



# THE K-12 PUBLIC SCHOOL EMPLOYEE HEALTH BENEFITS REPORT

IMPLEMENTATION PLANNING

Washington State  
Health Care Authority



# VOLUME 2 – IMPLEMENTATION PLANNING

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# SECTION 1 INTRODUCTION AND IMPLEMENTATION STRATEGY DISCUSSION

The proposed consolidated purchasing program design is different than the current Public Employees Benefit (PEBB) Program within the Healthcare Authority (HCA), and different from the current independent programs that each K-12 district runs. As such, there is a significant amount of work required to build a new program, ready the districts and stakeholders for the change, build the infrastructure to operate the program and prepare for the initial enrollment.

The HCA's proposed implementation strategy supports the program's three objectives -- increase transparency, support equity, and develop administrative efficiencies.

The strategy was designed to minimize the impact to school districts, assess and mitigate risks, and leverage what exists and works well currently.

To implement a new system, some key must-have's include:

1. Legislative changes and laws to allow for the program to be implemented, including those related to governance and collective bargaining.
2. Funding for program build and program operations beginning in FY 12.
3. A minimum of 18 months to develop and deliver the program.
4. Clear accountability and program leadership.

The implementation plan is based on the design proposed. Changes from the recommended program design are likely to lead to changes to the implementation plan.

This implementation section will describe the operational model with roles and impacts, budget, schedule, and how the transition will be managed.

## SECTION 2

# THE 'TO BE' K-12 OPERATION MODEL AND ROLES AND RESPONSIBILITIES

As discussed in the previous sections of the report, the consolidated purchasing system will provide medical, dental, vision and prescription benefits to participating districts. Initially, life and long-term disability (LTD) insurances will be out of scope.

The program will be enabled using services and processes from both the K-12 school districts and the HCA. For the purpose of administering benefits, it is the HCA's view that school districts do an effective job of running finance, accounting and payroll. These functions are leveraged in the proposed implementation model.

Of the 295 districts, 274 districts (or 93%) partner with WSIPC to provide an Information Systems (IS) platform for finance, accounting and payroll operations. Of the remaining 21 districts, 12 partner with SunGard for similar services. This leaves nine districts operating on different IS platforms.

In addition to the continued use of districts' IS platforms, we propose the implementation of web-based enrollment systems; interfaces between districts, the HCA and carriers; and a new data warehouse for decision support.

In the new program, the HCA will provide benefit design, analysis, procurement and communications services, along with support and service to the district. Districts would provide benefits administration services as they do currently, but would no longer need to perform the same benefits design, detailed actuarial or claims analysis, or deliver manual enrollment services.

The diagram below shows the current and future roles that K-12 school districts would play in delivering benefits. The grayed

processes with percentages indicate the estimated amount of work that will remain in districts after the new program is implemented. Specific operational and system impacts are listed later in this section.

### Summary of Changes for Districts

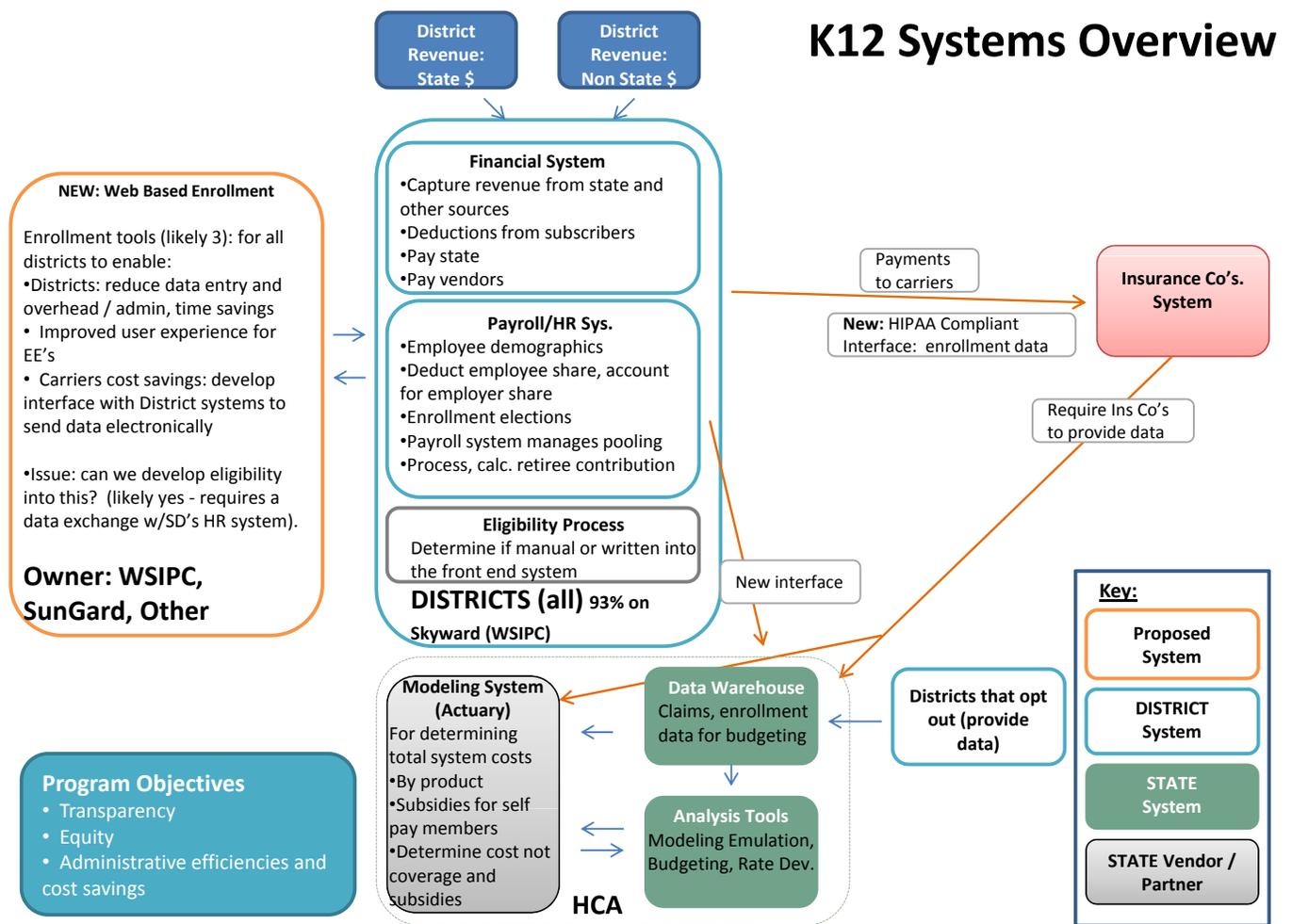
CURRENT K12	TO BE K12
Gather market data	Gather market data (25%)
Identify source and/or broker	Identify source and/or broker (50%)
Design and define benefits	Design and define benefits (25%)
Define and Determine Eligibility	<b>Define and Determine Eligibility</b>
Procurement, Contracting	Procurement, Contracting (25%)
Participant Communications	Participant Communications (50%)
Enter Elections / Paper Enroll.	Enter Elections/Paper Enroll. (5%)
Establish and Maintain Benefit Accts.	<b>Establish and Maintain Benefit Accts.</b>
Provide Customer Service	Provide Customer Service
Finance and Accounting	Finance and Accounting
Payments to Carriers	Payments to Carriers
Audit / Verifications	Audit / Verifications
Program Performance Evaluation	Program Performance Evaluation

**Revised roles for districts in the new K-12 program – grayed processes and percentages indicate the work that remains**

## NEW SYSTEMS

As shown in the diagram below, the State will need to develop, or partner with others to implement three new key systems to operate the new K-12 program. The new systems are:

1. A web-based benefits enrollment tool(s)
2. Additional interfaces of data between:
  - a. Districts and carriers
  - b. Districts and HCA
  - c. Carriers and HCA
3. Additional data warehouse functionality within HCA



Listed below is an overview of each new system.

