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Contracts

SPD Applications

Solicitation Notice

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Thank you for using the ESBD, your bid solicitation entry is now complete

Status: Posted

Solicitation ID:720-1913

Solicitation Title: Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan

Organization Name: University Of Texas System - 720

Posting Requirements: 21+ Days for Solicitation Notice

Solicitation Posting Date: 12/21/2018

Response Due Date:2/1/2019

Response Due Time: 2:30 PM

Solicitation Description: Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan

Class/Item Code: 94976-Self Insured Program, Medical

Modify Solicitation

Cancel Solicitation

Record Attachments

#	Name	Description
1	ESBD_File_150670_RFP 720-1913 Third Party Admin Svcs for UTS UT SELECT PPO.docx	RFP Document
2	ESBD_File_150670_RFP720-1913 APPENDIX TWO - Sample Agreement.docx	APPENDIX 2
3	ESBD_File_150670_RFP720-1913 APPENDIX FOUR - University of Texas System HECVAT.xlsx	APPENDIX 4
4	ESBD_File_150670_APPENDIX FIVE - AdminPerfReportTemplate.xls	APPENDIX 5
5	ESBD_File_150670_APPENDIX SIX - Data Exhibits.xlsx	APPENDIX 6
6	ESBD_File_150670_APPENDIX SEVEN - DataFileDescription.pdf	APPENDIX 7
7	ESBD_File_150670_APPENDIX EIGHT - NetworkForms.xlsx	APPENDIX 8
8	ESBD_File_150670_APPENDIX NINE - PlanResources.pdf	APPENDIX 9
9	ESBD_File_150670_APPENDIX TEN - SystemWebsiteReqs.pdf	APPENDIX 10
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OTHER STATE SITES

- texas.gov
- Texas Records and Information Locator (TRAIL)
- State Link Policy
- Texas Veterans Portal

REQUEST FOR PROPOSAL

RFP No. 720-1913 Third Party Administrator Services for UT System's self-funded UT SELECT Medical PPO plan

Proposal Submittal Deadline: Friday, February 1st, 2019 at 2:30 PM CST

The University of Texas System
Office of Employee Benefits

Prepared By:
Darya Vienne
The University of Texas System
210 West 7th Street
Austin, Texas 78701-2982
dvienne@utsystem.edu
December 21st, 2018

REQUEST FOR PROPOSAL

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SECTION 1

INTRODUCTION

1.1 Description of The University of Texas System

For more than 130 years, The University of Texas System has been committed to improving the lives of Texans and people all over the world through education, research and health care.

The University of Texas System is one of the nation's largest systems of higher education, with 14 institutions that educate more than 230,000 students. Each year, UT institutions award more than one-third of all undergraduate degrees in Texas and almost two-thirds of all health professional degrees. With about 20,000 faculty – including Nobel laureates – and more than 80,000 health care professionals, researchers, student advisors and support staff, the UT System is one of the largest employers in the state.

Life-changing research and invention of new technologies at UT institutions places the UT System among the top 10 "World's Most Innovative Universities," according to Reuters. The UT System ranks eighth in the nation in patent applications, and because of the high caliber of scientific research conducted at UT institutions, the UT System is ranked No. 1 in Texas and No. 3 in the nation in federal research expenditures.

In addition, the UT System is home to three of the nation's National Cancer Institute Cancer Centers – UT MD Anderson, UT Southwestern and UT Health Science Center-San Antonio – which must meet rigorous criteria for world-class programs in cancer research. And the UT System is the only System in the country to have four Clinical and Translational Science Awards (CTSA) from the National Institutes of Health.

Transformational initiatives implemented over the past several years have cemented UT as a national leader in higher education, including the expansion of educational opportunities in South Texas with the opening of The University of Texas Rio Grande Valley in 2015. And UT was the only system of higher education in the nation that established not one, but two new medical schools in 2016 at The University of Texas at Austin and UT Rio Grande Valley.

University of Texas institutions are setting the standard for excellence in higher education and will continue to do so thanks to our generous donors and the leadership of the Chancellor, Board of Regents and UT presidents.

1.2 Background and Special Circumstances

UT System's Office of Employee Benefits ("**OEB**") is seeking competitive quotes for Third Party Administrator services for System's self-funded UT SELECT Medical PPO plan which is offered as part of UT System's Uniform Group Insurance Program for eligible employees, retirees, and dependents of the fourteen (14) UT System Institutions and System Administration. Services must be provided in accordance with the terms, conditions, and requirements set forth in this Request for Proposal.

One (1) Proposer will be selected as the Contractor to administer the plan being offered. The intention is to generally maintain the plan design and structure of benefits currently being offered under the plan, although adjusting benefits may be discussed during implementation. Feedback is encouraged regarding unique plan designs, network management strategies, and customer service models the Proposer believes would enhance plan operations or member experience.

OEB is considered a "Covered Entity" under Title 2 of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, 1996. As such, OEB must comply with all provisions of HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH), 45 CFR §§ 160 and 164 (hereinafter collectively, "HIPAA") regarding all privacy and security measures relevant to the operations of the programs within OEB when operating in a capacity subject to HIPAA. Additionally, any person or entity who performs functions or activities on behalf of, or provides certain services to a covered entity that involve access to protected health information are considered business associates under HIPAA. OEB requires appropriate Business Associate Agreements with such Proposers.

As a governmental entity, the System is not subject to the provisions of the Employee Retirement and Income Security Act (ERISA).

Pursuant to Chapter 1601 of the Texas Insurance Code (Code), System is exempt from many of the provisions of the Code and regulations promulgated by the Texas Department of Insurance (TDI). However, nothing in any agreement between the System and Contractor shall be construed to require or permit any action that is prohibited by, or in conflict with, an applicable provision of the Code or an applicable TDI rule or regulation.

The plan is financed on a fully self-funded basis. The contract to be executed in accordance with this document shall involve no insurance or reinsurance.

1.3   Objective of Request for Proposal

The University of Texas System is soliciting proposals in response to this Request for Proposal No.720-1913 (this "**RFP**"), from qualified vendors to provide Third Party Administration ("**TPA**") services (the "**Services**") for System's self-funded UT SELECT Medical PPO plan (UT SELECT). The Services are more specifically described in **Section 5** of this RFP.

SECTION 2

<u>NOTICE TO PROPOSER</u>

2.1 Submittal Deadline

University will accept proposals submitted in response to this RFP until 2:30 p.m., Central Standard Time ("**CST**") on Friday, February 1st, 2019 (the "**Submittal Deadline**").

2.2 University Contact Person

Proposers will direct all questions or concerns regarding this RFP to the following University contact ("**University Contact**"):

Darya Vienne
Email: dvienne@utsystem.edu

University specifically instructs all interested parties to restrict all contact and questions regarding this RFP to written communications delivered to (i) University Contact, or (ii) if questions relate to Historically Underutilized Businesses, to HUB Coordinator (ref. **Section 2.5** of this RFP)*. University Contact must receive all questions or concerns no later than 2:30 p.m. CST on Wednesday, January 9th, 2019.* University will have a reasonable amount of time to respond to questions or concerns. It is University's intent to respond to all appropriate questions and concerns; however, University reserves the right to decline to respond to any question or concern.

2.3 Criteria for Selection

The successful Proposer, if any, selected by University through this RFP will be the Proposer that submits a proposal on or before the Submittal Deadline that is the most advantageous to University. The successful Proposer is referred to as "**Contractor**."

Proposer is encouraged to propose terms and conditions offering the maximum benefit to University in terms of (1) service, (2) total overall cost, and (3) project management expertise.

The evaluation of proposals and the selection of Contractor will be based on the information provided in the proposal. University may consider additional information if University determines the information is relevant.

Criteria to be considered by University in evaluating proposals and selecting Contractor, will be these factors:

2.3.1 Threshold Criteria Not Scored

    A.   Ability of University to comply with laws regarding Historically Underutilized Businesses; and
    B.   Ability of University to comply with laws regarding purchases from persons with disabilities.

2.3.2 Scored Criteria

    A.   Financial Requirements & Pricing (55%);
    B.   Vendor Experience (5%);
    C.   Deviations (5%);
    D.   Operational Requirements (5%);
    E.   Benefit & Network Administration (20%);

F.   Customer Service & Account Management (5%);

G.   Technical & Data Exchange (5%).

2.4   Key Events Schedule

Issuance of RFP   Friday, December 21, 2018

Pre-Proposal Conference   10 a.m. CST on Monday, January 7, 2019
(ref. **Section 2.6** of this RFP)

Deadline for Questions / Concerns   2:30 p.m. CST on Wednesday, January 9th, 2019
(ref. **Section 2.2** of this RFP)

Submittal Deadline   2:30 p.m. CST on
(ref. **Section 2.1** of this RFP)   Friday, February 1st, 2019

2.5   Historically Underutilized Businesses

2.5.1   All agencies of the State of Texas are required to make a good faith effort to assist historically underutilized businesses (each a "**HUB**") in receiving contract awards. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with state agencies. Pursuant to the HUB program, if under the terms of any agreement or contractual arrangement resulting from this RFP, Contractor subcontracts any of the Services, then Contractor must make a good faith effort to utilize HUBs certified by the Procurement and Support Services Division of the Texas Comptroller of Public Accounts. Proposals that fail to comply with the requirements contained in this **Section 2.5** will constitute a material failure to comply with advertised specifications and will be rejected by University as non-responsive. Additionally, compliance with good faith effort guidelines is a condition precedent to awarding any agreement or contractual arrangement resulting from this RFP. Proposer acknowledges that, if selected by University, its obligation to make a good faith effort to utilize HUBs when subcontracting any of the Services will continue throughout the term of all agreements and contractual arrangements resulting from this RFP. Furthermore, any subcontracting of the Services by Proposer is subject to review by University to ensure compliance with the HUB program.

2.5.2   University has reviewed this RFP in accordance with Title 34, *Texas Administrative Code,* Section 20.285, and has determined that subcontracting opportunities (HUB and/or Non-HUB) are probable under this RFP. The HUB participation goal for this RFP is **26%.**

2.5.3   A HUB Subcontracting Plan ("**HSP**") is required as part of, *but submitted separately from*, Proposer's proposal. The HSP will be developed and administered in accordance with University's Policy on Utilization of Historically Underutilized Businesses and incorporated for all purposes.

*Each Proposer, **whether self-performing or planning to subcontract**, must complete and return the HSP in accordance with the terms and conditions of this RFP. Proposers that fail to do so will be considered non-responsive to this RFP in accordance with §2161.252, Government Code.*

Questions regarding the HSP may be directed to:

Contact: Kyle Hayes
*   HUB Coordinator*
Phone: 512-322-3745
Email: khayes@utsystem.edu

Contractor will not be permitted to change its HSP after the deadline submittal date unless: (1) Contractor completes a new HSP, setting forth all modifications requested by Contractor, (2) Contractor provides the modified HSP to University, (3) University HUB Program Office approves the modified HSP in writing, and (4) all agreements resulting from this RFP are amended in writing to conform to the modified HSP.

2.5.4   Proposer must submit, ***via email***, one (1) HSP in PDF format to University no later than Friday, February 1st, 2019 at 2:30 p.m. (ref. **Section 3.2** of this RFP) to the email address below:

HSP Submittal Email: utadminHSP@utsystem.edu

Proposer must include the following information in the email submission:

Subject Line: *RFP 720-1913 Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan, HUB Subcontracting Plan*

Body: Proposer company name and the name and contact information of the person who prepared the HSP.

Instructions on completing an HSP

Proposer must visit https://www.utsystem.edu/offices/historically-underutilized-business/hub-forms to download the most appropriate HUB Subcontracting Plan (HSP) / Exhibit H form for use with this Request for Proposal. Proposer will find, on the HUB Forms webpage, a link to "Guide to Selecting the Appropriate HSP Option". **Please click on this link and read the Guide <u>first</u> before selecting an HSP Option.** Proposer shall select, from the four (4) Options available, the Option that is most applicable to Proposer's subcontracting intentions. These forms are in ***fillable*** PDF format and must be downloaded and opened with *Adobe Acrobat/ Reader* to utilize the fillable function. If Proposer has any questions regarding which Option to use, Proposer shall contact the HUB Coordinator listed in 2.5.3.

Proposer must complete the HSP, then print, sign and scan *all pages* of the HSP Option selected, with additional support documentation*, ***<u>to the submittal email address noted above</u>***. NOTE: signatures must be "wet" signatures. Digital signatures are not acceptable.

Any proposal submitted in response to this RFP that does not have a corresponding HSP meeting the above requirements may be rejected by University and returned to Proposer unopened as non-responsive due to material failure to comply with advertised specifications.

University will send an email confirmation to each Proposer upon receipt of the Proposer's HSP. Each Proposer's HSP will be evaluated for completeness and compliance prior to opening the proposal to confirm Proposer compliance with HSP rules and standards. Proposer's failure to submit one (1) completed and signed HUB Subcontracting Plan ***<u>to the email address noted above</u>*** may result in University's rejection of the proposal as non-responsive due to material failure to comply with advertised specifications; such a proposal *may* be returned to the Proposer unopened (ref. **Section 1.5** of **APPENDIX ONE** to this RFP). ***<u>Note</u>****: The requirement that Proposer provide one (1) completed and signed pdf of the HSP under this **Section 2.5.4** is separate from, and does not affect, Proposer's obligation to provide University with the number of copies of its proposal as specified in **Section 3.1** of this RFP.*

*If Proposer's submitted HSP refers to specific page(s) / Sections(s) of Proposer's proposal that explain how Proposer will perform entire contract with its own equipment, supplies, materials and/or employees, Proposer must submit copies of those pages with the HSP sent to the HSP Submittal email address noted above. **In addition, all *solicitation emails* to potential subcontractors must be included as backup documentation to the Proposer's HSP to demonstrate Good Faith Effort.** Failure to do so will slow the evaluation process and may result in DISQUALIFICATION.

2.6   Pre-Proposal Conference

University will hold a pre-proposal conference call at **10 a.m. CST on Monday, January 7th, 2019**. The pre-proposal conference call will allow all Proposers an opportunity to ask University's representatives relevant questions and clarify provisions of this RFP.

