.
- Incorporate past lessons learned into agency project management practices and methods.
- Set the expectation early on that Quality Assurance will report to the HCA deputy administrator directly and independently.
- Share the ISR Post-Project Report with:
  - » Agency.
  - » ISB.
  - » DIS.

- » OFM.
- » Project stakeholders.

- Establish an agency change management governance structure.
- Discuss plan for developing an HCA project management framework.
- Review the original feasibility study to determine where the common functionality exists and what functional aspect is truly unique within the business areas.
- Develop a migration plan (planning, acquisition, and implementation).
- Develop an agency project management program and portfolio management framework.
- Communicate the migration strategy to staff and other agencies.
- Welcome assistance from the state IT community. Communicate and find out how other agencies approach:
  - » Project management.
  - » Vendor/contract management.
  - » Requirement management.
  - » Change management.
  - » Portfolio management.

HCA is moving in the right direction with the ISR Post-Project Report. Project events have been well documented in the report. This review and the recommendations presented will supplement the HCA report and assist the agency in achieving the stated goals of ISR post-project closeout.

HCA must now begin applying the lessons learned from the ISR post-project events and move the agency forward. The project was an unfortunate event and low point for the agency. HCA had hoped to implement a new benefits administration and accounting system by June 2003. This implementation goal would have allowed the agency to migrate from the DOP system and begin realizing the cost savings projected in the original decision package. Although the ISR implementation opportunity has expired, a great opportunity still remains for HCA to learn, grow, and progress from the misfortunes of the project. HCA staff and the state agency community will be keenly interested in how the HCA executive leadership learns from this experience, but more importantly, how the leadership moves the agency forward.

APPENDIX A

INTERVIEWS/MEETINGS

INTERVIEWS/MEETINGS

Date	Individual	Title	Agency
7/6/2004	Ms. Connie Robins	Deputy Administrator	HCA
	Mr. Rand Daley	ISR Project Management Consultant	
7/8/2004	Mr. Jim Stutz	ISR Project Director Consultant	
7/14/2004	Mr. Dave Wasser	Communication Officer	HCA
7/14/2004	Mr. Pete Cutler	Administrator	HCA
714/2004	Ms. Katie Rogers	Assistant Administrator	HCA
7/14/2004	Ms. Kathy Eberle	Assistant Administrator	HCA
7/14/2004	Mr. Tom Parma	State Project Oversight	DIS
7/20/2004	Ms. MaryAnne Lindeblad	Former Assistant Administrator	Department of Social and Health Services (DSHS) (*formerly with HCA*)
7/20/2004	Mr. Romeo Solis Ms. Lonnie Budd Ms. Pam Powers Ms. Tricia Mackin Ms. Barbara Scott Mr. Shane Verley Mr. Dave Hamilton Ms. Glenda Fairchild Mr. Jim Stutz Ms. Stephanie Longanecker	ISR Core Team Members	HCA
	Mr. Rand Daley	ISR Project Management Consultant	
7/20/2004	Mr. Pete Cutler	Administrator	HCA
	Mr. Rand Daley	ISR Project Management Consultant	
7/20/2004	Mr. Wolfe Opitz	Deputy Director	OFM
7/21/2004	Ms. Chris Spaulding	ISR Project Director	Department of Agriculture (*formerly with HCA*)
7/21/2004	Mr. Tom Neitzel	Manager, Information Services	HCA
7/22/2004	Mr. Pete Cutler Mr. Dave Wasser Ms. Debbie Haeger Ms. Katie Rogers Mr. Jim Stutz	ISR Executive Team	HCA
	Mr. Rand Daley	ISR Project Management Consultant	
7/22/2004	Mr. Shane Verley	Lead, Information Services	HCA

Date	Individual	Title	Agency
7/23/2004	Mr. Dennis Jones	Manager, Statewide Financial Systems	OFM
7/26/2004	Ms. Sadie Rodriquez-Hawkins	Assistant Director, Administrative and Financial Services	OFM
7/26/2004	Ms. Melodie Banker	Contract Office	HCA
7/28/2004	Ms. Debbie Haeger Ms. Kristie Vaughn	Accounting Office	HCA