## WEB-BASED ENROLLMENT TOOLS

- **Purpose:** Provide an online benefits enrollment tool to eliminate paper based enrollments. Users will use a website to learn about benefits, make elections, see payroll deductions and submit their enrollment.
- **Owners:**
  - o WSIPC for participating school districts
  - o SunGard for their customers
  - o To be determined for remaining nine districts.
- **Interfaces:** With districts' finance / payroll system. WSIPC could automate this and not require that districts independently send the data from the enrollment tool to Skyward/WSIPC.
- **Other details:**
  - o Volume: Approximately 100,000 during open enrollment
  - o Data: Required demographic data from district's finance / payroll system, plans available, tiers, and premiums. System needs to calculate eligibility based on FTE, and store data by district. Could design this such that the web system puts a hold on data until it gets approved manually. Or could have the system manually verify it. Eligibility is complex; it differs by union and district.
  - o One option is for the system to capture data, and do exception processing. If 80% of employees are enrolled online, then the remaining 20% could be done with intervention or manually.
  - o Current systems: Most use paper based enrollment, data entry into that system and subsequent data entry to insurance company systems.
  - o Project work: Stakeholdering requirements, designing systems that can be used with different back end finance / payroll systems; development, testing, rollout and communications.

## DATA WAREHOUSE

- **Purpose:** Serves as a decision support tool for HCA to analyze benefits data, enrollment information, costs, tiers and usage to support designing benefit plans, provide financial data for districts and provide reporting to Legislature and stakeholders.
- **Owner:** HCA
- **Interfaces:** Insurance companies, actuary, front-end enrollment systems, and all district finance and payroll systems.

- Other detail
  - o Volume: Records for 200,000 – 250,000 enrollees.
  - o Current systems: Two current HCA data warehouses were explored as options. Proposed solution is to build a warehouse for K-12 as data requirements are different. Assumption is that storage for K-12 will be significant, and grow annually.
  - o Staffing for operations: Will require data analysts for data clean up and review
  - o Project work: Stakeholdering requirements; developing specifications; communicating with partners; data analysis; designing a system that can be used with different back end finance / payroll systems; development; testing and rollout; and communications.
  - o Development: Leverage current HCA model and use existing vendors to develop and host.
  - o Data fields likely to be included: Enrollment data and employee demographics, rates/ premiums, administrative costs, source of funding, FTE pro-ration, service/claim/encounter data with expenses, classified versus non-classified status, tier level (family, subscriber, etc), cost share.

#### **INTERFACES FROM DISTRICTS FINANCE / PAYROLL SYSTEMS TO INSURANCE COMPANIES**

- **Purpose:** Enable data exchange between all district systems and data warehouse (whether participating in program or not), between district systems and carriers, and between carriers and HCA.
- **Owner:** Distributed. WSIPC will own and maintain interfaces from their system, and SunGard will do the same. Carriers will own the interfaces from their systems to HCA.
- **Other detail**
  - o **Volume:** Records for enrollees.
  - o **Quantity:** Significant volume -- need an interface from each district system (WSIPC, SunGard count as one each) to each carrier, from district platform to HCA and from each carrier to HCA.
  - o **Current systems:** Paper in many cases.
  - o **Project work:** Stakeholdering requirements; designing a system that can be used with different back end finance / payroll systems; development; testing and rollout; and communications.
  - o **Development:** WSIPC, HCA data warehouse vendors, SunGard, carriers, IT personnel from other districts.

Appendix A contains additional design options considered.

## OPERATIONAL IMPACT TO DISTRICTS, IMPACT TO CURRENT SYSTEMS – BOTH K-12 AND HCA

The HCA recognizes the consolidated purchasing system will revise current roles and that the new system will have impacts on districts, partners and the HCA. Districts vary in size from 3 FTEs to nearly 5000 FTEs (median of roughly 500 FTEs), and the administrative staff responsible for administering benefits vary widely in their size (many partial FTEs). The discussion below generalizes district impacts, and attempts to address the impact to the greatest number of districts, rather than the smallest or largest.

**For employees:** As stated in the program design, the HCA expects that the new benefit lineup will provide a wider range of options than many districts currently offer. Additionally, we have heard positive response from districts that many employees will like the idea of online enrollment. We also expect that benefits communications will be improved in many districts given the reduction in the numbers of plans, and that carriers, the HCA, and districts can jointly develop the communications and improve the communication channels.

**For districts currently participating in the PEBB Program:** These districts will have the opportunity to purchase health and dental through the K-12 program, but will need to buy life and LTD insurance elsewhere, initially.

**For district IS staff:** This will vary based on the district's sophistication with IS and how that is staffed. The proposed operational model of using district finance and payroll systems minimizes the level of change for IS teams. Data review and clean up will be important for some districts, depending on their current standards. WSIPC provides support to their customers and has indicated willingness to partner with the HCA and provide access to customer forums and annual meetings to deliver program updates, provide training and build awareness.

**For school district administrative staff:** The primary change will be with the payroll, finance and/or HR teams. We expect that the new program will relieve them from manual entry and transmit paper to insurance companies. That data entry turns into an electronic data transfer. We expect that those who are responsible for managing the roughly 1,200 funding pools will likely be supportive of that move.

The group that administers payroll, benefits and communications will require support, education and tools for the new program. HCA expects to collaborate with the carriers, WSIPC, the ESD's and other partners to provide the support districts need to move to the new program. And for the school districts benefit offices and HCA, the impacts vary according to function. Specifically:

### FINANCE AND ACCOUNTING SYSTEMS

HCA: The K-12 districts will administer benefits, pay carriers, and manage payroll deductions. As such, the impact to the HCA's current finance and accounting systems is minimal.

School districts: Districts will not need to change their finance and payroll system or functionality to support the new program design. Districts will need to ensure that the new benefit plan information tiers, deductions and premiums are loaded into the payroll systems.

### **BUDGETING, MODELING, BENEFIT DESIGN AND DECISION SUPPORT**

HCA: Benefit design activities are supported by the data in the data warehouse and performed using a modeling system / tool that will be developed for the consolidated program. The HCA currently has a modeling system for PEBB benefits. The HCA will need to develop a modeling system and tool for the K-12 program given the differences between the two programs. This work is performed by an actuarial vendor in conjunction with the HCA's finance and procurement teams.

School districts: Participating school districts will continue to perform regular budgeting work, procurement for Life and LTD insurance benefits, and remittance of the retiree subsidy. The overall workload is expected to decrease for medical coverage with the new program. Currently districts have a number of parties involved with benefit design and decisions: a broker, HR, Fiscal team, Superintendent, benefits committees, etc. While some of that decision-making will remain, for many districts the expectation is that it will also be streamlined.

### **INFORMATION SYSTEMS FOR DATA EXCHANGE**

HCA: As mentioned above in the Interfaces discussion, no new internal school district systems will be required, but a set of new interfaces will need to be developed to support the new program. It is expected that there are no systems that need to be retired with either HCA or K-12.

School districts: Many districts do not have electronic data transfer with carriers, and none do with HCA. For those districts with existing interfaces to carriers, slight modifications to those interfaces will be required. Most districts pay carriers directly. If carriers change, then the data exchange for enrollment will need to change and payments to those carriers will as well. Additionally, districts will need to send data to the HCA.

### **PROGRAM PERFORMANCE MANAGEMENT, AUDITING, AND MANAGING OPT OUT PROCESS**

HCA: As part of the new program, school districts may be able to opt out of the consolidated program. It is anticipated that those districts that opt out will be required to meet the opt out criteria established by the governing board and Legislature. That process will be monitored by HCA. HCA will develop a system to create and manage the opt out process and ensure that program objectives are met by non participating districts.

School districts: A standard practice for benefits administration is to review, audit and reconcile benefit billing to ensure that only eligible employees are enrolled in benefits and to ensure that appropriate payroll deductions are in place. School districts currently perform this function and we expect that with the new program, districts will continue to perform this work. HCA did not review districts processes to verify this, however.

## **COMMUNICATIONS – ENROLLMENT AND BENEFITS**

HCA: The HCA currently uses a variety of communication methods and tools to provide benefits information to state employees. This includes coordinating benefit fairs, providing materials and web site content, and coordinating information on plan selection. The HCA works closely with State agencies to deliver the communications on benefits.