Call-in number: (877)226-9790

Participant Code: 6269693#

SECTION 3

SUBMISSION OF PROPOSAL

3.1   Number of Copies

A. One (1) complete paper copy of its *entire* proposal.

The paper copy of the proposal should contain the mark "<u>original</u>" on the front cover of the proposal. An original signature by an authorized officer of Proposer must appear on the Execution of Offer (ref. Section 2 of APPENDIX ONE) of the submitted paper copy of the proposal.

University does not consider electronic signatures to be valid therefore the original signature must be a "wet signature."

B. One (1) complete electronic copy of its entire proposal in a single .pdf file on USB Flash Drive. USB Flash Drive must include a protective cover and be labeled with Proposer's name and RFP number. In addition, Proposer must submit one (1) complete electronic copy of the proposal on the same USB Flash Drive on which all proposed pricing information, provided in response to **Section 6**, has been removed.

3.2   Submission

Proposals must be received by University on or before the Submittal Deadline (ref. **Section 2.1** of this RFP) and should be delivered to:

> The University of Texas System Administration
> 210 West 7th Street
> Austin, Texas 78701-2982
> **Attn: Darya Vienne**

NOTE: Show the Request for Proposal number and submittal date in the lower left-hand corner of sealed bid envelope (box / container).

Proposals must be typed on letter-size (8-1/2" x 11") paper, and must be submitted in a 3-ring binder. Preprinted material should be referenced in the proposal and included as labeled attachments. Sections within a proposal should be divided by tabs for ease of reference.

3.3   Proposal Validity Period

Each proposal must state that it will remain valid for University's acceptance for a minimum of one hundred and eighty (180) days after the Submittal Deadline, to allow time for evaluation, selection, and any unforeseen delays.

3.4   Terms and Conditions

3.4.1   Proposer must comply with the requirements and specifications contained in this RFP, including the <u>Agreement</u> (ref. **APPENDIX TWO**), the <u>Notice to Proposer</u> (ref. **Section 2** of this RFP), <u>Proposal Requirements</u> (ref. **APPENDIX ONE**) and the <u>Specifications and Additional Questions</u> (ref. **Section 5** of this RFP). If there is a conflict among the provisions in this RFP, the provision requiring Proposer to supply the better quality or greater quantity of services will prevail, or if such conflict

does not involve quality or quantity, then interpretation will be in the following order of precedence:

3.4.1.1. Specifications and Additional Questions (ref. **Section 5** of this RFP);

3.4.1.2. Agreement (ref. **Section 4** and **APPENDIX TWO**);

3.4.1.3. Proposal Requirements (ref. **APPENDIX ONE**);

3.4.1.4. Notice to Proposers (ref. **Section 2** of this RFP).

3.5   **Submittal Checklist**

Proposer is instructed to complete, sign, and return the following documents as a part of its proposal. If Proposer fails to return each of the following items with its proposal, then University may reject the proposal:

3.5.1   Signed and Completed <u>Execution of Offer</u> (ref. **Section 2** of **APPENDIX ONE**)

3.5.2   Signed and Completed <u>Pricing and Delivery Schedule</u> (ref. **Section 6** of this RFP)

3.5.3   Responses to <u>Proposer's General Questionnaire</u> (ref. **Section 3** of **APPENDIX ONE**)

3.5.4   Signed and Completed Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**)

3.5.5   Responses to questions and requests for information in the <u>Specifications and Additional Questions</u> Section (ref. **Section 5** of this RFP)

3.5.6   Responses to questions and requests for information in **APPENDIX THREE**.

3.5.7   Responses to questions and requests for information in **APPENDIX FOUR**.

3.5.8   Responses to questions and requests (when applicable) for information in **APPENDICES FIVE** through **TWELVE**.

SECTION 4

<u>GENERAL TERMS AND CONDITIONS</u>

The terms and conditions contained in the attached Agreement (ref. **APPENDIX TWO**) or, in the sole discretion of University, terms and conditions substantially similar to those contained in the Agreement, will constitute and govern any agreement that results from this RFP. If Proposer takes exception to any terms or conditions set forth in the Agreement, Proposer will submit redlined **APPENDIX TWO** as part of its proposal in accordance with **Section 5.3.1** of this RFP. Proposer's exceptions will be reviewed by University and may result in disqualification of Proposer's proposal as non-responsive to this RFP. If Proposer's exceptions do not result in disqualification of Proposer's proposal, then University may consider Proposer's exceptions when University evaluates the Proposer's proposal.

SECTION 5

SPECIFICATIONS AND ADDITIONAL QUESTIONS

5.1   General

The minimum requirements and the specifications for the Services, as well as certain requests for information to be provided by Proposer as part of its proposal, are set forth below. As indicated in **Section 2.3** of this RFP, the successful Proposer is referred to as the "**Contractor**."

Contract Term: University intends to enter into an agreement with the Contractor to perform the Services for an initial three (3) year base term, with the option to renew for one (1) additional three (3) year renewal periods, upon mutual written agreement of both parties.

Disclosure of Existing Agreement: University has an existing agreement with Blue Cross Blue Shield of Texas, which is scheduled to expire August 31, 2019.

5.2   Minimum Requirements

Each Proposal must include information that clearly indicates that Proposer meets each of the following minimum qualification requirements:

UT System is conducting this RFP process to obtain the desired high-quality services at the best possible economic value. Therefore, UT System requires that Proposer be able to effectively administer a network, benefit design, and overall program which meets or exceeds the requirements presented in this RFP.

5.2.1   To be eligible for consideration, Proposer must have a net worth of at least $500 million, as demonstrated by an audited financial statement as of the close of Proposer's most recent fiscal year. To affirm financial capability, Proposer must submit all documentation as requested in the related additional questions included with this RFP.

5.3   Additional Questions Specific to this RFP

Proposer must submit the following information as part of Proposer's proposal:

5.3.1   If Proposer takes exception to any terms or conditions set forth in the Agreement (ref. **APPENDIX TWO**), Proposer must redline APPENDIX TWO and include **APPENDIX TWO** as part of its Proposal. If Proposer agrees with terms or conditions set forth in the **APPENDIX TWO**, Proposer will submit a written statement acknowledging it.

5.3.2   In its proposal, Proposer must indicate whether it will consent to include in the Agreement the "Access by Individuals with Disabilities" language that is set forth in **APPENDIX THREE, Access by Individuals with Disabilities**. If Proposer objects to the inclusion of the "Access by Individuals with Disabilities" language in the Agreement, Proposer must, as part of its proposal, specifically identify and describe in detail all of the reasons for Proposer's objection. NOTE THAT A GENERAL OBJECTION IS NOT AN ACCEPTABLE RESPONSE TO THIS QUESTION. NOTE THAT PROPOSER IS REQUIRED TO SUBMIT COMPLETED VPAT (VOLUNTARY PRODUCT ACCESSIBILITY TEMPLATE) WITH PROPOSAL. VPAT document to complete is located at the following website: https://www.itic.org/dotAsset/d432b9da-3696-47fe-a521-7d0458d48202.doc

5.3.3   In its proposal, Proposer must respond to each item listed in **APPENDIX FOUR,** Higher Education Vendor Assessment Tool (HECVAT).

5.4   Scope of Work

System offers the UT SELECT Medical plan for benefits-eligible employees, retirees, and dependents. Proposers must clearly indicate their capacity to support a population of participants numbering approximately 250,000 individual lives. Administration of the plan must comply with all applicable state and federal statutes, rules, regulations, and UT System policies including the Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Age Discrimination in Employment Act (ADEA), and all amendments thereto. Security of PHI is of highest concern to UT System. Proposers must be prepared to provide evidence of full compliance with HIPAA and UT System data protection policies and show that these standards are fully integrated within their systems at every level.

A. Operational Requirements

1.   General Administration & Services

Contractor must administer the plan in a manner consistent with all applicable laws and regulations, as well as with the requirements set forth by UT System in this RFP. Contractor must provide all services associated with the administration of the plan and may recover the cost of compliance with the requirements associated with general administration and services only by making provision for such cost in **Section 6**.

Contractor must provide general administrative support, legal and technical assistance, quality assurance, and certain reporting as required for the operation of the self-funded UT SELECT Medical plan.

2.   Cost Containment

a)   Contractor must have comprehensive cost containment programs in place that includes the following elements at minimum:
- Pre-Authorization;
- Fraud detection;
- Emerging therapies;
- Wellness and condition management;
- Coverage management;
- Utilization management; and
- Coordination of benefits.

b)   Contractor must comply with all applicable state and federal laws, regulations, and protocols and must also comply with all UT System policies, which may be updated as necessary.

c)   Contractor must have the ability to effectively administer clinical programs in line with those currently in place.

d)   Contractor must provide subrogation services, as appropriate, including:
- Investigating claims to determine potential third-party liability;
- Contacting participants to obtain information related to third-party liability;
- Initiating demands and filing liens to protect the plan's interests;
- Initiating or intervening in litigation when necessary; and
- Employing or retaining legal counsel for such purposes.

e) Contractor is responsible for costs associated with subrogation activities and any associated litigation. Provision for such costs should be made by Contractor when determining their proposed administrative fees (ref. **Section 6** of this RFP).

f) Contractor must make available to UT System any data UT System determines to be necessary to comply with Medicare Part A and B requirements or for any similar or related purpose.

g) Contractor may use program information to profile patients only for the purposes of offering, implementing, and administering its educational program providing information for condition management purposes; for assessing patterns of care and measuring outcomes; and for providing opportunity analysis related to potential interventions as well as adherence analysis. Only non-personally identifiable participant information may be used by Contractor to administer, evaluate, and improve its educational program for disease management and other care management programs.

The cost of processing coordination of benefit claims for participants who have other coverage to which the plan is secondary should be included in **Section 6**.

3.   Performance Monitoring

UT System expects Contractor to proactively identify and address variances from targeted performance standards. Quarterly administrative performance reporting will be required. A template for the required format of the quarterly Administrative Performance Report is included as an **APPENDIX FIVE** to this RFP. Required information must be provided on a mutually agreed schedule and in the format prescribed by UT System or Contractor will be subject to financial penalty. Additionally, UT System may request customized reports on an ad hoc basis. Such reports must be provided in a timely manner at no additional cost to UT System.

As part of the contracting process, specific performance standards with meaningful financial penalties must be established. At a minimum, the following areas must be addressed:

a.   Customer Service Standards:
   1) Call handling;
   2) Written inquiries;
   3) Complaints;
   4) Member surveys.

b.   Minimizing call center and website outages.

c.   Timeliness:

1) ID Card Delivery;
2) Annual Enrollment materials and plan guide content;
3) Required reporting and datasets, including claims, vendor self-bill, eligibility, administrative performance, and emergency update processing.

d.   Accuracy:

1) Plan design implementation;
2) Claims adjudication.

e.   Provider Network

1) Access

f.   Processing of paper claims

Contractor must agree to pay financial penalties as negotiated during the contracting process if the associated performance standards are not met. Additionally, Contractor should be aware that compliance with performance requirements will be a key consideration during any future contract renegotiations.

UT System contracts with an independent auditing firm that will conduct annual audits of Contractor on behalf of UT System to determine compliance with these and other standards. Contractor must agree to this annual audit, generally conducted during the first quarter of each calendar year for the preceding plan year.

UT System staff or UT System's consulting actuary may, from time to time, request that Contractor provide additional information specific to the medical plan. Contractor must cooperate with and act in good faith in working with the consulting actuary and must be prepared to respond to these requests promptly.

Contractor must accumulate utilization, cost, and claims payment statistics and develop reports for the plan as is typically done in the course of plan administration, but no less frequently than on a monthly basis. Contractor must provide copies of such reports upon request by UT System along with results of any audits conducted in connection with the reports.

B. Benefit & Network Administration

1.   Provider Network

Contractor must have a provider network with a sufficient number of family care physicians, specialty physicians and hospitals to serve UT SELECT participants. All health care providers included in the proposed network must have signed contracts in place on or before July 1, 2019.

2.   Claims Administration

Contractor must process and administer all required claims incurred on or after September 1, 2019, and throughout the term of the Contract (ref. **Section 5.1**). General requirements for claims processing include the following:

a.   Using UT System enrollment records, Contractor must create and maintain enrollment records for all participants to be relied on for the processing of claims and other administrative functions. In the event of a conflict between enrollment data stored at UT System and information on file with Contractor, UT System's information must be considered authoritative;

b.   Contractor must review claims for eligibility based on covered dates of services. Any ineligible claims that are inadvertently paid by Contractor, including those identified through OEB eligibility audits, must be recaptured and returned to the OEB;

c.   Contractor must process claims submitted directly by participants, including claims for services obtained at non-network providers and Coordination of Benefits (COB) claims for which the plan pays secondary benefits. When UT SELECT is secondary, reimbursement should be the full member out of pocket cost for covered services.

d.   Contractor must process claims from state and federal government institutional programs on behalf of UT SELECT participants who also participate in such programs. Contractor must pay all such claims that meet plan design parameters, in accordance with the plan's edits and reject those that do not meet those parameters, including those that are submitted in the wrong format or are missing one or more data elements that are required by the plan design. Because of the potential for variations in timely filing requirements among the various state and federal government agencies, such claims should not be rejected solely because they do not meet the plan's timely filing requirements. In processing governmental program claims under these parameters, Contractor must reimburse the applicable state or federal government agency at the lesser of (1) the amount the agency actually paid, or (2) the negotiated network price, minus any applicable deductible, copayment, and coinsurance that the participant is responsible for under the plan design. The cost for this process shall be included in **Section 6**.

e.   Each direct claim payment must include an Explanation of Benefits (EOB). Contractor must submit all claim forms and sample EOBs as an attachment to the Proposal for the System's review and approval;

f.   Claims filed by participants must be processed within five (5) calendar days of submission to Contractor unless additional information or investigation is required;

g.   Contractor must stipulate that network providers will cooperate with reasonable requests by plan participants to prepare and provide, without charge to participants, records pertaining to services and payment amounts;

h.   Contractor must identify and investigate unusual or extraordinary charges to determine all relevant circumstances and report to UT System its findings. Contractor must determine eligible claims, subject to the final authority of UT System.

i. Contractor must process and pay claims using its own funds before seeking reimbursement from UT System. The required methodology for requesting reimbursement is described within the Financial Requirements section (**Section 5.4.E**) of this RFP;

In the event Contractor issues excess payments or payments for ineligible claims or participants, it will:

j. Take appropriate steps as necessary to recover the overpayment, including recoupment (offset) from participants or providers' subsequent claim payments;

k. Assume 100% liability for incorrect payments which result from policy or processing errors attributable to Contractor;

l. Refrain from initiating litigation to recover such overpayment unless authorized by UT System;

m. Provide UT System with detailed reports on a monthly basis that itemize the amounts of each overpayment and the reason for each; a listing of payees with outstanding overpayment recoveries due; an accounting of: (a) prior balances of recoveries due, (b) current month overpayments, (c) recoveries, (d) new balances and (e) percentage of overpayment dollars recovered; and an aging of receivables report for 30, 60, 90 and 91+ days; and,

n. Reimburse the plan for any claim paid on behalf of a former participant who was reported by UT System to Contractor as no longer being eligible for plan benefits at least two (2) full business days prior to the date of such services;

Contractor must maintain a complete and accurate claims reporting system and provide for the retention, maintenance, and storage of all payment records with provision for appropriate reporting to UT System. Contractor must maintain such records in accordance with applicable state and federal regulations and policies regarding retention of such records. Contractor shall make such records accessible and available to UT System for inspection and audit upon UT System's request. In the event Contractor is scheduled to destroy payment records, Contractor must contact UT System for approval prior to the destruction of the payment records. If UT System approves destruction, verification of the destroyed records may be required at UT System's direction.