In the new K-12 program, the HCA will work with carriers to develop consistent benefits communications and will work jointly with carriers, partners and districts to best deliver those communications both electronically and on paper.

School districts: Districts will be supported by carriers, the HCA and partners to deliver communications.

## **ENROLLMENT PROCESS**

HCA: HCA currently provides enrollment forms for state employees to use and a web-based tool for changes in open enrollment. The consolidated program will rely on web-based enrollment. It is expected that paper-based enrollment would be made available for those employees without computer access.

School districts: School districts provide additional education to employees on how to enroll. Districts will manage the enrollment process as they do currently. Most current enrollment is accomplished with paper forms. As described above, web enrollment tools will simplify the enrollment process, eliminate data being keyed by districts and providers and streamline some manual processes. It is expected that eligibility functionality can be written into the web enrollment tools to eliminate further work. In districts where contracted vendors or brokers currently provide account maintenance services funded through the medical premium, this will be additional workload or expense.

## **DEFINING ELIGIBILITY**

HCA: HCA will not define or audit Employee eligibility. Dependent eligibility will be defined and may be audited in the future by HCA.

School districts: Employee eligibility will continue to be defined and managed by districts.

## **CUSTOMER SERVICES**

HCA: HCA will provide support and service to the staff in districts that provide benefits administration and customer service to employees. The HCA will also work with carriers on standard communications for districts to use.

School districts: School districts will continue to provide customer service to employees for benefits related questions. In school districts where contracted vendors or brokers have a role in this funded through the medical premium, this will be additional workload or expense.

## **APPEALS**

HCA: The appeals process for employees will be handled by the carrier for benefits and the school districts for eligibility. HCA may define an appeals process for those school districts opting out of the consolidated system.

School districts: Employee eligibility appeals will be managed by Districts.

## **RULEMAKING**

HCA: To the degree it is necessary to define and implement the K-12 benefits program; HCA will provide rulemaking services for the program.

School districts: Districts will retain the responsibility to develop and manage policies and rules around benefit enrollment and eligibility.

## SECTION 3

# IMPLEMENTATION SCHEDULE

The schedule below shows the different work streams and projects for building the program. Our assumption is that the project will begin approximately April 1, 2012, once the Legislature approves a project budget.

The most significant work streams to build the program are as follows:

- Establishing governance: Either a governing body or providing HCA the authority to govern the program and adopt rules to govern the program. Includes completing the governor appointment process, drafting a governing body charter, and establishing roles, process, cadence and responsibilities.
- Developing business systems and operating protocols: Acquiring data from providers and school districts and building a model for the program. This requires that the Legislature requires districts and/or carriers to provide data to HCA.
- Designing the benefits and developing a budget: Purchasing system, rate setting, and providing projections to the Legislature and benefits design to meet participants' needs.
- Procuring benefits: Developing an RFP format; identifying possible carriers; distribution of the RFP; receiving and evaluating responses; and selecting carriers and contracting. Includes development of data exchange requirements and contract language development and negotiations.
- Developing technologies: The data warehouse, on-line enrollment tool and interfaces for data exchange.
- Creating awareness, understanding and participation through district and employee communications for enrollment.
- Building the infrastructure for making the change, and change management.

## IMPLEMENTATION SCHEDULE DETERMINATION

HCA understood from the Legislature that the intent was to implement the program for the 2013 – 2014 school year. We have developed the schedule and budget to meet that timeline.

School districts have different schedules for providing benefits. Most districts conduct open enrollment activities beginning in August to be synchronized with the school year, culminating in benefits effective October 1. Other districts and the HCA conduct open enrollment activities in October / November for an effective date of January 1. One large school district recently made the change from an October 1 benefit year start to a January 1 benefit year start, and they reported that it was less work than they expected, and the advantage of making the change was worthwhile.

For the consolidated program, we have discussed a January 1 effective date for all participating districts. This will require either a three month extension of 2013 contracts or one-time 15-month contracts.

To model, procure and prepare for enrollment, the districts and the HCA need 20 – 24 months to complete this work. HCA recommends that K-12 plan for an implementation of January 1, 2014, assuming the project can begin April 1, 2012.

Listed below are some pros and cons of each option.

### OCTOBER 1 BENEFIT YEAR START

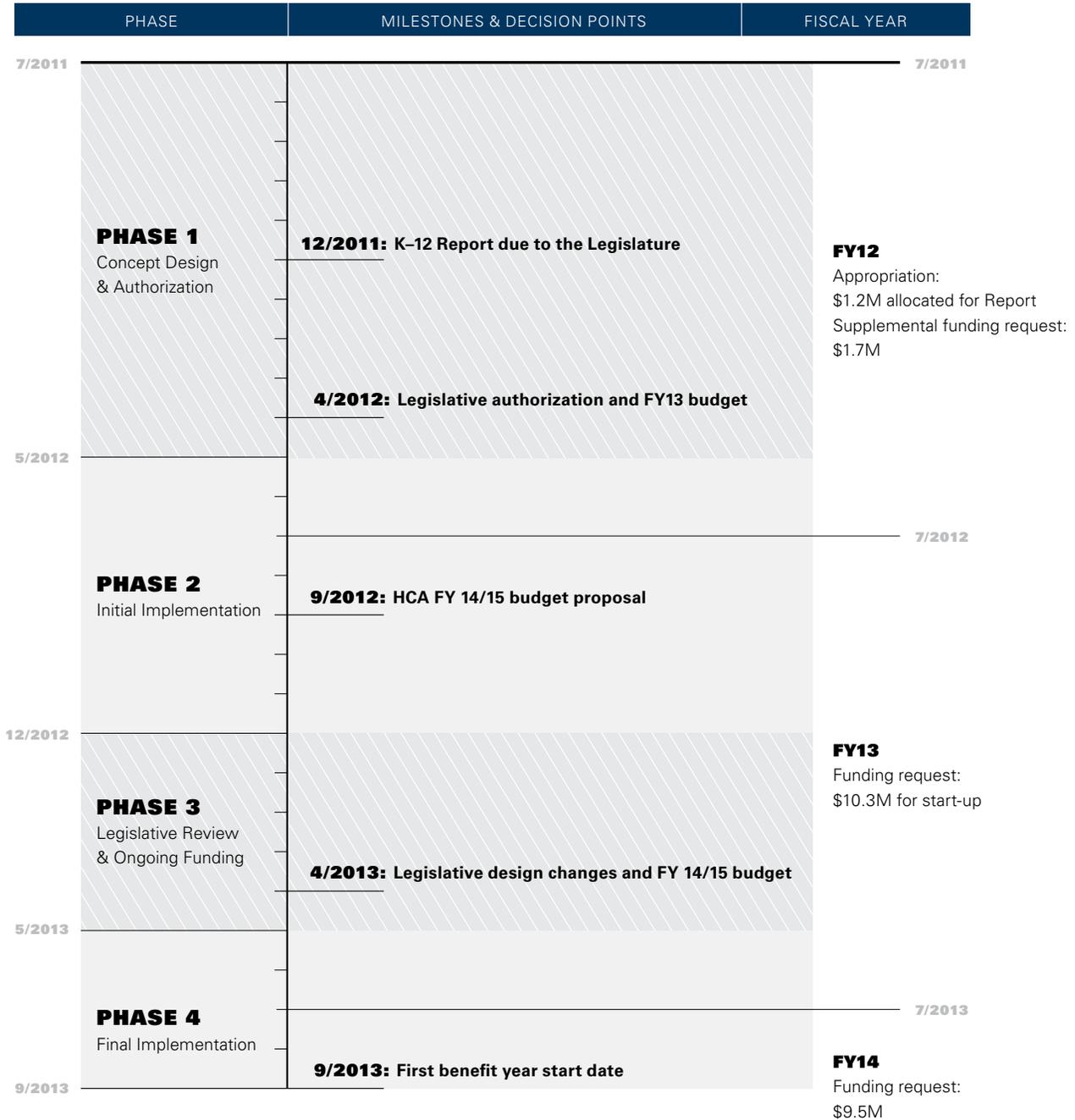
Pro:	Con:
<ul style="list-style-type: none"> <li>• Most districts on this schedule.</li> <li>• Would require fewer changes to carrier contracts.</li> </ul>	<ul style="list-style-type: none"> <li>• Less time to design and build out the program.</li> <li>• Conflicts with very busy schedules of staff and administration.</li> </ul>

### JANUARY 1 BENEFIT YEAR START

Pro:	Con:
<ul style="list-style-type: none"> <li>• Allows more time for program implementation.</li> <li>• Better for some districts administrators: distributes work more evenly throughout the first quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• Would require districts to contract for 15 months on previous contract.</li> <li>• Additional complexity in communications with employees.</li> </ul>

The following diagram and schedule has been shared with the Office of Financial Management (OFM) and other stakeholders about the overall schedule, including funding requests.

## TIMELINE TO ACHIEVE START-UP



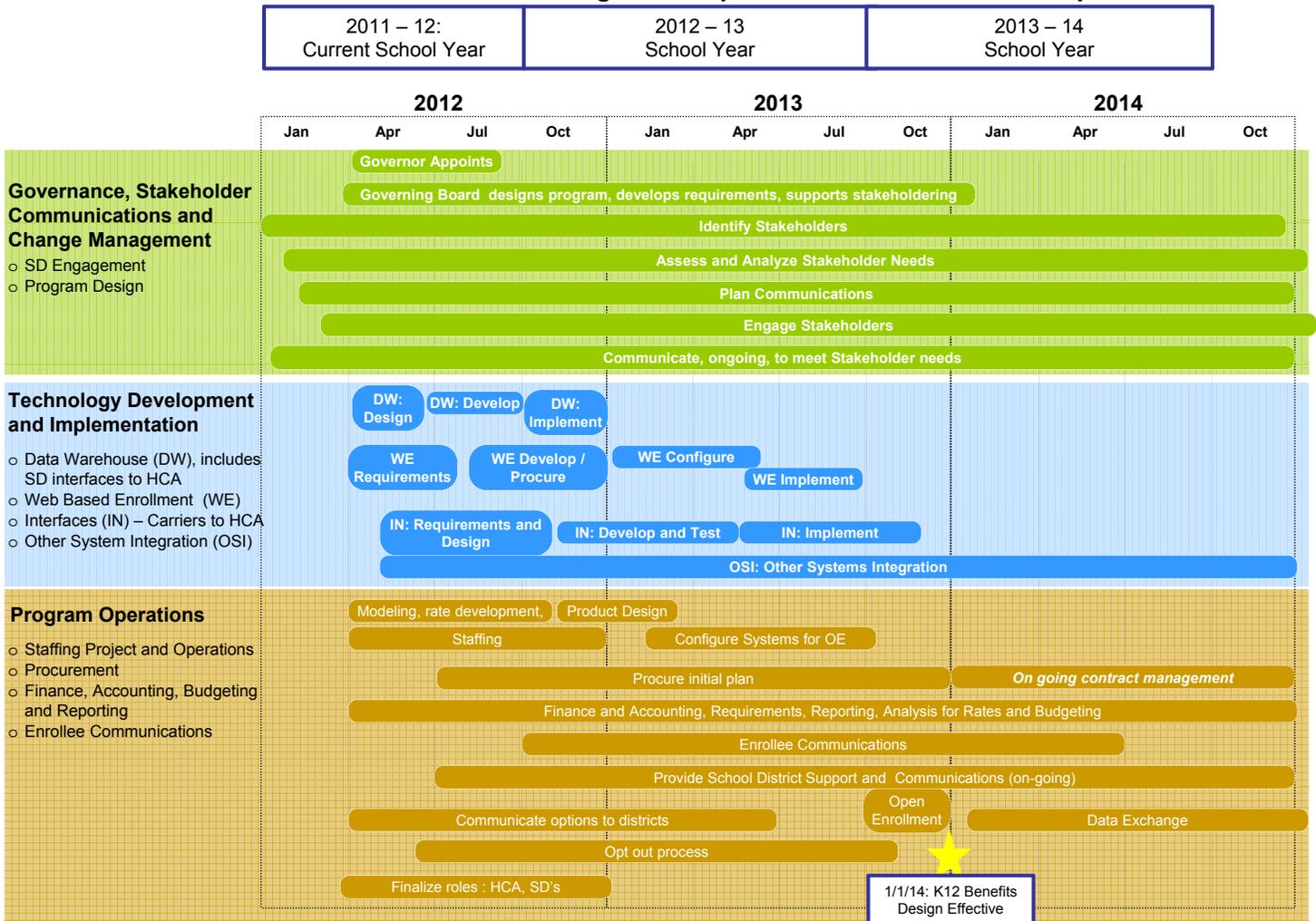
# PROGRAM IMPLEMENTATION

If the Legislature approves the program and asks the HCA to go forward with implementation, the initial steps in implementing the program include:

- Hiring a Project Manager and program operations team
- Developing a detailed project plan and detailed implementation schedule
- Developing a detailed plan for contingencies, detailed communication plan and developing a project cadence.
- Updating and revising project risks, issues, validating assumptions

The diagram below shows the project implementation plan and major work streams.

## K12 Consolidated Benefits Purchasing Roadmap 2013 – 2014 School Year Implementation



This diagram represents three main work streams. Those are discussed on the following page.

## **1. GOVERNANCE, STAKEHOLDER COMMUNICATIONS AND CHANGE MANAGEMENT**

Stakeholder engagement is the overarching process for identifying and assessing the current and desired future state of each of the program's key stakeholders; defining the change management plan to achieve the future state; and finally, developing a communication plan designed to address each stakeholder's needs. Effective stakeholder engagement is critical to the success of the consolidated purchasing program. The program's approach to stakeholder engagement recognizes that there are significantly different levels of support for the program across stakeholder groups.

Details of the Stakeholder Engagement model follow in this report.

## **2. TECHNOLOGY DEVELOPMENT AND IMPLEMENTATION**

The implementation strategy and operations of the program are reliant on some critical and new technologies: a web enrollment tool, additional data warehousing capabilities for decision support, and new interfaces among district systems, carriers and the HCA.

## **3. PROGRAM OPERATIONS**

Implementation of the program requires building the capability to deliver the program through operational processes, people to operate and deliver processes and an organization to support the program and the districts. Once the program is built, there is an annual rhythm of assessing the current design; modeling the next year; and procurement, planning, and execution for the next year's enrollment.

In the following section, the budget requirements and the manner in which the program would be run are described.

## SECTION 4

# IMPLEMENTATION BUDGET SUMMARY

As indicated in the schedule section of the report, the HCA needs to begin implementation work in the fourth quarter for FY12 to meet the timeline to implement the benefit design for the 2013 / 2014 school year. This requires budget approval for the fourth quarter of FY 12. This section also describes the ongoing budget requirements to operate the program.

There are important components of the program that need to begin immediately to meet the schedule:

- Establishing governance.
- Developing business systems and operating protocols.
- Designing the benefits and developing a budget.
- Procuring benefits.
- Developing technologies.
- Creating awareness, understanding and participation through District and Employee communications for enrollment.
- Building the infrastructure.

The HCA recognizes that there are two different biennium budgets involved and that a new administration and the 2013 Legislature will be responsible for funding the costs of operating when they set the next biennium budget that begins July 2013. To make this program successful, the current Legislature needs to fund all the costs indicated in the budget: infrastructure, resources to build the financial projection model, carrier procurement costs, staff and resources to conduct open enrollment, etc.

The program operational costs are projected, and are intended to inform the 2012 decision to authorize the program. Additional budget details are provided in Appendix B.

As indicated in the schedule, we need to begin work in late FY 12 for many of the critical work streams to meet the implementation timeline for the 2013-2014 school year. A delay beyond May 1 will put a 2013 / 2014 school year implementation at risk.