Contractor must provide UT System with access to statistical information associated with the plan. The information to be made available must include current fiscal year information as well as the full twelve (12) months of the preceding fiscal year. If specialized software or hardware is required to access plan reporting and analytics, Contractor must furnish the appropriate resources at no additional cost to UT System.

Contractor must identify a specific high-level contact who will be accessible directly to UT System for issues regarding claims administration.

Contractor must process claims requiring coordination of benefits (COB).

Contractor must transmit a monthly claims file as specified in this RFP using the ASC X12 standard layout (ANSI) for the file and records, including all required data fields as specified in an **APPENDIX TWELVE** to this RFP.

3. UT SELECT and Medicare Plan Integration

There are a small number of Medicare-eligible retired employees each year who return-to-work in a benefits-eligible capacity. Under federal rules, these working retirees' claims must be addressed to have the UT SELECT plan pay primary, and Medicare secondary (along with any Medicare-eligible dependents). Contractor is required to accommodate these mid-year changes based off of changes made to the eligibility files submitted by UT System to Contractor.

4. Wellness / Condition Management

UT System is committed to integrating wellness benefits within the medical plan and to assisting UT System and the institutions with the creation and ongoing enhancement of campus wellness programs. Contractor must demonstrate the ability to provide wellness-related services and targeted wellness initiatives as part of the overall administration of the medical plan. Experience with the effective application of Value-Based Benefit Design (VBBD) concepts and programs will be considered a differentiating factor in the area of wellness benefits.

Proposer must describe the specific wellness services and initiatives it intends to provide as part of its administration of the medical plan and how those services and initiatives will be integrated into UT System's existing "Living Well" program; a comprehensive health and wellness initiative currently available to all UT SELECT and UT CONNECT participants. If available, include options such as a health risk assessment and the ability to provide an aggregate report for each institution, tobacco cessation, ability to offer an incentive program, second opinion services, telemedicine, gym discounts, patient navigators, health coaching, ability to provide aggregate reports on wellness metrics at the institution level, etc. In particular, information provided in the proposal should allow for the assessment of Contractor's willingness to collaborate directly with UT System and other contracted Contractors regarding wellness-related initiatives and services.

Contractor may recommend modifications to materials used in condition management educational programming when Contractor determines such adjustments to be in the best interests of participants who would potentially benefit from the proposed changes. Contractor must notify UT System and obtain consent as to any modification of the educational program prior to implementing a change or making revised information available to UT SELECT participants.

Contractor may use program information to profile patients only for the purposes of offering, implementing, and administering its support and educational program providing information for disease management purposes; for assessing patterns of care and measuring outcomes; and for providing opportunity analysis related to potential interventions as well as adherence analysis. Only non-personally identifiable participant information may be used by Contractor to administer, evaluate, and improve its support and educational program for disease management and other care management programs. Contractor must be willing to coordinate with UT System's pharmacy benefit manager and other Contractors to offer comprehensive and seamless education and support to the UT SELECT participant.

Of primary importance will be collaboration with the administrator of the UT SELECT prescription drug plan with regard to conditions and medical issues that may be identified through member access to Prescription Drug Plan (PDP) benefits. For example, the ability to transfer members directly from UT SELECT Medical customer service representatives to other condition management and wellness Contractors, including the PDP administrator, when appropriate, is strongly preferred as a basic wellness initiative versus merely advising members to contact their prescription insurance carrier.

Additionally, each UT System institution offers an Employee Assistance Program (EAP) that provides counseling services to employees, retirees and their dependents on numerous topics. In the event that Contractor provides information to participants about services available within the overall UT Benefits program and the Living Well program, whether through direct customer service interactions, UT SELECT Medical communications materials, or UT System-specific medical plan website, reference to the institution-based EAP programs is requested.

Contractor must be able to fulfill data requests to assess and analyze health needs and measure wellness outcomes. These reports must be provided ad hoc and annually. These reports should assess patterns of care, health outcomes, any savings or cost avoidance, opportunity analysis related to potential interventions, and adherence analysis.

5. Network Management

Contractor must provide all network management services specified in this RFP, including but not limited to the following:

a. Initial and ongoing recruitment, credentialing, and contracting with a sufficient number of qualified and duly licensed Health Care Providers, as defined herein, in good standing with the state of Texas, to provide the full range of covered benefits and services in the network service areas;

b. Ongoing management of network providers in accordance with applicable laws, regulations, credentialing criteria, and provider contracting provisions;

c. Initial and ongoing provider education to ensure that network providers are familiar with and knowledgeable about UT SELECT benefits (including any benefit design changes) and other plan provisions;

d. Ongoing review of fees paid to network providers, recommending adjustments as appropriate, subject to consultation with and approval by UT System;

e. Ongoing review, with reports as requested, regarding network provider accessibility with respect to driving time and appointment waiting time;

f. Ongoing provider quality assurance review, to include periodic participant surveys and other reporting mechanisms;

g. Ongoing utilization management, including preauthorization of services, monitoring and enforcement of compliance with medical protocol, and reporting of utilization management information to UT System as requested;

h. Monitoring of denials made under the utilization management program to ensure the ongoing appropriateness of the medical protocol;

i. Recruiting of additional network providers on a general, regional, or specific basis when requested by UT System;

j. Notifying UT System and making reasonable efforts to notify affected current participants in writing at least forty-five (45) days prior to the effective date of the Contractor's termination of any provider's contract without cause unless prohibited or limited by applicable law;

k. Notifying UT System as soon as possible upon determining the need to terminate the provider's contract with cause, but no later than the next business day following termination, and using reasonable effort to notify affected participants in writing of such termination;

l. Immediately notifying UT System and making reasonable efforts to notify affected current participants in writing if a provider initiates termination of its contract with Contractor; and

m. Including the name of the terminated provider, the names of other providers available to participants, and the effective dates of the changes in all written notices of provider termination being sent to affected participants.

6. Credentialing

Contractor is solely responsible for credentialing, re-credentialing, and contracting with all network providers and will contract only with licensed healthcare providers in good standing in their profession and with the appropriate state and / or federal licensing and regulatory agencies. All healthcare providers participating in the network throughout the entire term of the Contract must be screened and investigated through a rigorous credentialing process prior to being contracted. A detailed description of Contractor's credentialing process must be included with the response as requested in the **Section 5.5**.

7. Contracts

Contractor must have a valid contract with each provider that is submitted with the response as part of its network. The contract must include, but not be limited to, agreements regarding accessibility, adherence to medical protocols, utilization management and quality assurance standards, reporting requirements, claims processing procedures, and fee arrangements.

8. Accessibility and Availability

Contractor must provide complete details about its existing provider network in the required format as described in the related **APPENDIX EIGHT**. Separate documentation must be provided for primary care physicians (PCPs), specialty care physicians, behavioral health providers and hospitals. Note that the required documentation is more detailed than what is generally listed in Contractor's provider directory. Failure to properly meet the data requirements as specified in **APPENDIX SEVEN** may result in a delay in the review of Contractor's response.

UT System also requires Contractor to provide a GeoAccess report for the proposed provider network. GeoAccess can be analyzed in relation to: 1) driving distance, 2) shortest distance but not necessarily driving distance, or 3) in minutes.

UT System believes that driving distance is the most accurate method for GeoAccess reporting. The applicable access standard to be used for general practitioners (PCPs) is two (2) medical providers within fifteen (15) miles of an employee's residence (or ZIP code). The analysis for PCPs should include providers designated as family practice, general practice, internal medicine, pediatrician and OB/GYN, if used as a PCP. Hospital information should be provided on the basis of one (1) facility within fifteen (15) miles of an employee's residence. In addition, a listing of ZIP codes where the desired access is not met must be submitted for each of the outlined provider types.

Based on the provider network information submitted, UT System will also conduct a disruption analysis to determine the number of participants that would potentially have to change physicians due to differences between the current network and Contractor's proposed network.

9. Utilization Management

Contractor is responsible for providing ongoing utilization management, including, but not limited to preauthorization of services, monitoring and enforcement of compliance with medical policies, and other programs described herein. Network providers will be responsible for meeting all preauthorization requirements, for example:

a. Inpatient hospital admission;

b. Skilled nursing care in a skilled nursing facility;
c. Private-duty nursing;
d. Home health care;
e. Hospice care;
f. Home infusion therapy;
g. Motorized and customized wheelchairs and certain other durable medical equipment totaling over $5,000;
h. Transplants;
i. All inpatient treatment of mental health care, chemical dependency and serious mental illness; and
j. The following outpatient treatment of mental health care, chemical dependency and serious mental illness:
- Psychological testing,
- Neuropsychological testing,
- Electroconvulsive therapy, and
- Intensive outpatient programs.

10.   Quality Assurance

Contractor must have in place processes to monitor the provider network, the quality of patient care and participant satisfaction.

C. Customer Service & Account Management

1.   Customer Service

Designated customer service staffing is required at a level adequate to handle significant call volume involving questions specific to benefits, resolution of complaints, requests for program clarification, and assistance with identifying and selecting physicians and facilities for services.

Customer Service call centers must be located within the United States, preferably within the state of Texas. The establishment of toll-free lines (telephone and facsimile) is required and customer service staffing levels must be adequate at a minimum to maintain performance standards as negotiated in the contracting process.

Contractor's phone customer service hours must include, at a minimum, Monday through Friday from 7:00 a.m. to 7:00 p.m. (Central), with emergency service coverage and / or instructions for receiving care outside of the required business hours.

Contractor must provide UT System staff the ability to listen to UT-related calls to and from UT Contractor's customer service call center(s) on an as-needed basis.

Proposer must not include a "binding arbitration" requirement for complaints in its response. No such provision shall be utilized with regard to UT System participants.

By September 1, 2019, Contractor must establish a process by which UT System staff as well as institution HR or Benefits staff who need assistance addressing an urgent participant issue can reach out directly to Contractor for escalated customer service assistance. Such requests must be acknowledged and an expected timeline for resolution provided back to UT System or institution staff within one (1) business day, with timely, appropriate follow-up based on the nature and complexity of the request. UT System has

found that Contractor establishing a shared email inbox works most effectively with that inbox being closely monitored by a designated team of experienced customer service representatives who are empowered to address escalated issues. If Contractor wishes, they may propose an alternative solution, but the requirements for acknowledgement of requests for assistance with timelines for resolution must be met as well as consistent timely and appropriate follow-up.

Contractor is required to collaborate with the UT SELECT prescription drug plan administrator with regard to conditions and medical / prescription issues that may be identified through member access to benefits. For example, the ability to warm transfer members directly to prescription drug plan customer service representatives or representatives with the Disease Management Program, when appropriate, is strongly preferred versus merely advising members to contact their prescription drug insurance carrier.

Contractor's designated Customer Service Team will be required to assist in answering questions regarding the plan each year during System Annual Enrollment period(s), including during the July 2019 Annual Enrollment period for the 2019-2020 plan year. The Customer Service Team must provide education to all current and potential plan participants regarding plan design and benefits. Customer service should be made available via phone, email, in writing, and in person.

2.   Communications

Contractor is required to communicate information regarding the plan design approved by UT System prior to distribution and must be clear and concise, with a comprehensive plan description to be included in Plan Guide, and federally required plan information included in the SBC.

Materials and services required to be developed and implemented include, but are not limited to:

a.   Participant brochures with introductory information about program and plan design;

b.   Content drafted specifically for inclusion in benefits books and newsletters and advertising materials used in association with UT SELECT enrollment;

c.   A customized, System-specific website containing the federally required Summary of Benefits and Coverage document (SBC);

d.   Annual Enrollment materials that include details on Customer Service and benefits highlights for the upcoming plan year;

e.   Attendance at approximately 25 Annual Enrollment events including presentations by Contractor to institution Benefits Staff and participants;

f.   Participant forms including Explanations of Benefits (EOBs) and claim forms;

g.   Provider Directory, including a specific disclaimer stating that the list of providers is subject to change.

UT System retains the right to review and approve all plan materials prior to distribution. Contractor is required to submit proposed marketing and other informational materials in the specified format and according to deadlines set by UT System. The cost for preparation of such materials for the term of the Contract should be accounted for in the proposed administrative fees quoted by Contractor.

Communications should be made available in multiple formats with a preference for electronic distribution whenever possible. Communication materials must meet ADA requirements for accessibility.

Electronic draft copies of proposed Plan Year 2019-2020 materials, plan participants' handbook (if applicable), and member marketing materials (newsletter articles, flyers, etc.) must be submitted as part of the proposal. Proposers should also submit samples of other communication materials with their proposal, including consumer targeted educational materials and a complete mock-up of the customized System-specific website. Proposers are encouraged to share innovative materials and communication strategies designed to increase member engagement as well.