## INITIAL BUDGET FOR PROGRAM IMPLEMENTATION AND OPERATIONS

Category	FY12	FY13	FY14	FY15	FY16	FY17
Salaries & Wages	453,210	3,089,724	2,953,812	2,856,912	2,856,912	2,856,912
Employee Benefits	134,785	918,884	878,464	849,646	849,646	849,646
Technology Implementation, Professional & Personal Services Contracts	615,945	4,434,595	3,814,745	2,080,870	1,768,745	1,768,745
Goods and Services	325,822	1,638,028	1,635,677	1,621,798	1,596,798	1,578,048
Travel	3,300	175,200	174,000	123,400	98,400	98,400
Capital Outlays	132,000	72,000	-	-	-	-
<b>TOTALS</b>	<b>1,665,062</b>	<b>10,328,431</b>	<b>9,456,698</b>	<b>7,532,626</b>	<b>7,170,501</b>	<b>7,151,751</b>

## PROGRAM FUNDING

The HCA will administer the K-12 benefits. To fund the program, the HCA has considered the following funding options.

### PROGRAM START UP: FY 12 AND FY 13

Option 1: Receive an appropriation from the General Fund-State account for start-up costs

Option 2: Borrow money from the Public Employees and Retiree's Insurance Account (PEBB Fund 721) assuming sufficient surplus reserves are available and legislative authority is provided to borrow the money. The loan from the PEBB fund would be paid back through the HCA administrative fee mentioned below.

**HCA does not have a recommendation regarding program start up funding.**

### PROGRAM OPERATIONS: FY14 AND GOING FORWARD

Option 1: Charge an administrative fee directly to participating K-12 districts.

Option 2: Add an administrative fee to the premium charged to K-12 districts. The carriers would collect the fee as part of the insurance premium and send the administrative fee to the HCA.

**HCA does not have a recommendation regarding program operations funding.**

Assuming 130,000 employees in K-12 and 80% of the population exists in participating districts; there are roughly 104,000 employees across which the administrative fee would be spread. Our initial estimate is that would amount to about \$7 per employee per month.

## SECTION 5

# MANAGING AND IMPLEMENTING A LARGE PROGRAM

An effective program design will be used to enable the HCA to create a consolidated purchasing program for Washington State’s K-12 districts. A program will be created, encompassing all projects and work activities tied to this strategic objective. Specifically, we will:

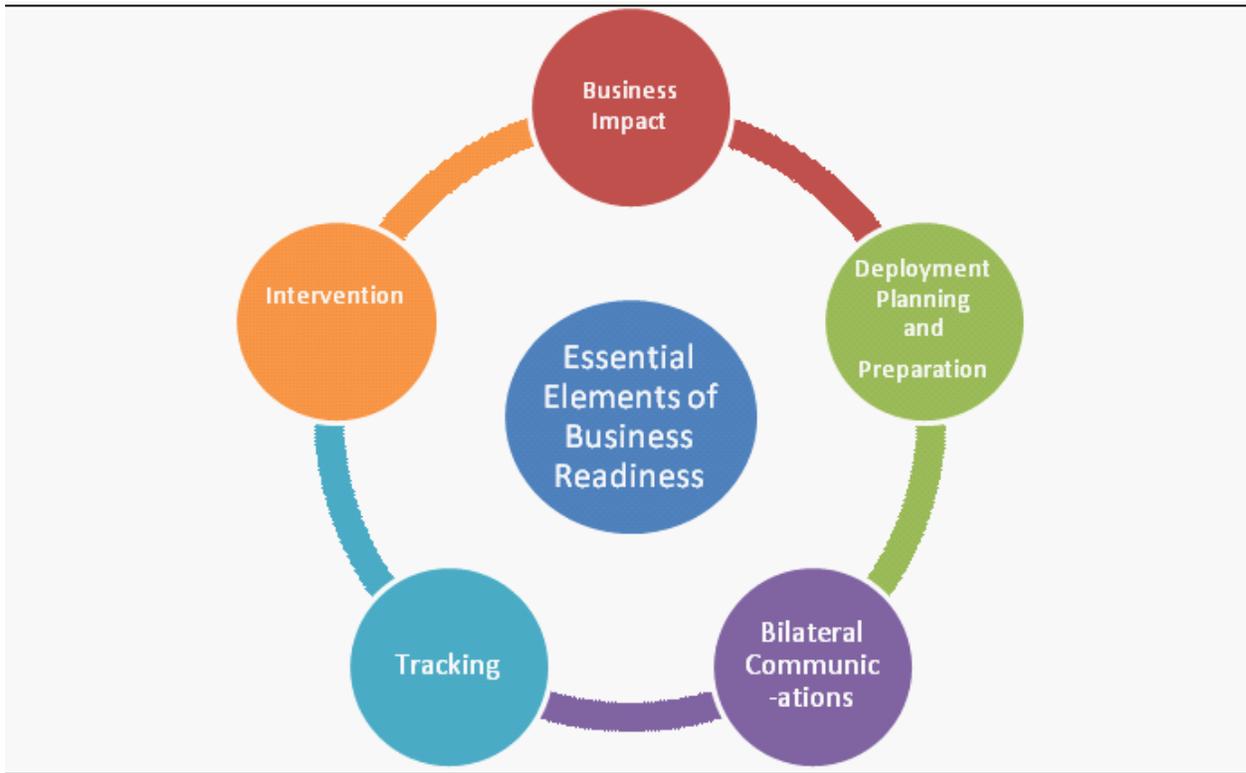
- **Create shared vision and commitment** among the project executives and sponsors
- **Develop leadership capacity** to govern the program and address the internal and external factors that will make or break program success
- **Focus on business readiness** – Starting with the business case and culminating with employees, work with customers and business partners who are ready to do their part in making the program a success
- **Operate an integrated plan that is credible and achievable** – Recognizing the work to be done, but also the unknowns that could derail delivery
- **Assure reliable program infrastructure** that consistently manages the ‘business of the program’ (HR, finance, status reporting, etc.) and maximizes teams’ ability to deliver.

## BUSINESS READINESS

Once the program has been built, but before implementation, a business readiness assessment is a critical step. A robust business readiness plan will be required to support the consolidated purchasing program. With successful business readiness:

- Program leaders understand the full impact on the business, what actually needs to happen to prepare for implementation (jobs, policies, incentives, etc.), and stakeholder and constituent needs and perceptions.
- Staff understands what the solution looks like, how it will impact their work, and what they need to be ready.

A standard definition of business readiness is that an organization’s people, processes, technology and customers are prepared sufficiently for the solution so as to avoid a mission critical disruption in the core services that the organization provides and to avoid material damage to a customer/constituent. This project’s business readiness will be tailored to the program.



**Figure 4 – Essential Elements of a Business Readiness Program**

## **SECTION 6**

# **STAKEHOLDERS, CHANGE MANAGEMENT AND COMMUNICATION STRATEGY**

### **SUMMARY**

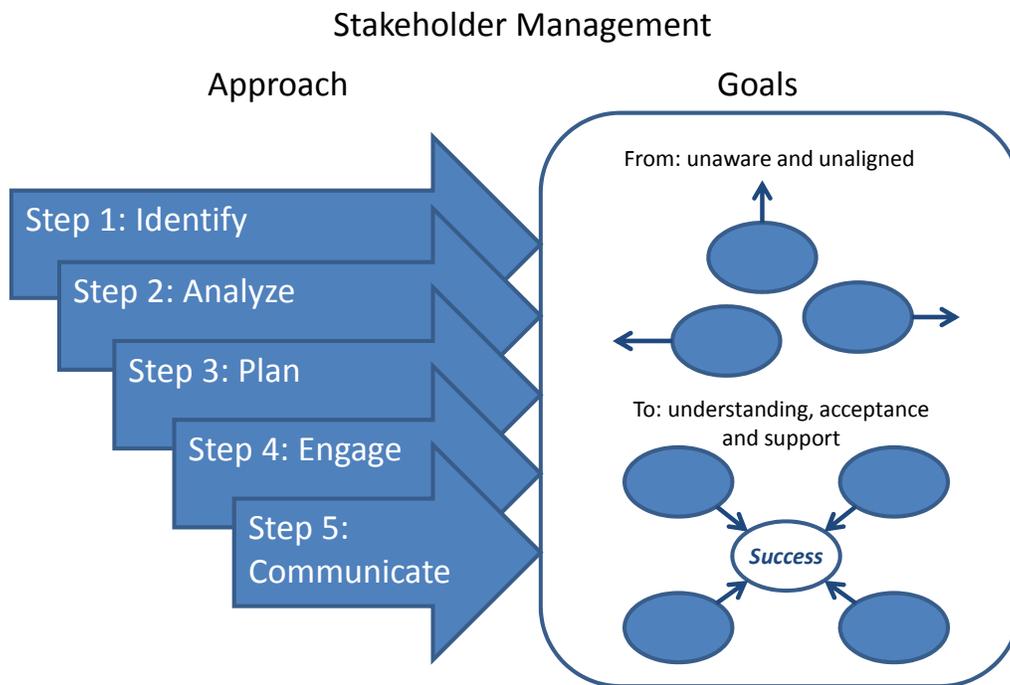
Our approach will be identifying and assessing the current and desired future state of each of the program’s key stakeholders; defining the change management plan to achieve the future state; and developing a communication plan designed to address each stakeholder’s needs.