Communication materials designed for participants may not advertise or promote coverage, products, or materials, other than those relating to Contractor's administration of the plan. Contractor must never use any information received from any source about UT System employees, retired employees, or dependents for any marketing purpose or to solicit business of any other type.

3.   System Specific Website

Contractor must establish a customized, System-specific website with the primary goal of allowing participants easy access to plan information, claims details and customer service information. The website must meet all requirements as detailed in **APPENDIX TEN** regarding website requirements by date specified in the deliverables section.

The System-specific website must be accessible to as many participants as possible. Therefore, the following specifications must be met:

- All website content must be clearly visible and functional in Internet Explorer, Safari, Microsoft Edge, Firefox, and Google Chrome browsers.

- The log-on page must not allow the browser to store the information entered in the cache. The auto-complete feature must be turned off for every form;

- The font must be easy to read, no smaller than 10px; and

- All web content and downloadable documents, including Adobe Portable Document Format (PDF) files, must be made accessible to persons with disabilities.

Authentication via Single Sign-On using SAML 2.0 is strongly preferred over requiring a unique user identification and password specific to the site.

UT System must approve new website additions or redesigns at least two weeks prior to any scheduled launch date.

Contractor must provide: 1) a description of the architecture of the website and if applicable, the mobile / smartphone application; 2) the authentication mechanisms to login to the website and mobile application; 3) a description of the administrator level access to System data accessible via the website and mobile application; and 4) the security and privacy controls in place to protect System data that is accessible through the website and mobile application.

As required by the State of Texas, Contractor must provide a third-party penetration test report conducted on the website within the 365 days. In lieu of the penetration test results report, Proposer may choose to either allow UT System to conduct a vulnerability scan on a Test environment that mirrors the actual Production environment or provide an

attestation of a third-party penetration test including a summary of findings and remediation plan.

4. Plan Identification (ID) cards

Prior to September 1, 2019, Contractor must send ID cards to all participants, including those who enroll in the plan during the July 2019 Annual Enrollment period. Throughout the contract period, Contractor must issue ID cards to all new enrollees within five (5) business days after Contractor receives the enrollment information from UT System. Additionally, due to information security requirements, Contractor must provide UT System with a monthly dataset that includes all identifying information from each ID card issued and the name and address to which each was sent for all ID cards issued during the prior month.

The ID card must not include the participant's Social Security number. The card must use the Benefits ID number as specified by UT System, as well as other standard information in a format prescribed by UT System including the participant's name and a summary of out-of-pocket costs for the plan. Replacement cards must be provided at the request of a participant. Once initially distributed, ID cards do not need to be automatically replaced unless changes to the benefit plan design require updates to the information shown on the card or changes are made to a participant's name as shown on the card (such as a change to a participant's last name due to marriage).

5. Account Management

The Contractor's Account Management Team must provide a minimum of four (4) in-person reviews to UT System per year regarding the utilization and performance of the plan, including updates regarding ongoing operational activities and cost saving recommendations. UT System may also require monthly operational meetings (in person or via telephone conference), as needed.

The Account Management Team shall assist with ad hoc requests from UT System and ensure timely resolution on issues presented by UT System.

Proposer must designate in writing the names and roles of all members of its complete Implementation Team as well as establish an Account Management Team that is acceptable to UT System. Contractor must agree to make staffing adjustments to this team as required by UT System throughout the contract. The Account Management team must be available to assist UT System as necessary during regular business hours.

Contractor's Implementation and Account Management Teams must each include a designated information technology contact with the technical knowledge and expertise to efficiently and effectively collaborate with UT System's information technology team regarding data transmission, data integrity, and timely processing of data. The designated information technology contact should be appropriately positioned within Contractor's organization to allow for direct management of all technical issues related to the contract.

D. Technical & Data Exchange

UT System's unique and complex technical environment is currently in transition from an in-house eligibility and enrollment platform to an outside vendor (Benefitfocus). Contractor will be required to accommodate custom data feeds to and from both UT System and Benefitfocus during the transition with feeds to Benefitfocus continuing once the transition is complete. Industry standard processes and file layouts will be used whenever possible, but Contractor must be prepared to quickly allocate appropriate resources and provide timely customization of data files as required by UT System and Benefitfocus.

1. UT System Data Security Requirements

For the purpose of this RFP, UT System data is defined as any and all information maintained, created, or received by or on behalf of UT System.

Contractor must maintain a robust security program capable of protecting the integrity, confidentiality, appropriate accessibility, and security of UT System data. Questions included in **Appendix FOUR (HECVAT)** of this RFP are designed to elicit specific information about Proposer's security program and must be thoroughly and accurately completed.

Proposer must have procedures in place to identify irregularities with access to data, including unauthorized access to or any exposure of PHI, report such instances to System as soon as possible, to allow System sufficient time to respond to the incident in accordance with state and federal law requirements. Identification of Proposer's privacy officer at the time of implementation will be required.

All data related to the plan remains the property of UT System. The data must be accessible by UT System at all times and, if necessary, the Contractors must be capable of providing the data to System in an acceptable, secure, and easily interpretable electronic format. Off-shore cloud storage for claims data is prohibited.

Enrollment files must be processed promptly upon receipt and, under normal circumstances, loaded into Contractor's information system within twenty-four (24) hours. Positive confirmation of receipt and processing success or failure is required within twenty-four (24) hours. In the event of failure to load, Contractor must provide an explanation and pertinent details, including specific errors requiring correction by UT System along with expected resolution time.

Contractor must accept and process both full and partial enrollment files in HIPAA-compliant dataset formats (e.g. the "Benefits Enrollment and Maintenance Transaction Set (ASC X12N 834)") and transmit claims detail datasets to UT System and Benefitfocus in a HIPAA-compliant standard format. Contractor must be prepared to accept full and partial enrollment files on a schedule to be determined during implementation, but no less frequently than three (3) times per week for partial files and once per month for full files.

All data related to the plan remains the property of UT System. The data must be accessible by UT System at all times and, if necessary, Contractor must be capable of providing the data to UT System in an acceptable, secure, and easily interpretable electronic format. Off-shore cloud storage for claims data is prohibited.

UT System will produce a self-bill each month for the per employee per month (main subscriber) administrative fee due to Contractor. Contractor must accept and process administrative fee remittance detail for the current billing month as well as any necessary adjustments for the prior three (3) months.

Contractor must utilize the methods for all file transfers (e.g. SFTP and SAML) currently in place at UT System. Contractor must enforce user authentications that are compliant with UT System information security requirements and enforce encryption in transmission and at rest as identified in **Section 12.11** of the Sample Agreement (**APPENDIX TWO**).

Contractor must designate an appropriate technical and information security contact as required for the Implementation and Account Management Teams and must ensure that all information systems requests from System and issues reported by System are given priority positioning and thoroughly analyzed to ensure timely and accurate resolution.

Contractor must allow a retroactive window for eligibility changes to be made up to ninety (90) days after the end of the coverage period affected, including activation or termination of coverage and other variations that may occur due to status changes. UT System will retroactively adjust the payment of administrative fees to ensure agreement with updated eligibility information.

For situations in which an urgent change to a participant's enrollment record is needed, Contractor must accept emergency updates, to be transmitted via a controlled and standardized process. For the Medical plan, such updates must be processed, Contractor's database updated, and confirmation of the change sent within four (4) business hours of receipt of a valid request.

Contractor must designate an appropriate technical contact as required for the Implementation and Account Management Teams and must ensure that all information systems requests from UT System and issues reported by UT System are given priority positioning and thoroughly analyzed to ensure timely and accurate resolution.

Contractor must have procedures in place to identify irregularities with access to data, including unauthorized access to PHI, report such instances to UT System as soon as possible, to allow UT System sufficient time to respond to the incident in accordance with state and federal law requirements. Identification of Contractor's privacy officer at the time of implementation will be required.

For service requests and issues resolution, Contractor must provide UT System with an implementation plan and timeline for resolution within forty-eight (48) hours from receipt of UT System's request or notification.

Contractor will be required to exchange eligibility and claims information electronically with the contracted administrator of the UT FLEX Plan to facilitate the administration and adjudication of claims submitted for reimbursement under a plan participant's Healthcare Expense Reimbursement Account. Contractor will also be required to provide claims information electronically to the PBM for the medical plans to be used for member health management and calculation of out-of-pocket accumulators.

E. Financial Requirements & Pricing

The UT SELECT Medical plan is financed on a fully self-funded basis. The contract to be executed in accordance with this document shall involve no insurance or reinsurance. The contract must be for administrative services, provider network management and credentialing, establishment and maintenance of the clinical guidelines used in connection with the UT SELECT Medical plan and disease management services as described within this RFP, and must be executed in accordance with the requirements outlined in the Contract and this RFP.

Other financial requirements may be further outlined in this RFP. The cost to meet the requirements described in this RFP must be recovered by Contractor only by making provision for such expense in **Section 6** included with the response to this RFP.

1. Administrative Fee

   Contractor must propose an administrative fee which will be guaranteed for three (3) years. To the extent that Contractor intends to recover start-up costs through the administrative fee, such recovery should be amortized over the three-year period.

   The administrative fee proposed by the Contractor should be adequate to cover any and all costs incurred for the performance of all services, responsibilities and obligations as

described within this RFP, both prior to and during the period of the Contract as well as during any runoff period following termination of the Contract.

2.   Payment Methodology for Administrative Fees and Claims

For each monthly coverage period, UT System shall pay Contractor per employee per month administrative fees which may become due under the Contract within sixty (60) days from the beginning of the coverage month based on UT System's self-bill. Specific details on the requirements for the payment of the per employee per month administrative fee, including the self-bill, are included in the technical and data exchange requirements section of this RFP. Billable fees associated with utilization of specific administrative services will be paid on the same schedule provided Contractor presents invoices for such fees in a timely manner on a monthly basis.

Contractor must process and pay all claims submitted under UT SELECT as described herein and in the Contract. Contractor must pay claims through the issuance of drafts or through Electronic Funds Transfer (EFT) from Contractor's account prior to seeking reimbursement from UT System. On at least a weekly basis, Contractor must present an invoice to UT System for claim payments made during the previous invoice period. Contractor must be responsible for maintaining its own funds which are sufficient to provide for the costs incurred under the UT SELECT PPO. All payments from Contractor to UT System must be by ACH or other electronic fund transfer methods. Contractor will be responsible for the escheatment process in accordance with Texas law for any payments disbursed on behalf of UT SELECT. Additionally, Contractor must deliver a monthly claim file to OEB (12 files).

Due to the timing of the reimbursements, Contractor could potentially be required to advance up to two (2) weeks of claim payments before being reimbursed by UT System. It is estimated that during the first year of the Contract, one (1) week of claim payments shall average approximately $19 million.

Contractor shall be reimbursed only for actual payments to providers (i.e., it is not acceptable for Contractor to seek reimbursement from UT System in an amount that is different from the amount Contractor paid to the provider). Contractor shall be reimbursed only for paid claims, and shall not be reimbursed for claims that have been processed but not yet paid to providers.

If Contractor's contracts with providers include payment on a capitation basis, such capitation must be submitted and reimbursed as any other claim as described above. Reimbursement of capitated amounts shall be subject to adequate documentation presented by Contractor. Such documentation must include the provider's name, the number of UT SELECT participants included in each capitation arrangement, and the amount of the capitation.

Section 51.012 of the Texas Education Code authorizes UT System to make any payment through electronic funds transfer (or by electronic pay card). Contractor must confirm the ability to receive reimbursement payments from UT System through ACH or other electronic fund transfer methods. Banking information will be verified during implementation. Any changes to Contractor's banking information must be communicated in writing to UT System at least thirty (30) days in advance of the effective date of the change.

3.   Runoff

Following expiration or termination of the Contract for any reasons, Contractor must continue to be responsible for processing and paying claims which were incurred during the term of the Contract. The cost of such run-off administration should be accounted for in the proposed administrative fee. System will not incur additional administrative fees during the run-off period. The current contracting Contractor is responsible for processing and payment of all claims incurred prior to September 1, 2019.

4.   Annual Experience Accounting

Within ninety (90) days after the end of each Fiscal Year, Contractor must provide UT System with a complete accounting of the UT SELECT financial experience under the Contract. The accounting must include detail regarding monthly enrollment, paid claims, administrative fees, contractual guarantees, federal subsidies, and performance guarantees. In addition, Contractor must provide UT System with any other experience data and accounting information that UT System may reasonably require. Additional information in this regard will be provided post Contract award.

5.   Actuarial Reporting

Contractor must submit to OEB and the consulting actuary, at a minimum, on a monthly basis a detailed file including all claims processed during the previous calendar month. This data will be used to analyze claims experience and reconcile weekly invoices. The files and all information contained in the files will be the property of OEB. OEB and the consulting actuary will agree not to disclose confidential provider discount information to any other party. Contractor shall not require an indemnification provision. The detailed claim file will include but will not be limited to paid date, date of service, provider of service, service provided, line charge, allowable amount, plan payment and patient share. This file will be due no later than the 15th of the month for the previous month's claim payments.

6.   Audit

UT System contracts with an independent auditor to conduct an annual audit of its medical benefit claims and the Contractor's TPA administration to determine both the adequacy of Contractor's procedures for the payment of claims and the accuracy of claim payments. UT System will provide Contractor with a minimum of thirty (30) days' notice prior to commencement of the audit.

In addition to audits that may be conducted by the State Auditor, UT System may, at its sole discretion, conduct other audits of Contractor as deemed necessary. UT System shall determine the scope of each audit. Contractor is required to fully support all audit-related activities and to cooperate in good faith with the auditor. Contractor must maintain readily available data that is accessible electronically as well as through hard copy, such that it can meet a reasonable timeline and provide timely responses for audit purposes. Neither UT System nor the auditor shall reimburse or indemnify Contractor for any expense incurred or any claim that may arise in connection with or relating to either annual or other audits.

Contractor is responsible for addressing the independent auditor's findings in a timely manner to the satisfaction of UT System. Audit findings that conclude certain claims were not adjudicated correctly shall result in the recalculation and financial settlement with UT System within a reasonable timeframe, not to exceed the end of the following Plan Year. Recommendations made by independent auditors shall be discussed with UT System and incorporated by Contractor where appropriate.