Effective stakeholder engagement is critical to the success of the consolidated purchasing program. The program’s approach to stakeholder management recognizes that there are significantly different levels of support for the program across stakeholder groups and envisions creating positive relationships with stakeholders by: identifying who the stakeholders are, understanding their needs, sharing agreed upon program goals and appropriately managing expectations.

This section of the document describes our approach to achieve the understanding, acceptance and support of the K-12 project stakeholders. The approach is followed by a summary of the stakeholder analysis and stakeholder management plan. The following section describes the program communication plan.

### **STAKEHOLDER PLAN**

The program team has initiated the first three of the five steps in the approach outlined in the diagram below. The team has completed an initial inventory of the parties interested in the consolidated purchasing program (Step 1). In addition, the team drafted an analysis of each of the stakeholders’ needs and plans to address those needs (Step 2). The analysis considered questions such as “What does this stakeholder group care about related to the K-12 consolidated purchasing program?”, “What is their current level of engagement?”, and “What is our target level of engagement for this group?”



**Figure 1 - Stakeholder management is designed to gain understanding, acceptance and support.**

An initial draft stakeholder inventory and analysis was developed and will inform the change management activities in the implementation roadmap. This will guide detailed plans (Step 3) in the event the program is approved.

It is worth noting that stakeholder engagement (Step 4), which is primarily focused at getting to know and understand each other, takes place during program execution. Engagement is the opportunity to discuss and agree upon program expectations in general and of program communication in particular. During this step, stakeholders will agree on a set of communication values and principles that all stakeholders will abide by. Ongoing communication between stakeholders (Step 5) also takes place during program execution. The communication plan – who receives communication, when, how and to what level of detail, is defined during the program in accordance with the values and principles developed with the key stakeholders.

## STAKEHOLDER ENGAGEMENT - OUTCOMES

Step	Description	Timeframe	Outcome
Identify	Identify all parties interested in the outcomes of the program.	Prior to legislative approval; then ongoing (e.g. monthly).	Agreed-upon list of stakeholders to begin planning.
Analyze and assess	Assess each stakeholder's needs. Identify their current state (perception of the program) and desired future state. Not all stakeholders need to achieve "buy-in"; for some acceptance may be an appropriate goal.	Prior to legislative approval; then ongoing (e.g. monthly).	Initial stakeholder assessment that can be used 1) for planning and 2) to engage each stakeholder group.
Plan	Develop a plan to move stakeholders from the current to the desired future state (from unaware through buy-in).	Prior to legislative approval for first 30 days; additional planning (refining plan) complete within 90 days.	Plan to achieve desired future state carefully targeted for each stakeholder.
Engage	Meet with each stakeholder group to understand needs and to share vision for the program; agree on communication values and principles.	Broad engagement within first 30 days; targeted engagement (specific to each group) within first 30-90 days.	Open dialogue.
Communicate	Engage in two dialogues that are designed to be consistent with values and principles and meet each stakeholder's needs.	Communication plan within first 60-90 days; ongoing execution throughout the program.	Ongoing, principles-based dialogue designed to meet each stakeholder's needs.

## CHANGE MANAGEMENT PLAN

As noted above, stakeholder management is not linear. Existing stakeholders will evolve and new stakeholders may emerge during the implementation. Still, it is possible and necessary to develop a stakeholder plan that helps stakeholders understand, accept and support the change introduced through the program. Our stakeholder plan addresses stakeholders in the following phases: unaware, aware, understanding, acceptance and buy-in. In addition, it acknowledges that the desired end state for all stakeholders is not the same. For some stakeholders, such as HCA, it is critical that they achieve “buy-in” to successfully implement the program. For other stakeholders, “acceptance” or “support” may be a more appropriate and realistic goal. It is not necessary for every stakeholder to achieve “buy-in” to achieve a successful program.

Once approved by the Legislature, we will create:

1. Awareness (first 3-6 months)
  - a. Define “why we need to implement the program” and “why now” to create a compelling reason for change to initiate the program within HCA.
  - b. Craft a vision that expresses where we are going and how we will get there to engage all of the stakeholders and help key stakeholders move from “unaware” to “aware” and “understanding.” Specific activities include revalidating the roadmap and drafting clear benefits of the K-12 program targeted for external stakeholders.
  - c. Communicate the vision to move the majority of stakeholders from “awareness” to “understanding.” Specific activities include leveraging multiple channels, e.g. website, newsletters, public forums and stakeholder sessions to communicate the vision.
2. Understanding (through open enrollment)
  - a. Involve people; establish a stake in the outcome and address objections including “this is being done to me”. Specific activities include identifying stakeholder implementation plans and addressing structures that undermine the vision.
  - b. Build acceptance and momentum by defining visible performance improvements and communicating what to expect when the program “goes live”.
3. Participation (post open enrollment; ongoing)
  - a. Provide new benefits solution. Specific activities include changing the systems, policies and processes to support the goal.
  - b. Demonstrates expected outcomes of the program and creates platform for future changes. Specific activities include communicating how behaviors contributed to the program’s success and seeking opportunities to continue to improve services.

## COMMUNICATION PLAN

The communication plan is directly aligned with the stakeholder management approach. Simply stated the plan recognizes that communication is a two-way process and describes with whom to communicate, when, with what message and how. The communication plan serves as a guide to the communication and change management activities throughout the program. As with the stakeholder analysis, it is a living document and is updated periodically as stakeholders' needs change. It explains how to convey the right message, from the right communicator, to the right audience, through the right channel, at the right time. It addresses the six basic elements of communications: communicator, message, communication channel, feedback mechanism, receiver/audience, and time frame.

## SECTION 7

# INVENTORY OF STATUTES AND RULES AFFECTING K-12 HEALTH CARE BENEFITS

Listed below is an inventory of statutes and rules that are impacted by the proposed design. This will need to be reviewed and revisions will need to be made as part of the requirements to create a successful program.

**RCW 28A.400.200** – “The goal of this act is to provide access for school employees to basic coverage, including coverage for dependents, while minimizing employees’ out-of-pocket premium expense.” This section sets salary and benefit minimums for certificated instructional staff. The minimums may be exceeded “only by separate contract for additional time, for additional responsibilities, for incentives, or for implementing specific measurable innovative activities, including professional development, specified by the school district to: (a) Close one or more achievement gaps, (b) focus on development of science, technology, engineering, and mathematics (STEM) learning opportunities, or (c) provide arts education.” <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.400.200>

**RCW 28A.400.270(3)** – Allow “basic benefits” (medical, dental, vision, group term life and group long-term disability insurance coverage) to be determined through local bargaining. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.400.270>

**RCW 28A.400.275(2)** – Requires school districts to annually submit reports about health plans provided to employees and demographic information about employees and dependents in a format and schedule provided by the Health Care Authority. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.400.275>

**RCW 28A.400.275(3)** – Requires insurers to make data requested by HCA available to school districts. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.400.275>

**RCW 28A.400.280** – Details the use of the pooling mechanism at the local district level. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.400.280>

**RCW 28A.400.350** -- The board of directors of any of the state’s school districts or educational service districts may make available liability, life, health, health care, accident, disability, and salary protection or insurance, direct agreements as defined in chapter **48.150** RCW, or any one of, or a combination of the types of employee benefits enumerated in this subsection, or any other type of insurance or protection, for the members of the boards of directors, the students, and employees of the school district or educational service district, and their dependents. Such coverage may be provided by contracts with private carriers, with the state health care authority after July 1, 1990, pursuant to the approval of the authority administrator, or through self-insurance or self-funding pursuant to chapter **48.62** RCW, or in any other manner authorized by law. Any direct agreement must comply with RCW **48.150.050**.

**RCW 41.05.011(6)** – Employee” includes . . . (c) employees of a school district if the authority agrees to provide any of the school districts’ insurance programs by contract with the authority as provided in RCW **28A.400.350**. <http://apps.leg.wa.gov/rcw/default.aspx?cite=41.05.011>

**RCW 41.05.050(4)(a)** – HCA is authorized to collect from districts and ESDs an amount equal to that charged to state employees for groups of district employees enrolled in HCA plans. The amount may be collected based on district fiscal year rather than calendar year.  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=41.05.050>

**RCW 41.05.050(5)** – HCA recommends the amount or the employer contribution for state employees to the Governor and the Director of the Office of Financial Management for inclusion in the proposed budgets submitted to the Legislature. <http://apps.leg.wa.gov/rcw/default.aspx?cite=41.05.050>

**RCW 41.05.065(4)** – Allows health benefits eligibility to be set by bargaining unit including establishment of eligibility criteria. <http://apps.leg.wa.gov/rcw/default.aspx?cite=41.05.065>

**RCW 41.59** – It is the purpose of this chapter to prescribe certain rights and obligations of the educational employees of the school districts of the state of Washington, and to establish procedures governing the relationship between such employees and their employers which are designed to meet the special requirements and needs of public employment in education.  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=41.59>

**RCW 48.62.071** – Provides laws for self-insured health and welfare benefits programs.  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=48.62.071>

**WAC 182-08-190** – State agencies and employer groups that participate in the PEBB program under contract with the HCA must pay premiums contributions to the HCA for insurance coverage for all eligible employees and their dependents. <http://apps.leg.wa.gov/wac/default.aspx?cite=182-08>

**WAC 182-12-111(2)(a)** – If PEBB is selected by a bargaining unit, all members in the bargaining unit must join PEBB. <http://apps.leg.wa.gov/wac/default.aspx?cite=182-12>

**WAC 182-16-038** – Any entity or organization whose application to participate in PEBB benefits has been denied may appeal the decision to the PEBB appeals committee. For rules regarding eligible entities, see

**WAC 182-12-111**. <http://apps.leg.wa.gov/wac/default.aspx?cite=182-16>

## SECTION 8

# RISKS ASSOCIATED WITH DEVELOPING THE K-12 BENEFIT PROGRAM

All large and complex projects like this have risks associated with them. The K-12 consolidated purchasing system is still in the early planning stages. Comparing the potential magnitude of implementing this program against other public sector initiatives, the implantation of K-12 consolidated purchasing system carries significant risk – stemming from the complex stakeholder landscape and the number of school district systems and processes that will need to change to implement. We’ve assessed the risk for this project in the categories of:

1. Overall risk profile
2. Stakeholder alignment
3. Leadership bandwidth
4. Business impact
5. Ability to deliver

The major unknowns affecting the risk profile include:

- The requirements defined for the program by an appointed governing board.
- The ability to structure a clear, efficient governance system that can make decisions in the timeframes required.
- The proposed solution for the web-based enrollment tool – how much configuration will be required.
- The delineation of eligibility rules across the web-based enrollment tool and school districts’ internal systems.
- School districts’ ability to modify internal processes and systems to meet state reporting requirements.
- The integrity of data reported from school districts into a newly developed state data warehouse.

The project management plan will include ongoing work for risk identification, mitigation, issue escalation and resolution.

On the next pages, we have highlighted some of the typical risks seen in projects of similar size and complexity.

## RISKS TYPICALLY ENCOUNTERED

Risks	Ways the State Can Reduce Risks Now
<p>The appointed governance board takes too long to develop and finalize requirements.</p>	<ol style="list-style-type: none"> <li>1. Facilitation of requirements sessions with the governance board.</li> <li>2. An iterative approach – to define the basic and universally agreed upon requirements first, then tackle potential areas of disagreement second.</li> </ol>
<p>School districts are unable to implement required changes to systems and processes in sufficient time.</p>	<ol style="list-style-type: none"> <li>1. Start the conversation with school districts early in the planning lifecycle.</li> <li>2. Develop an interface design team comprised of selected school districts and state personnel to develop a standard approach and design that other school districts can adopt.</li> <li>3. Create a funding and resource pool to help struggling school districts.</li> <li>4. An ‘early warning’ readiness system to identify school districts that are falling behind.</li> </ol>
<p>The web-based tool fails to produce enough online enrollments, increasing the manual effort in the first year.</p>	<ol style="list-style-type: none"> <li>1. Start enrollment early.</li> <li>2. Have dedicated workshops and online tools.</li> <li>3. Market the availability and benefits of the online tool early and often.</li> </ol>
<p>Governance breaks down due to the desire to have ‘consensus’ and the inability to bring disparate views together in sufficient time.</p>	<ol style="list-style-type: none"> <li>1. Create a clear line of authority.</li> <li>2. Be transparent in how governance will work with all stakeholders.</li> <li>3. Establish decision making protocols.</li> <li>4. Use external facilitation as needed to drive good governance behavior.</li> </ol>

<b>Risk</b>	<b>Ways the State Can Reduce This Risk Now</b>
<p>The state is unable to scale to provide operational support to each school district's efforts to implement the new design.</p>	<ol style="list-style-type: none"> <li>1. Flatten requirements as much as possible to reduce school district costs.</li> <li>2. Build a change readiness network to create 'liaisons' between the State and school districts.</li> <li>3. Develop regional 'super users' to acquire a deeper understanding of the K-12 benefit design and help the school districts in their areas.</li> </ol>
<p>The state is unable to provide operational support for districts that may implement the K-12 benefit design incorrectly.</p>	<ol style="list-style-type: none"> <li>1. Increase review sessions with school districts.</li> <li>2. Explore alternative pooling of expert resources who can help intervene and/or troubleshoot school districts that implement the design wrong.</li> <li>3. Consider some form of testing or validation process to check school district plans.</li> </ol>
<p>The envisioned data warehouse is unusable due to data integrity issues resulting from the number of disparate systems sending data to the State.</p>	<ol style="list-style-type: none"> <li>1. Simplicity in data reporting requirements initially.</li> <li>2. Aggressive testing and readiness efforts.</li> <li>3. Engage WSIPC for data analysis and clean-up/standardization.</li> </ol>
<p>The Legislature does not fully fund the implementation and operation of the K-12 benefit program.</p>	<ol style="list-style-type: none"> <li>1. Conduct some scenario analysis of how the implementation could be narrowed if the Legislature did not provide full funding.</li> <li>2. Tie cost drivers to assumptions to identify specific program attributes that will need to be changed to reduce costs.</li> <li>3. Brainstorm alternative funding streams (if any).</li> </ol>
<p>The Legislature produces K-12 benefit legislation that cannot be easily implemented (e.g. unfeasible time frame, vague requirements, etc.).</p>	<ol style="list-style-type: none"> <li>1. Tighten assumptions and make those assumptions known to the Legislature and the Governor's Office</li> </ol>

## SECTION 9 ASSUMPTIONS

The following assumptions were made based on the information known as of November 30, 2011 on the K-12 benefits design. We expect these assumptions will be revised as requirements and parameters of the K-12 benefits design are developed.