7.   Health Care Management Performance Incentive

Under the Contract, Contractor will have an incentive for the efficient and cost-effective management of health care provided to in-area participants. Generally, the incentive will be a potential charge to Contractor based on actual in-area claims (Actual Claims) as compared to Target Claims agreed upon in advance by Contractor and OEB as described more fully in the related **APPENDIX ELEVEN**. Contractor understands and acknowledges that if actual claims are more than 105% of target claims then it shall be charged and assessed all sums that Contractor states in its proposal it will pay for failing to meet the health care management incentive. The incentive is not an insurance or reinsurance arrangement. Contract will not include either specific or aggregate stop loss coverage. Additional information regarding the Target Claims can be found in the related Appendix.

5.5   Additional Questions Specific to this RFP

Proposer must submit the following information as part of Proposer's proposal:

Financial Requirements and Pricing (55%)

Financial Interests

1. Provide the names and addresses of all parties who would receive compensation as a result of Proposer's selection under this RFP, including, but not limited to, consulting fees, finder's fees, and service fees.

2. State the name and address of any sponsoring, parent, or other entity that provides financial support to Proposer. Include an indication of the type of support (i.e., guarantees, letters of credit, etc.) provided as well as the maximum limits of additional financial support from other entities. If applicable, provide a copy of the sponsoring organization's most current audited financial statement.

3. Is Proposer actively considering or subject to any mergers with and / or acquisitions of or by other organizations? If so, provide specifics. Affirm that, if selected, Proposer would notify UT System immediately upon reaching any form of binding agreement in connection with any merger, acquisition, or reorganization of Contractor's management.

4. Disclose any contractual relationships with affiliates that could present a conflict of interest with Proposer's role as TPA.

5. Disclose any network medical facility in which Proposer's organization, or any subsidiary or sister organization, maintains a majority ownership or controlling interest.

6. Is Proposer owned by or are there any understandings or financial agreements in place with health professionals? Describe the steps the organization has taken to ensure that such relationships do not create actual or potential conflicts of interest as well as the action plan in place for addressing unforeseen conflicts as they arise.

7. List the names and addresses of all persons or entities that hold a 20% or greater ownership interest in Proposer's organization.

Pricing

8. Provide the name, title, mailing/email address(es) and telephone / fax number(s) for the actuarial / financial expert responsible for preparation of the Proposer's Price Proposal and other financial items in this response. This individual must be available to respond to

inquiries made by UT System or its consulting actuary and provide any requested information concerning such items.

9. Fully describe all actuarial assumptions regarding network and non-network provider utilization for the UT SELECT Medical plan.

Vendor Experience (5%)

10. Provide references from three (3) of Proposer's customers from the past five (5) years for services that are similar in scope, size, and complexity to the Services described in this RFP.

    Provide the following information for each customer:

    • Customer name and address;
    • Contact name with email address and phone number;
    • Time period in which work was performed;
    • Short description of work performed.

11. Has Proposer worked with University institutions in the past five (5) years? If "yes," state University Institution name, department name, department contact, and provide a brief description of work performed.

12. Provide the following:
    • Full legal name, address, telephone number, and URL for the corporate website.
    • Name, title, mailing address, telephone number, fax number, and email address for:
        o The Proposer's contact person for Services that will result from this RFP;
        o The person authorized to execute any contract(s) that may be awarded; and,
        o The person who will serve as Proposer's legal counsel.
    • If applicable, a description of Proposer's parent company, as well as any subsidiaries and / or affiliates, including whether each is publicly or privately owned.
    • Type of Incorporation (for-profit, not-for-profit, or nonprofit) and whether publicly or privately owned.
    • Recent ratings and reports regarding Proposer issued by independent rating organizations or similar entities (e.g. Best's, Moody's, Standard & Poor's, etc.).
    • Proposer's most recent NAIC annual statement and most recent audited financial statement.
    • An organizational chart identifying who will be responsible for the administration and management of a contract with UT System should Proposer be selected as Contractor.
    • Proposer's current certificate of authority, issued by the Texas Department of Insurance, to provide TPA / medical insurance services in the State of Texas.
    • Date TPA services were first provided in the State of Texas.
    • The Proposer's current State of Texas Contractor ID number (14-digit number).
    • The Proposer's current SSAE No. 16 report

13. Provide Proposer's total commercial enrollment as of December 1, 2016 and December 1, 2017. Provide a statement of Proposer's capacity to enroll new participants and the likelihood of any future limitations on enrollment.

14. Explain Proposer's previous experience in providing TPA services for self-funded group benefits, as applicable, to groups of 50,000-100,000 or more, especially higher education institutions and governmental organizations.

15. Describe any litigation, regulatory proceedings, and / or investigations completed, pending or threatened against Proposer and / or any of its related affiliates, officers, directors, and any person or subcontractor performing any part of the services being requested in connection with the Contract during the past five (5) years. Identify the full style of each suit, proceeding or investigation, including county and state, regulatory body and/or federal district, and provide a brief summary of the matters in dispute, current status and resolution, if any.

16. Describe any investigations, proceedings, or disciplinary actions by any state regulatory agency against the Proposer and / or any of its related affiliates, officers, directors and any person or subcontractor performing any part of the services being requested in connection with Contract during the past five (5) years. Identify the full style of each suit, proceeding or investigation including county and state, regulatory body and/or federal district, and provide a brief summary of the matters in dispute, current status and resolution, if any.

17. Provide a detailed description of the Proposer's HIPAA Privacy and Security Compliance programs as these would apply to System data. Include information related to any policies and practices developed to address the storage, handling, sharing, and creation of any confidential information.

18. Describe Proposer's HIPAA workforce training, new employee onboarding, and monitoring of compliance with HIPAA training.

19. Provide a link to the Proposer's HIPAA policies and Notice of Privacy Practices, including any website or web portal privacy notices.

20. Provide the name of Proposer's HIPAA privacy officer and a description of his or her qualifications.

21. Provide the name of Proposer's Chief Information Security Officer and a description of his or her qualifications.

Deviations (5%)

22. Identify any provision in Proposer's response that does not conform to the standards described in the RFP. For each deviation, provide the specific location in the response and a detailed explanation as to how the provision differs from RFP standards and why.

Operational Requirements (5%)

General Administration & Services

23. Describe Proposer's model for performing general administrative and operational services.

24. Identify any outsourcing of services, location of administrative services and staff, turnover rate over the past two (2) years, and contingency plans for service interruptions.

25. Describe Proposer's quality assurance (QA) program. Provide the name of the designated senior executive responsible for the program.

26. Discuss how Proposer coordinates plan administration and services with an affiliated Pharmacy Benefit Manager (PBM) for the prescription drug plan versus with an unaffiliated PBM. How are general plan administration and services integrated and what efficiencies are gained when working with an affiliated PBM?

27. Describe Proposer's processes for monitoring the adequacy of customer service, claims service, and provider and participant satisfaction. How often are surveys specific to these functions conducted?

28. List any entities with whom Proposer anticipates sharing or disclosing any PHI that Proposer will create or receive from (or on behalf of) UT System. State the general purpose for which the PHI will be shared or disclosed, and confirm that each entity will comply with requirements for business associates under HIPAA with regard to this PHI.

29. Describe the procedures and methodology in place to detect information security breaches and notify UT System and affected individuals in a manner that meets the requirements of HIPAA breach notification requirements.

30. System Specific Website
    - Describe the architecture of the website and application used to view benefit information and Explanation of Benefits;
    - Describe the authentication mechanisms to login to the website application;
    - Describe the administrator level access to UT System data included in the website and application;
    - Provide a data flow diagram.

Cost Containment

31. Fully describe Proposer's cost-containment programs, including the specific areas listed under minimum requirements as well as any specialized or enhanced elements Proposer offers.

32. Describe Proposer's fraud prevention program in detail. Include how Proposer would communicate with the participant, physician, and UT System once a fraud or abuse issue has been identified.

33. Provided that Contractor receives adequate notice of termination from UT System, will Contractor guarantee that the plan will not be billed for claims that were processed after a participant's coverage has been terminated?

34. Provide a detailed description of the utilization review program to be used in connection with UT SELECT, including but not limited to the following details:

    a) If applicable, the name, address, and telephone number for any contracted third party providing utilization review services;

    b) The location and hours of operation of Proposer's utilization review facility or facilities;

    c) Confirmation as to whether licensed personnel are on duty at all utilization review facilities during all hours of operation;

    d) The types and numbers of licensed professionals and the number of support staff involved with the utilization review program;

    e) The credentials and qualifications required for utilization review nurses;

    f) The number of telephone lines associated with the utilization review program;

g) A description of how the vendor ensures compliance with the statutory requirements concerning utilization review;

h) The percentage of utilization review referral and authorization requests that are referred to Proposer's Medical Director;

i) The methods used to establish utilization review protocols and the frequency of review for these protocols;

j) The utilization review procedures utilized by network health care providers;

k) The process available to health care providers for the appeal of denied claims;

l) The types and frequency of utilization review reports that will be provided to UT System.

35. What methods does Proposer use to drive utilization to the most cost efficient delivery channels? Will there be future methods implemented and if so, when?

36. How frequently does Proposer review utilization for new cost and trend drivers and what measures are in place to address emerging issues?

37. What measures does Proposer have in place to discourage inappropriate utilization of low value / high cost treatments or services?

38. Discuss how Proposer coordinates cost containment efforts with an affiliated Pharmacy Benefit Manager (PBM) for the prescription plan versus with an unaffiliated PBM. How are cost containment efforts integrated and what efficiencies are gained when working with an affiliated PBM?

Performance Monitoring

39. Describe in detail Proposer's philosophy and priorities in establishing performance standards and associated penalties. Be sure to address the key required areas noted in the minimum requirements and discuss any other areas the Proposer believes are appropriate for monitoring as a reflection of successful overall performance.

40. Describe performance monitoring for HIPAA violations including addressing violations of HIPAA compliance measures, Proposer's policies for confidential data handling, and discipline of employees for violations of such policies.

41. Describe Proposer's standard reporting package along with any unique reporting capabilities that distinguish Proposer from other potential respondents.

Wellness / Condition Management

42. Describe how Proposer coordinates efforts between medical and pharmacy clinical care management teams, including any differences when working with an affiliated Prescription Benefit Manager (PBM) for the prescription plan versus an unaffiliated PBM. Discuss any opportunities to improve collaboration when managing employees with specific diagnoses or therapeutic categories.

43. Detail Proposer's current wellness and condition management programs that are designed to improve the health and well-being of all individuals, including high-risk, healthy and low-risk individuals. Address the following areas:
   • A description of all programs including whether each program is managed directly by Proposer or provided by a subcontractor;
   • How eligible members are identified and contacted, participation rates, and health outcomes for participants for all programs;

- How these programs would be integrated with other wellness and condition management programs that UT System offers;
- Any future programs that will be implemented and when;
- Proposer's ability to offer Silver Sneakers (for retirees age 50+), Naturally Slim and programs comparable to current offerings such as onsite biometric screening services (Catapult).

44. Provide an assessment of the return on investment (ROI) associated with Proposer's wellness programs, including details regarding the timing of measurable returns. Discuss how assessment of ROI informs decisions about Proposer's ongoing investment in wellness programs, including defining scope and objectives, expectations regarding participation, reporting efforts, etc.

45. Describe the specific steps that Proposer would take and the criteria that would be used to help an employer establish value-based benefit design. Describe in detail Proposer's capabilities to assist with evaluating VBBD. Address the following:
- Aggregating medical and pharmacy claims data, mining the data for VBBD opportunities, and modeling the impact of VBBD plan options;
- Including additional data in the overall analysis, such as long-term and short-term disability claims, and personal health assessment survey results; and
- Providing a comprehensive assessment of the results of the data analysis described above and assisting with interpreting those results.

46. Describe in detail Proposer's capabilities to implement and administer a plan that uses incentives or waives or reduces copayments / coinsurance for participants who meet certain requirements, such as fulfilling an educational requirement or meeting with a provider.

47. Detail any specific mechanisms used to assure that different units of Proposer, the plan sponsor, and other UT Benefits plan Contractors all coordinate to offer a smooth-running VBBD plan. Provide a brief description (no more than 500 words) of the processes in place at Proposer that integrate data from multiple sources (e.g., medical and pharmacy claims, completed health risk assessments, diagnostic test results, etc.) in support of disease management and overall wellness efforts.

48. Describe key changes made to any aspect of Proposer's wellness and condition management programs during the past year as well as any changes planned over the next two (2) years.

49. Discuss Proposer's reporting capabilities, including but not limited to participation, sustained engagement, health outcomes, savings, etc. at a plan and institution level, in the context of supporting ongoing wellness and condition management efforts. Provide sample reports that demonstrate the Proposer's reporting capabilities in relation to wellness and other care management.

50. In addition to the benefits currently offered as part of the UT SELECT Medical plan to assist an individual in controlling fertility and achieving optimal reproductive health (e.g. physical exams, diagnostic tests, birth control, etc.), summarize additional benefits the Proposer offers in this area (infertility treatment, IVF, etc.), including whether these benefits are typically offered through expanded plan coverage or via optional riders that participants purchase individually. Be sure to note Proposer's experience with the potential impact offering expanded fertility benefits within the plan may have on overall claims cost as well as how pricing is generally structured for expanded fertility benefits offered via individual riders. Indicate whether Proposer currently partners with any third-parties to offer expanded fertility benefits.

Benefit & Network Administration (20%)

General Network Issues

51. Describe Proposer's network management operations. If Proposer's organization contracts with a network management company or leases the network from another entity, provide details of that arrangement.

52. Describe the type of provider network (group, ACO, IPA, mixed) Proposer offers, if applicable.

53. Confirm the University of Texas physicians and facilities are in Proposer's network. What efforts will Proposer undertake to promote the utilization of UT institutions and providers? Discuss potential benefits to the UT Health institutions, the plan, and members.

54. Describe any new or creative network design Proposer offers which drives member engagement in the plan.

55. Describe any gated networks Proposer offers and what contracted discounts might be expected from this type of network.

56. If Proposer offers a gated PPO network, describe what services are automatically authorized versus those that must be authorized by Proposer.

57. Describe the professional, general liability, malpractice, fidelity, etc., insurance requirements for each type of provider in Proposer's network.

58. Confirm that Proposer's provider contracts allow for compliance with all requirements of this RFP and the Contract.

59. Based on Proposer's Texas Book of Business using the network proposed herein provide the average percentage discount from billed charges to allowed amount (amount due from the Plans and Participants) for the various provider types and in total. The only items that should be excluded from this calculation are ineligible charges (e.g., duplicate charges, non-covered charges), claims in which Medicare is the primary payor, other COB claims and all claims paid to non-network providers (including those paid as in-network benefits).

% Discount – Texas			
Provider Type	CY2016	CY2017	CY2018 (YTD)
Physician			
Inpatient Facility			
Outpatient Facility			
Total			

60. For Proposer's Texas Book of Business using the network proposed herein provide Proposer's average **network utilization** percentage. Note: the utilization percentage should be based on provider status and not on how the benefit was determined. Do not include utilization of contracted non-network providers in the determination of the utilization percentage.

61. Have Proposer's provider network discounts been evaluated and compared against those of other Contractors by an independent third party within the last two years? If so, provide a copy of the applicable documentation. A summary prepared by Proposer will not be considered adequate.

62. Does Contractor currently have contractual arrangements with non-network providers? If so, provide the following information concerning those contracts:

   a) Summarize the key provisions of those contracts related to participant access.

   b) Describe the reimbursement arrangements applicable to contracted non-network providers. Quantify the difference in reimbursement between (i) the level provided under these arrangements and (ii) network reimbursement for similar specialties in the same geographic region.

   c) Are contracted non-network providers allowed to balance bill for services?

   d) Provide a file in the format described in the related **APPENDIX EIGHT** regarding provider accessibility and availability reporting for contracted non-network providers.

63. What percentage of UT SELECT claims for services provided by hospital-based physicians (radiologists, pathologists, anesthesiologists and ER) does Proposer expect to be provided by network providers?

64. Describe initiatives to increase the number of network hospital-based providers as well as behavioral health providers.

65. Does Proposer maintain contractual relationships of any kind with health care providers other than those in managed care networks? If so, describe these relationships fully. UT System is particularly interested in contracts that guarantee discounted fees, no balance billing, etc. for UT SELECT participants using non-network providers. Are these networks considered wrap networks and do you share in a percent of any savings associated with these networks? If you use a third party Proposer to establish a wrap network, please describe the relationship with the third party and any discounts or shared savings. If applicable, do the wrap networks balance bill patients?

66. When determining network discount and utilization, what factors are used in this calculation?

67. Does Proposer network discount calculation exclude any claims? Identify any of the following that are excluded and include any applicable dollar thresholds:

   a) Medicare claims;

   b) Out-of-Network claims;

   c) Catastrophic claims;

   d) Claims where the paid amount equals the billed charges;

   e) Mental Health and substance abuse claims;

   f) Durable Medical Equipment and anesthesia;

   g) Subcontracted, rental or wrap network claims;

   h) Claims from contracting providers where the billed amount equals the allowed;

   i) Claims from non-contracting providers where the billed amount equals the allowed;

   j) Large claims;

   k) Stop loss claims;

   l) Specialty facilities;

   m) Pathology;

n) Radiology;

o) Neonatology.

68. List any additional exclusions not identified in the previous item. What percentage of total claims do the excluded claims represent in your book of business?

69. Is network utilization based on how a claim was paid or submitted?

70. Are the networks utilized in the disruption analysis identical to those utilized in the discount analysis? If no, detail the differences.

71. Does Proposer utilize capitated networks (ex. behavioral health)? If yes, do you retain a percentage of the savings? If yes, what percentage?

72. Does Proposer negotiate large balance bills on behalf of participants? If yes, does Proposer retain a percentage of the savings? If yes, what percentage? How are the savings and withhold tracked and reported?

73. In what situations may a participant be balance billed for costs exceeding the allowed amount?

74. Does Proposer retain a percent of savings related to duplicate claim denials?

75. Is Proposer willing to provide a quote without any shared savings?

76. When using GeoAccess, does Proposer use third-party networks such as subcontracted, rental or wrap networks. Are these types of networks included in Proposer disruption analysis?

77. Does Proposer have high performing providers in its network and if so, how does Proposer promote these high performing doctors to participants? Are there indicators in the provider director showing these providers are considered high performing? How does Proposer define "high performing?"

78. What is Proposer's average utilization of Proposer's high performing providers? Does Proposer have specific strategies for directing care to these providers?

79. Provide network utilization (based on dollars paid) for 2018, 2017 and 2016. Specifically identify what claims are included in the calculation for network utilization.

80. Discuss how Proposer coordinates utilization management efforts with an affiliated Pharmacy Benefit Manager (PBM) for the prescription plan versus with an unaffiliated PBM. How are utilization management efforts, particularly with regard to specialty utilization, integrated and what efficiencies are gained when working with an affiliated PBM?

Provider Credentials

81. Describe the general credentialing and re-credentialing process and minimum criteria for all health care providers, including whether independent verification of hospital staff privileges, licenses, board certification, etc., is included and whether peer evaluation and on-site inspections are part of the process.

82. Provide copies of sample contracts used for each type of health care provider and each network location.

83. How does Proposer assure that a provider will make an adequate portion of the practice available to in-area participants?

84. Are Centers of Excellence utilized for the provision of certain high cost, highly specialized procedures? If so, confirm how Centers of Excellence facilities are selected and credentialed, where are they located, what procedures are referred to these facilities, etc. Does Proposer suggest a plan design wrapped around the use of Centers of Excellence for certain procedures?

85. Describe the professional liability insurance requirements for each type of health care provider in Proposer's network. What professional liability and general liability insurance coverages are required of Proposer hospitals and ambulatory surgery centers?

86. What is the average annual turnover rate for participating health care providers?

Provider Credentials

87. Discuss the current financial arrangements with network providers and what percent of the TPA's contracts are paid using one of the following methods:

Hospitals and other institutional providers:

Payment Method	Percentage of Contracts
Discount off charges	
Case rates, including but not limited to, episode based bundled payments	
Diagnostic Related Groups	
Per Diem	

Primary care physicians and specialists:

Payment Method	Percentage of Contracts
Capitation	
Fee Schedules	
Discount off charges	
Other	

Behavioral health providers (psychiatrists, psychologists, licensed clinical social worker, etc.):

Payment Method	Percentage of Contracts
Capitation	
Fee Schedules	
Discount off charges	
Other	

88. Describe any pay for performance initiatives Proposer has in place or will have in place by September 1, 2019. Include details related to the cost and quality metrics that are considered.

89. Discuss the various types of contractual stop-loss or other special reimbursement arrangements Proposer utilizes in connection with outlier claims incurred at a facility provider. Provide information concerning the prevalence of each type of arrangement, applicable thresholds, enhanced reimbursement rates, limitations and any other relevant information.

90. Provide a complete description of the development and maintenance processes for determining Proposer's separate allowable amount profiles for network and non-network physicians. How often are the profiles updated? Describe how Proposer's allowed amounts are calculated and reported. Include any assumptions, such as network efficiency, used in the calculation of allowed amounts.

91. Provide information concerning the most common out-of-network reimbursement bases used by Proposer in Texas?

   • The information should be provided separately for facilities and professional providers.
   • Among professional providers, the information should be provided separately for hospital-based and non-hospital based providers.
   • Reimbursement should be expressed relative to Medicare reimbursement levels
   • Reimbursement should be compared to that of similar network providers.

92. Describe the options available to UT System to reimburse out-of-network providers. Can Proposer vary out-of-network reimbursement by region and / or specialty?

93. Discuss the TPA's ability to administer unique financial reimbursement arrangements with providers, including, but not limited to, hospitals and physician hospital organizations, that have different discounts from the TPA's current agreement.

94. Describe the utilization review and cost containment procedures conducted by network providers. Confirm that these are the responsibility of the providers and not the participants when care is rendered in-network.

95. What are the minimum time periods included in Proposer's health care provider contracts concerning:

   • Provider's notice to not accept new patients?
   • Provider's intent to terminate?
   • Proposer's intent to terminate?
   • Provider's required continuation of care to existing network participants following provider's termination from the network?

96. Furnish Proposer's established standards for access to appointments for 1) routine physicals, 2) office visits for illness, 3) urgent care, and 4) emergency care. For each of the above categories, in what percentage of cases does Proposer's organization satisfy the established access standard?

97. Describe Proposer's processes for monitoring:
   • Adequacy of patient care;
   • Appropriateness of utilization of health care services, including under-utilization as well as over-utilization;
   • Adequacy of health care providers, participant access to health care providers, including your access standards for routine, urgent, and emergency;
   • Health care provider satisfaction; and
   • Adequacy of claims service.

98. Describe the service area(s) currently covered by Proposer's managed care network. If the network service area does not presently include the entire State of Texas, discuss the process for extending the network service area to include the entire state and provide a time frame in which Proposer intends to complete this process.

99. Confirm that electronic documentation has been included with Proposer's response demonstrating that the proposed provider network contains a sufficient number of health care providers to serve UT SELECT participants as requested in the Scope of Work, including separate documentation for each of the following, with indication of any providers not currently accepting new patients: 1) primary care providers, 2) specialty care providers, 3) behavioral health providers and 4) hospitals.

100. If Proposer's network is not currently adequate to provide the access and services described herein, discuss the process for expanding the network, including how much expansion Proposer anticipates, and provide a timeframe for completing the expansion process.

101. Will provider networks in other areas of the country be available to UT SELECT participants living or visiting out of state? If so, specify the areas served by such networks.

102. Is Proposer approved by TDI for reciprocity arrangements? If yes, identify the locations approved and describe any such arrangements Proposer has in place.

103. Describe the methodology used to evaluate patient access to healthcare providers for each network.

104. How many family care physicians and specialty care physicians participate in Proposer's organization?

105. What percentage of each network's physicians are Board certified? Board eligible?

106. Confirm Proposer's ability to comply with UT System's requirement that in-network access be available for all UT SELECT participants at all UT System medical facilities (U. T. Health – Houston, U. T. Health - San Antonio, U. T. Health – Tyler, U.T. Health – Rio Grande Valley, U. T. Medical Branch – Galveston, U. T. M.D. Anderson Cancer Center, U. T. Southwestern Medical Center - Dallas, U.T. Austin Dell Medical School).

107. Describe how Proposer ensures that participants can get assistance with selecting a provider as needed.

Claims Administration

108. Provide a detailed description of Proposer's procedures for processing network provider claims.

109. Provide details regarding how Proposer plans to meet UT System's requirement to provide a weekly claims invoice, including a proposed schedule of planned invoice dates for claims paid during the 2018-2019 plan year along with the reporting period that would be covered for each planned invoice.

110. Describe Proposer's procedure for processing direct (paper) claims. Discuss:
    - Claims submitted by a participant;

- Claims submitted by a non-network provider;
- Application of online edits and plan design criteria to direct claims; and,
- Options for participants who submit paper claims to receive reimbursement (e.g. direct deposit, etc.).

111. For the claims office that would be processing claims for UT System participants, please provide the following statistics for all claims paid by Proposer for 2017:

	Company Standard	**Actual Rate/Time**
Claims payment accuracy rate		
Claims processing accuracy rate		
Financial accuracy rate		
Average turnaround time		

112. Describe how coordination of benefit (COB) claims are handled. Address how the cost of processing such claims compare with the processing cost for all other types of claims, as well as whether COB fees, if applicable, are applied on a per claim basis or as a single fee per claim form submitted (even when multiple services / dates of service are submitted on one form).

UT SELECT Medical and Medicare Plan Integration

113. Confirm that Proposer has the ability to administer benefits with an in-area classification for all Medicare-eligible retirees, regardless of residential zip code, should UT System decide to implement such a change to the benefits structure.

114. Describe in detail Proposer's process for handling Medicare Secondary Payer (MSP) claims. Include how the vendor works with CMS, the process to resolve claims and offer assistance with any federal funding offsets that may have occurred as a result of CMS assuming UT SELECT was primary. Does Proposer maintain direct contact with CMS or their third party administrator? How long has Proposer's MSP unit been supporting this area as part of Proposer's vendor agreements?

Customer Service & Account Management (5%)

Customer Service

115. Describe Proposer's overall customer service program. Discuss:

- Days / hours of operation and location of call center(s) that will provide service to UT participants as well as after-hour calls handling and the number of telephone lines and support staff dedicated to customer service claims processing;
- Separate toll free phone number for UT System participants;
- Accessibility and support for hearing impaired, Spanish-speakers, support for other languages;
- Handling of written inquiries, response method, standard response time;
- Any other options to access customer service;

- Any enhancements to customer service available when working with an affiliated Prescription Benefit Manager (PBM) for the prescription plan versus with an unaffiliated PBM;
- Any of Proposer's customer service features unique to the industry; and
- Any major changes currently planned or anticipated for the customer service organization or facilities (e.g. moving to a different location, reorganizing, or merging units).

116. Discuss staffing and training for Proposer's Customer Service program. Include:
- How the designated customer service team will be staffed;
- Turnover rate for Proposer's non-management call center staff;
- Training that customer service employees receive, including the length of time it takes to advance from training to qualified Customer Service Representative (CSR); and
- How Proposer ensures that its CSRs are providing timely and accurate information on an ongoing basis.

117. Confirm whether Proposer's Customer Service staff and Clinical Review teams are concentrated in central locations or spread out geographically? If centrally located, describe any efficiencies and processes benefiting UT System and members when administering customer service, conducting pre-authorization reviews, and claims reviews for complex cases.

118. Describe any navigation / concierge / advocacy programs Proposer offers or plans to offer. Discuss:
- A brief history of the services provided, including primary place of business, year established, and number of years offered;
- The number of full-time employees focused on navigation / concierge / advocacy capabilities;
- Proposer's top three (3) differentiators in this space; and
- Role of clinical staff and the actions they take with members.

119. How does Proposer's member experience drive member engagement? Discuss:
- How Proposer defines "member engagement";
- How members are identified for outreach;
- Strategies and differences for engaging new employees versus tenured employees; and
- How member effort and participation is measured.