### GENERAL ASSUMPTIONS

1. The population served and not served by the K-12 benefit design are:

<b>Segment</b>	<b>As-Is</b>	<b>To Be</b>	<b>Volume</b>
K-12 Benefit Eligible Actives	K-12	K-12	Approx. 130,000
K-12 Retirees (eligible for Medicare)	PEB	PEB	35,000
K-12 Self Pay / COBRA	K-12	K-12	unknown
K-12 Pre Medicare Retirees	PEB	PEB	8,000

2. Both pre-Medicare and Medicare K-12 retirees will remain in the PEB risk pool initially.
3. The required development time for the project is 20 -24 months before go live.
4. The expected project start date of the implementation is April 2012, and the implementation can be in effect for the 2013 – 2014 school year. A slip to the April 2012 start date will likely cause a slip in implementation date.
5. The Governor’s Office will appoint a governing body to develop requirements, inform stakeholder relations and communications and develop the overall benefits design.
6. The HCA will be responsible for managing the overall program, including vendor management and funding formulas, as well as developing a data warehouse capable of analytical reporting to provide additional reporting of system costs and enrollment.
7. School districts will be responsible for enrollment, eligibility and payments to carriers.
8. There may need to be a transition period in which work proceeds on implementation while the Governance board formation process takes place so not to delay the targeted implementation date set by the Legislature.
9. The program is designed to include school districts and Educational Service Districts (ESDs), not other groups.

## SOLUTION ASSUMPTIONS

1. A designated party (or parties) will develop and provide a web-based enrollment tool for the school districts to use.
  - a. The web-based enrollment tool will contain some basic eligibility rules but most of eligibility will be determined by existing school districts.
  - b. The enrollment solution for WSIPC customers will be hosted and maintained by WSIPC.
  - c. The web-based enrollment tool for non WSIPC and non SunGard districts will be a packaged solution, and is not customized.
  - d. Procurement of web-based enrollment solution is estimated to take six months.
  - e. There will be a standard interface protocol developed between the web-based enrollment tool and the school districts' HR/payroll system.
2. There will be a standard interface between school districts' HRMS/payroll systems and the state's data warehouse.
3. It is assumed that school districts will continue to use existing payroll systems to manage employee accounts and pay the carriers directly. It is also assumed that school districts will be responsible for reporting payment information to carriers and other demographic information from existing systems.
4. Districts that opt out of the K-12 benefit design will be required to report data as defined by the HCA to the state's data warehouse.
5. WSIPC customers that currently do not use insurance tracking functionality can implement the functionality without additional cost, and with limited effort and resources.
6. School districts will be responsible for their own customer service.
7. Both the HCA and the school districts will have respective responsibilities for compliance management. Districts will be responsible for eligibility, providing data to HCA and reporting.
8. All carriers will report enrollment and payment on a standard interface to the state's data warehouse.

## IMPLEMENTATION ASSUMPTIONS

1. Implementation costs comprise state and school district costs for the design, development, roll-out and operational support for the program.
2. We expect there will be a governance structure adopted that will centralize decision making and enable empowered and accountable program decision making.
3. We assume there will not be a trust fund to account for savings from the program to be invested back into the program
4. We assume HCA will not need to track collective bargaining agreements for developing tiers. Doing so would increase the resource need.
5. The HCA will be responsible for supporting and coordinating the change management activities for the program. The change management program was based on:
  - a. Number of school district entities: 295
  - b. Number of ESD's: 9
  - c. Number of state entities affected by the change: approximately 6
  - d. Number of third party organizations (associations, etc.) affected by the change: expected at least 15

# APPENDIX A

## ALTERNATIVE INFRASTRUCTURE DESIGN OPTIONS CONSIDERED

The Design team considered different infrastructure options to deliver the program. Listed below is a short summary of the options explored and the rationale.

- The HCA runs a mainframe system, Pay1 that has been in operation for more than 30 years. To run K-12 with any differences from the existing PEBB Program would require a major investment in the system. And given its age, lack of flexibility and poor fit with the HCA long term architecture, it does not make sense to invest more in Pay1. Much the same rationale holds for MBMS.
- The team discussed either a buy-or-build option for a new benefits administration system. Part of this had been considered before – a large program to replace Pay1, and the investment cost was high. Given the other option, developing an expensive solution did not make sense to pursue.
- Third Party Administrator: This was the leading option, and was discussed with a current state vendor that provides TPA services for another program, and with Mercer, an internationally known firm for outsourcing and third party administration. Although seemingly a good option, the level of change for districts would be much more significant than the proposed system design. ProviderOne could be a potential candidate and is a modern state payment system but it was quickly determined that there were several gaps that would need to be filled which could be substantial depending on the final requirements. One potential gap that could be significant is that since ProviderOne is not a system of record for eligibility, it would either need to be enhanced to perform that function or use the existing legacy eligibility system (ACES) as it currently does today. In addition, the enhancement schedule for ProviderOne is currently long with several large federally required modifications in the queue, meaning it is possible that work could not start for ~ 2 years without re-prioritization.
- Health Benefit Exchange (HBE or HBX) is highly unlikely to be a solution, it's still in the early stage of development and little is known about it. It would be a huge business change, because people would be buying insurance from a private entity – and it's unlikely that stakeholders would want to subject school districts to a private system.

# APPENDIX B

## DRAFT DETAILED BUDGET INFORMATION

SIX YEAR EXPENDITURE ESTIMATE FOR:

Title: Title

Bill #: XXX HCA Request: 11-XX-01	FY12	FY13	BY 11-13	FY14	FY15	BY 13-15	FY16	FY17	BY 15-17	Six Year Total
FTE	5.5	41.0	23.3	39.0	38.0	38.5	38.0	38.0	38.0	33.3
Salaries	453,210	3,089,724	3,542,934	2,953,812	2,856,912	5,810,724	2,856,912	2,856,912	5,713,824	15,067,482
Benefits	134,785	918,884	1,053,669	878,464	849,646	1,728,110	849,646	849,646	1,699,292	4,481,071
Personal Service Contracts	615,945	4,434,595	5,050,540	3,814,745	2,080,870	5,895,615	1,768,745	1,768,745	3,537,490	14,483,645
Goods and Services	325,822	1,638,028	1,963,850	1,635,677	1,621,798	3,257,475	1,596,798	1,578,048	3,174,847	8,396,172
1. Supplies	3,300	24,600	27,900	23,400	22,800	46,200	22,800	22,800	45,600	119,700
2. Telephone	1,100	8,200	9,300	7,800	7,600	15,400	7,600	7,600	15,200	39,900
3. Facilities Mgmt (EC, ED, & EK)	50,600	377,200	427,800	358,800	349,600	708,400	349,600	349,600	699,200	1,835,400
4. Printing & Copies	1,650	12,300	13,950	11,700	11,400	23,100	11,400	11,400	22,800	59,850
5. Employee Training	6,600	49,200	55,800	46,800	45,600	92,400	45,600	45,600	91,200	239,400
6. Personnel Serv Chg .007 of Salary	3,172	21,628	24,800	20,677	19,998	40,675	19,998	19,998	39,997	105,472
7. Basic Data Processing	9,350	69,700	79,050	66,300	64,600	130,900	64,600	64,600	129,200	339,150
	0	0	0	0	0	0	0	0	0	0
9. Print, Mail and Postage	0	75,000	75,000	100,000	100,000	200,000	75,000	56,250	131,250	406,250
10. Cost Allocation Overhead (30 people * 33.34% *)	250,050	1,000,200	1,250,250	1,000,200	1,000,200	2,000,400	1,000,200	1,000,200	2,000,400	5,251,050
11. "SPECIAL" Goods & Services	0	0	0	0	0	0	0	0	0	0
12. "SPECIAL" Goods & Services	0	0	0	0	0	0	0	0	0	0
13. Attorney General	0	0	0	0	0	0	0	0	0	0
14. Meetings	0	0	0	0	0	0	0	0	0	0
Travel	3,300	175,200	178,500	174,000	123,400	297,400	98,400	98,400	196,800	672,700
Equipment	132,000	72,000	204,000	0	0	0	0	0	0	204,000
Other -	0	0	0	0	0	0	0	0	0	0
Other -	0	0	0	0	0	0	0	0	0	0
Other -	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,665,062</b>	<b>10,328,431</b>	<b>11,993,493</b>	<b>9,456,698</b>	<b>7,532,626</b>	<b>16,989,324</b>	<b>7,170,501</b>	<b>7,151,751</b>	<b>14,322,253</b>	<b>43,305,070</b>