120. Describe how Proposer handles quality assurance for its Customer Service program. Discuss:

- Monitoring of first-call resolution rates;
- Process and policies for handling escalated, unresolved member inquiries;
- Handling and escalation of customer service complaints including the complaint tracking system used and how long it has been in place;
- Monitoring the adequacy of customer service and claims service including any surveys conducted in relation to these functions;
- Ability to track and monitor customer service metrics for UT System account; and
- Recording of phone calls, including percentage of calls recorded and criteria for recording, UT System access to listen to recordings as applicable, and how notification is made to all parties that conversations are being electronically recorded and stored.

121. Describe Proposer's data and information systems used for customer service. Discuss:

- Customer service inquiry system and ability for CSRs to enter details, review previous notes, and view historical claims when assisting members;
- Ability of participants to view their claims information online via Proposer's UT System-specific website;
- Any efficiencies or enhanced offerings in this area when working with an affiliated Prescription Benefit Manager (PBM) for the prescription plan;
- OEB staff member access to claims information for UT System participants so that specific claims can be reviewed and / or specific reporting requested;
- Proposer's recommended process for ensuring UT System and institution HR and Benefits staff can request and receive assistance with escalated issues (e.g. a shared email inbox monitored by a small, designated high-level customer service team); and
- Any changes that are planned or scheduled within the next thirty-six (36) months for Proposer's computer systems, including Customer Support changes, and timelines for when any planned changes will be implemented to the existing computer system.

Communications

122. Provide any sample communication materials Proposer has concerning:
    - The merits of selecting an in-network provider;
    - Financial benefits to the member and to the plan when shopping for services through in-network providers.

123. How will Proposer communicate network changes regarding large provider groups to the System and participants? Provide a recent transition example, including any educational pieces made available to the plan sponsor and participants.

124. Explain in detail the services that will be available at no additional cost to UT System, including communications materials and participation of Proposer's personnel at employee / retiree meetings during annual enrollment periods.

125. Discuss Proposer's ability to offer participants multiple channels of access to plan information, including website and smart phone applications. Include any website or phone application privacy statements.

126. Describe any enhanced communication offerings when working with an affiliated Prescription Benefit Manager (PBM) for the prescription plan versus an unaffiliated PBM.

Account Management

127. Briefly outline Proposer's account management philosophy and structure. Include information about how the team members are compensated by Proposer and address the following items:
    - Location of the primary person responsible for Account Management associated with this contract;
    - Notification procedures and timelines for any change in the dedicated Account Management Team, including efforts Proposer typically makes to discourage turnover of Account Management Team personnel responsible for oversight of major group accounts;
    - The overall organization, location, and structure of the Account Management team that would provide ongoing program support for UT System under this contract, including a résumé for each team member listing current professional responsibilities and length of employment with Proposer;
    - The number of other organizations the assigned Account Manager is currently servicing and the number of total participants represented by those organizations;

- Proposer's turnover rate over the past twelve (12) months for account manager / executive positions;
- Access to clinical experts via the Account Management team, as required by UT System.

128. Provide a list of individuals who will comprise Proposer's implementation team along with a résumé and complete contact information for each team member. Identify the individuals who will be primarily responsible for handling details related to each of the following categories:
- Information systems and technology, including specifically benefits programming, claims processing, and eligibility data processing;
- Customer service;
- Communication materials;
- Appeals process;
- Transitional benefits; and,
- Financial functions, including payments and reconciliation.

129. Discuss how Proposer coordinates account management efforts with an affiliated Pharmacy Benefit Manager (PBM) for the prescription plan versus with an unaffiliated PBM. How are account management services integrated and what efficiencies are gained when working with an affiliated PBM?

Technical & Data Exchange (5%)

130. Describe the data handling and processing involved upon receipt of eligibility datasets from System. Discuss:

- The processes in place to receive, audit, and load datasets along with the associated notifications to System and timeline for all phases; and
- The ability to generate detailed error reports during the load process indicating which records have been accepted and which have been rejected along with reasons for any rejections.

131. Provide a description of where UT System data will be physically stored and what physical access controls are used to limit access to Proposer's data center and network components.

132. What safeguards does Proposer have in place to segregate UT System from other customers' data to prevent accidental or unauthorized access to UT System data?

133. What procedures and best practices does Proposer follow to harden all information systems that would interact with the service proposed, including any systems that would hold, process, or from which UT System data may be accessed?

134. Does Proposer have a data backup and recovery plan, supported by policies and procedures, in place for the hosted environment? If so, provide an outline of the plan and note how often it is updated. If not, describe what alternative methodology Proposer uses to ensure the restoration and availability of UT System data.

135. Describe the methods used to encrypt data backups.

136. Explain how strong encryption using a robust algorithm with keys of required strength are used for encryption in transmission and in processing per requirements identified in federal and state requirements for confidential systems and directed by UT System policies.

137. Explain how cryptographic keys are managed what protection mechanisms are in place and who has access to them.

138. Detail how encryption in transmission is used to ensure data security between applications (whether cloud or on premise) and during session state.

139. What safeguards does Proposer have in place to prevent the unauthorized use, reuse, distribution, transmission, manipulation, copying, modification, access, or disclosure of UT System data?

140. Describe the procedures and tools used for monitoring the integrity and availability of the information systems interacting with the service proposed, detecting security incidents, and ensuring timely remediation.

141. Describe the Security Incident Response Plan including methods of detection, identification, protection, and remediation. Outline how proposer intends to work with UT System when a security or privacy incident is detected that involves UT System data.

142. Describe the procedures Proposer has in place to isolate or disable all information systems that would interact with the service proposed, including any systems that would hold, process, or from which UT System data may be accessed, when a security breach is identified?

143. Provide a description of methods and processes used, such as auto-generated audit reports or alerts, to identify actions taken by administrators and unauthorized entities attempting to access UT System confidential data. Describe additional options such as alerts or reports that allow UT System to monitor unauthorized access to System confidential data.

144. Explain the processes in place to compartmentalize job responsibilities of the Proposer's administrators from the responsibilities of other staff to ensure the principles of Least Privilege and Separation of Duties.

145. Explain how Proposer reliably deletes System data upon request or under the terms of the contractual agreement. Describe the evidence that is available and provided to System after data has been successfully deleted.

146. Discuss the staffing and capabilities of Proposer's technical team who would be responsible for managing information systems and data for the plan.

147. Discuss how Proposer coordinates data management and reporting efforts with an affiliated Pharmacy Benefit Manager (PBM) for the prescription plan versus with an unaffiliated PBM. How are data management and reporting services integrated and what efficiencies are gained when working with an affiliated PBM?

148. Describe Proposer's process for implementing the initial plan design as well as the process by which Proposer would implement any subsequent changes to the benefit plan design. Discuss how much advance notice is required for a benefit design change to be made in Proposer's information system; routine testing procedures; and the integration of quality assurance processes.

149. Confirm whether Proposer has the ability to offer single sign on (SSO) capability for the System-specific website as described in this RFP, including the use of SAML-based authentication (v2.0).

Schedule of Deliverables

Proposer must submit the following deliverables to System no later than the dates shown for each item.

Deliverable	Due Date
Audited Financial Statements for the two (2) most recent fiscal years	2/1/2019
If applicable, **Sponsor or Parent Organization's Audited Financial Statements** for the two (2) most recent fiscal years	2/1/2019
Price Proposal, including Provider Reimbursement Response	2/1/2019
Provider Network (per instructions and format provided in related Appendix)	2/1/2019
GeoAccess Reporting	2/1/2019
Quality Assurance Policies and Procedures	2/1/2019
Most recent customer service, claims service, provider satisfaction, and participant satisfaction **Survey Results**	2/1/2019
Sample Reporting Package	2/1/2019
Proposed Performance Standards and Penalties	2/1/2019
Sample Claim Form	2/1/2019
Sample EOB	2/1/2019
Sample Claims Analytics/Reporting	2/1/2019
Drafts of **Annual Enrollment Materials**	2/1/2019
Drafts of **New Employee Communication Materials**	2/1/2019
Schedule Initial Implementation Meeting (date, time and location)	02/15/2019
Hold Initial Implementation Meeting including designated implementation and account management contacts	3/01/2019
Distribution of final Annual Enrollment materials to Institution Benefit Offices	06/01/2019
System-specific plan website available for testing	06/01/2019

Testing of automated transmission of claims data and electronic Fee Billing Invoice	06/01/2019
Setup of SFTP procedures and authorizations for eligibility data exchange	06/19/2019
System-specific website ready for use	06/23/2019
Begin testing transmission of eligibility data	07/10/2019
Distribution of new employee materials to the Institution Benefit Offices	08/01/2019
Begin **testing of eligibility error dataset transmission** from Contractor	08/09/2019
First transfer of new plan year enrollment data to the Contractor	08/11/2019
Production launch of automated transmission of claims data and electronic Fee Billing Invoice	10/11/2019

SECTION 6

PRICING AND DELIVERY SCHEDULE

Proposal of: _____
                (Proposer Company Name)

To: The University of Texas System

RFP No.: RFP # 720-1913 Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan

Ladies and Gentlemen:

Having carefully examined all the specifications and requirements of this RFP and any attachments thereto, the undersigned proposes to furnish the required pursuant to the above-referenced Request for Proposal upon the terms quoted (firm fixed price) below. The University will not accept proposals which include assumptions or exceptions to the work identified in this RFP.

6.1   Pricing for Services Offered

    A. In-Area Target Claim Cost

        1. Formulas

- Specify the formula and enumerate the variables to be used in developing your final FY 2020 TCC on or before February 1, 2020. The formula shall comply with the requirements and guidelines stated in the Financial Requirements and Pricing Section of the RFP. Enumerate the variables included in Proposer's formula.

    Variables are limited to actual FY 2019 claims and the composition of FY 2020 in-area enrollment as discussed herein. All other factors including trend, network usage assumptions, plan design adjustments, network utilization / price adjustments, and factors used to adjust for demographic and geographic changes must be guaranteed for FY 2020 and will negotiated in good faith in subsequent years.

    NOTE: The Projected FY 2020 TCC requested below should be based on the current UT SELECT benefit structure. If the benefit structure is revised for FY 2020 or for a subsequent plan year, the adjustment factors for benefit change will be subject to good faith negotiation.

- Specify the formula and enumerate the variables to be used in developing your FY 2021 and FY 2022 TCCs. Maximum in-area trend factors must be guaranteed as indicated in the section below.

        2. Projected FY 2020 TCC

    Based on the formula specified above, provide the projected FY 2020 TCC. Provide detailed documentation regarding Proposer's projection.

           FY 2020 TCC $_____ PEPM[1]

      [1]*Per in-area Employee/Retired Employee Per Month*

3. FY 2021 and FY 2022 Maximum Guaranteed Trends

Specify the maximum guaranteed trends to be used in projecting the TCC for FY 2021 and FY 2022. These are the maximum rates that will be used; the actual rates will be subject to good faith negotiation between UT System and Proposer.

FY 2021 Maximum Guaranteed Trend _____

FY 2022 Maximum Guaranteed Trend _____

B. Administrative Fee Proposal

1. Guarantee

Provide a single flat monthly Administrative fee that is guaranteed for the three-year initial contract term. The single flat monthly Administrative Fee must include any costs, compensation, expenses, reimbursements or fees of any kind to be paid to Contractor for the performance of any and all services, obligations and responsibilities under the Contract related to both Plans. Contractor understands and acknowledges that it will not receive any payment of any kind unless it is provided for in the Administrative Fee. Coverages provided by OEB are exempt from any state tax, regulatory fee, or surcharge, including premium or maintenance taxes or fees. The administrative fee, if any, should not include any provision for such taxes or fees.

Specify the guaranteed administrative fee per employee / retired employee per month.

FY 2020 – FY 2022 $_____ PEPM

2. Allocation to Categories

List the applicable portion of the overall proposed administrative fee allocated to each of the categories below.

Utilization Review[1]	$_____	PEPM
Claims Processing[2]	$_____	PEPM
Network Management	$_____	PEPM
Behavioral Health Program[3]	$_____	PEPM
General Administration[4]	$_____	PEPM
Communication	$_____	PEPM
Disease/Condition Management Services	$_____	PEPM
Wellness Services	$_____	PEPM
Other[5]	$_____	PEPM
TOTAL	$_____	PEPM

[1]Includes all cost containment activities.

C. <u>Provider Reimbursement Response</u>

The Network Forms (ref. **APPENDIX EIGHT)** contains five (5) forms, which are to be completed by Proposer and submitted electronically with the proposal. Proposer warrants and represents that the information it is providing in connection herewith is true, correct and accurate in all respects. Proposer understands and acknowledges that its Proposal may be disqualified if UT System determines that Proposer's network-related information is incorrect (i.e., overstated or not verifiable). The forms request information regarding Proposer's provider network and network reimbursement. All responses to this section must be based on the network submitted in response to this RFP. All responses to this section must be completed in the specified format. Below is a brief description of each of the five (5) forms. Unless specified, information should not be provided for contracted non-network providers.

Forms 1 through 4 require information by region. For purposes of completing these forms the regions are defined as follows:

Service Area	Counties
Austin	Bastrop, Burnet, Caldwell, Hays, Travis and Williamson counties
Dallas	Collin, Dallas, Ellis, Hurt, Kaufman and Rockwall counties
El Paso	El Paso and Hudspeth counties
Fort Worth	Denton, Hood, Johnson, Parker, Tarrant and Wise counties
Galveston	Galveston county
Houston	Brazoria, Chambers, Fort Bend, Harris, Jefferson, Liberty, Montgomery, Walker and Waller counties
Midland / Odessa	Midland and Odessa counties
Rio Grande Valley	Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy and Zapata counties
San Antonio	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson counties
Tyler	Anderson, Cherokee, Gregg, Henderson, Rusk, Smith, Upshur, Van Zandt and Wood counties

Form 1: Requests information regarding the number of network providers for selected provider types for certain areas of Texas, including both the current number of network providers and Proposer's projected number of network providers as of December 1, 2018 if Proposer were to be selected to administer the UT SELECT plan.

Form 2: Requests information regarding the type(s) of reimbursement arrangements used by the Contractor in selected areas. Indicate with an "x" which type(s) of reimbursement are utilized.

Form 3: Contains selected professional physician procedure codes (CPT) for certain areas of Texas. For each procedure in each service area, provide Proposer's average network allowable charge for Proposer's broadest PPO network as of December 1, 2018. Provide a global, unmodified fee for all procedures other than lab and radiology. For lab and radiology

procedures (other than chest x-ray), provide a modifier 26 (professional only) fee. For chest x-ray, provide a global, unmodified fee. If Proposer utilizes multiple fee schedules in a particular area, provide the average fee weighted by the percentage of current membership. If Proposer utilizes capitation in their professional reimbursement methodology for certain physicians, so indicate.

Note: UT System reserves the right to validate by audit Proposer's submitted reimbursement amounts.

Form 4: Requests information regarding the effective dates of the current physician fee schedules for selected areas of Texas.

Form 5: Requires completion with Proposer's allowable charge for each of the claims included in Claims Data **APPENDIX TWELVE**. Instructions for reading the file and a file record description are included in the Electronic Data Descriptions and Instructions **APPENDIX SEVEN**. For each claim, Proposer is to provide (a) the unique record number, (b) provider contracting status as of December 1, 2018, and (c) the charge amount that Proposer would have allowed under its reimbursement arrangement with that provider as of December 1, 2018. Provider contracting status should indicate whether the provider is (1) a contracted network provider, (2) a non-network provider with some alternative contracting status, either directly or indirectly with Proposer, which allows for discounted reimbursement and / or relief from balance billing to Participants (referred to herein as a contracted non-network provider). or (3) a provider with no contracting status with Proposer.

The information provided in the claims file should be adequate to determine the allowable charge. Proposer is not to provide payment amounts, only allowable charges. A detailed description of the methodology used to re-price these sample claims must be provided along with a detailed example of repricing an individual claim. If Proposer utilizes capitation in their reimbursement methodology for certain facilities, so indicate.

Note: UT System reserves the right to validate by audit Proposer's submitted allowable charge amounts for these sample claims.

6.2 Discounts

Describe all discounts that may be available to University, including, educational, federal, state and local discounts.

6.3 Delivery Schedule of Events and Time Periods

Indicate number of calendar days needed to commence the Services from the execution of the services agreement:

_____ Calendar Days

6.4 Payment Terms

University's standard payment terms are "net 30 days" as mandated by the *Texas Prompt Payment Act* (ref. Chapter 2251, *Government Code*).

Indicate below the prompt payment discount that Proposer offers:

Prompt Payment Discount: _____%_____days / net 30 days.

Section 51.012, *Education Code*, authorizes University to make payments through electronic funds transfer methods. Proposer agrees to accept payments from University through those methods, including the automated clearing house system ("**ACH**"). Proposer agrees to provide Proposer's banking information to University in writing on Proposer letterhead signed by an authorized representative of Proposer. Prior to the first payment, University will confirm Proposer's banking information. Changes to Proposer's bank information must be communicated to University in writing at least thirty (30) days before the effective date of the change and must include an IRS Form W-9 signed by an authorized representative of Proposer.

University, an agency of the State of Texas, is exempt from Texas Sales & Use Tax on goods and services in accordance with §151.309, *Tax Code,* and Title 34 TAC §3.322. Pursuant to 34 TAC §3.322(c)(4), University is not required to provide a tax exemption certificate to establish its tax exempt status.

Respectfully submitted,

Proposer: _____

By: _____
(Authorized Signature for Proposer)

Name: _____

Title: _____

Date: _____

APPENDIX ONE

PROPOSAL REQUIREMENTS

TABLE OF CONTENTS

SECTION 1

GENERAL INFORMATION

1.1   **Purpose**

University is soliciting competitive sealed proposals from Proposers having suitable qualifications and experience providing services in accordance with the terms, conditions and requirements set forth in this RFP. This RFP provides sufficient information for interested parties to prepare and submit proposals for consideration by University.

By submitting a proposal, Proposer certifies that it understands this RFP and has full knowledge of the scope, nature, quality, and quantity of the services to be performed, the detailed requirements of the services to be provided, and the conditions under which such services are to be performed. Proposer also certifies that it understands that all costs relating to preparing a response to this RFP will be the sole responsibility of the Proposer.

PROPOSER IS CAUTIONED TO READ THE INFORMATION CONTAINED IN THIS RFP CAREFULLY AND TO SUBMIT A COMPLETE RESPONSE TO ALL REQUIREMENTS AND QUESTIONS AS DIRECTED.

1.2   **Inquiries and Interpretations**

University may in its sole discretion respond in writing to written inquiries concerning this RFP and mail its response as an Addendum to all parties recorded by University as having received a copy of this RFP. Only University's responses that are made by formal written Addenda will be binding on University. Any verbal responses, written interpretations or clarifications other than Addenda to this RFP will be without legal effect. All Addenda issued by University prior to the Submittal Deadline will be and are hereby incorporated as a part of this RFP for all purposes.

Proposers are required to acknowledge receipt of each Addendum as specified in this Section. The Proposer must acknowledge all Addenda by completing, signing and returning the Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**). The Addenda Checklist must be received by University prior to the Submittal Deadline and should accompany the Proposer's proposal.

Any interested party that receives this RFP by means other than directly from University is responsible for notifying University that it has received an RFP package, and should provide its name, address, telephone and facsimile (**FAX**) numbers, and email address, to University, so that if University issues Addenda to this RFP or provides written answers to questions, that information can be provided to that party.

1.3   **Public Information**

Proposer is hereby notified that University strictly adheres to all statutes, court decisions and the opinions of the Texas Attorney General with respect to disclosure of public information.

University may seek to protect from disclosure all information submitted in response to this RFP until such time as a final agreement is executed.

Upon execution of a final agreement, University will consider all information, documentation, and other materials requested to be submitted in response to this RFP, to be of a non-confidential and non-proprietary nature and, therefore, subject to public disclosure under the *Texas Public Information Act* (ref. Chapter 552, *Government Code*). Proposer will be advised of a request for public information that implicates their materials and will have the opportunity to raise any objections to disclosure to the Texas Attorney General. Certain information may be protected from release under §§552.101, 552.104, 552.110, 552.113, and 552.131, *Government Code.*

1.4   **Type of Agreement**

Contractor, if any, will be required to enter into a contract with University in a form substantially similar to the between University and Contractor (the "**Agreement**") attached to this RFP as **APPENDIX TWO** and incorporated for all purposes.

1.5   **Proposal Evaluation Process**

University will select Contractor by using the competitive sealed proposal process described in this Section. Any proposals that are not submitted by the Submittal Deadline or that are not accompanied by required number of completed and signed originals of the HSP will be rejected by University as non-responsive due to material failure to comply with this RFP (ref. **Section 2.5.4** of this RFP). Upon completion of the initial review and evaluation of proposals, University may invite one or more selected Proposers to participate in oral presentations. University will use commercially reasonable efforts to avoid public disclosure of the contents of a proposal prior to selection of Contractor.

University may make the selection of Contractor on the basis of the proposals initially submitted, without discussion, clarification or modification. In the alternative, University may make the selection of Contractor on the basis of negotiation with any of the Proposers. In conducting negotiations, University will use commercially reasonable efforts to avoid disclosing the contents of competing proposals.

University may discuss and negotiate all elements of proposals submitted by Proposers within a specified competitive range. For purposes of negotiation, University may establish, after an initial review of the proposals, a competitive range of acceptable or potentially acceptable proposals composed of the highest rated proposal(s). In that event, University may defer further action on proposals not included within the competitive range pending the selection of Contractor; provided, however, University reserves the right to include additional proposals in the competitive range if deemed to be in the best interest of University.

After the Submittal Deadline but before final selection of Contractor, University may permit Proposer to revise its proposal in order to obtain the Proposer's best and final offer. In that event, representations made by Proposer in its revised proposal, including price and fee quotes, will be binding on Proposer. University will provide each Proposer within the competitive range with an equal opportunity for discussion and revision of its proposal. University is not obligated to select the Proposer offering the most attractive economic terms if that Proposer is not the most advantageous to University overall, as determined by University.

University reserves the right to (a) enter into an agreement for all or any portion of the requirements and specifications set forth in this RFP with one or more Proposers, (b) reject any and all proposals and re-solicit proposals, or (c) reject any and all proposals and temporarily or permanently abandon this selection process, if deemed to be in the best interests of University. Proposer is hereby notified that University will maintain in its files concerning this RFP a written record of the basis upon which a selection, if any, is made by University.

1.6 Proposer's Acceptance of RFP Terms

Proposer (1) accepts [a] Proposal Evaluation Process (ref. **Section 1.5** of **APPENDIX ONE**), [b] Criteria for Selection (ref. **2.3** of this RFP), [c] Specifications and Additional Questions (ref. **Section 5** of this RFP), [d] terms and conditions of the Agreement (ref. **APPENDIX TWO**), and [e] all other requirements and specifications set forth in this RFP; and (2) acknowledges that some subjective judgments must be made by University during this RFP process.

1.7 Solicitation for Proposal and Proposal Preparation Costs

Proposer understands and agrees that (1) this RFP is a solicitation for proposals and University has made no representation written or oral that one or more agreements with University will be awarded under this RFP; (2) University issues this RFP predicated on University's anticipated requirements for the Services, and University has made no representation, written or oral, that any particular scope of services will actually be required by University; and (3) Proposer will bear, as its sole risk and responsibility, any cost that arises from Proposer's preparation of a proposal in response to this RFP.

1.8 Proposal Requirements and General Instructions

1.8.1 Proposer should carefully read the information contained herein and submit a complete proposal in response to all requirements and questions as directed.

1.8.2 Proposals and any other information submitted by Proposer in response to this RFP will become the property of University.

1.8.3 University will not provide compensation to Proposer for any expenses incurred by the Proposer for proposal preparation or for demonstrations or oral presentations that may be made by Proposer. Proposer submits its proposal at its own risk and expense.

1.8.4 Proposals that (i) are qualified with conditional clauses; (ii) alter, modify, or revise this RFP in any way; or (iii) contain irregularities of any kind, are subject to disqualification by University, at University's sole discretion.

1.8.5 Proposals should be prepared simply and economically, providing a straightforward, concise description of Proposer's ability to meet the requirements and specifications of this RFP. Emphasis should be on completeness, clarity of content, and responsiveness to the requirements and specifications of this RFP.

1.8.6 University makes no warranty or guarantee that an award will be made as a result of this RFP. University reserves the right to accept or reject any or all proposals, waive any formalities, procedural requirements, or minor technical inconsistencies, and delete any requirement or specification from this RFP or the Agreement when deemed to be in University's best interest. University reserves the right to seek clarification from any Proposer concerning any item contained in its proposal prior to final selection. Such clarification may be provided by telephone conference or personal meeting with or writing to University, at University's sole discretion. Representations made by Proposer within its proposal will be binding on Proposer.

1.8.7 Any proposal that fails to comply with the requirements contained in this RFP may be rejected by University, in University's sole discretion.

1.9   **Preparation and Submittal Instructions**

   1.9.1   Specifications and Additional Questions

   Proposals must include responses to the questions in Specifications and Additional Questions (ref. **Section 5** of this RFP). Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer should explain the reason when responding N / A or N / R.

   1.9.2   Execution of Offer

   Proposer must complete, sign and return the attached Execution of Offer (ref. **Section 2** of **APPENDIX ONE**) as part of its proposal. The Execution of Offer must be signed by a representative of Proposer duly authorized to bind the Proposer to its proposal. Any proposal received without a completed and signed Execution of Offer may be rejected by University, in its sole discretion.

   1.9.3   Pricing and Delivery Schedule

   Proposer must complete and return the Pricing and Delivery Schedule (ref. **Section 6** of this RFP), as part of its proposal. In the Pricing and Delivery Schedule, the Proposer should describe in detail (a) the total fees for the entire scope of the Services; and (b) the method by which the fees are calculated. The fees must be inclusive of all associated costs for delivery, labor, insurance, taxes, overhead, and profit.

   University will not recognize or accept any charges or fees to perform the Services that are not specifically stated in the Pricing and Delivery Schedule.

   In the Pricing and Delivery Schedule, Proposer should describe each significant phase in the process of providing the Services to University, and the time period within which Proposer proposes to be able to complete each such phase.

   1.9.4   Proposer's General Questionnaire

   Proposals must include responses to the questions in Proposer's General Questionnaire (ref. **Section 3** of **APPENDIX ONE).** Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer should explain the reason when responding N / A or N / R.

   1.9.5   Addenda Checklist

   Proposer should acknowledge all Addenda to this RFP (if any) by completing, signing and returning the Addenda Checklist (ref. **Section 4** of **APPENDIX ONE**) as part of its proposal. Any proposal received without a completed and signed Addenda Checklist may be rejected by University, in its sole discretion.

   1.9.6   Submission

   *Proposer should submit all proposal materials as instructed in **Section 3** of this RFP.* RFP No. (ref. **Title Page** of this RFP) and Submittal Deadline (ref. **Section 2.1** of this RFP) should be clearly shown (1) in the Subject line of any email transmitting the proposal, and (2) in the lower left-hand corner on the top surface of any envelope or package containing the proposal. In addition, the name and the return address of the Proposer should be clearly visible in any email or on any envelope or package.

   University will not under any circumstances consider a proposal that is received after the Submittal Deadline or which is not accompanied by the HSP as required by **Section 2.5** of this RFP. University will not accept proposals submitted by email, telephone or FAX transmission.

   Except as otherwise provided in this RFP, no proposal may be changed, amended, or modified after it has been submitted to University. However, a proposal may be withdrawn and resubmitted at any time prior to the Submittal Deadline. No proposal may be withdrawn after the Submittal Deadline without University's consent, which will be based on Proposer's written request explaining and documenting the reason for withdrawal, which is acceptable to University.

THIS EXECUTION OF OFFER MUST BE COMPLETED, SIGNED AND RETURNED WITH PROPOSER'S PROPOSAL. FAILURE TO COMPLETE, SIGN AND RETURN THIS EXECUTION OF OFFER WITH THE PROPOSER'S PROPOSAL MAY RESULT IN THE REJECTION OF THE PROPOSAL.

2.1   Representations and Warranties. Proposer represents, warrants, certifies, acknowledges, and agrees as follows:

2.1.1   Proposer will furnish the Services to University and comply with all terms, conditions, requirements and specifications set forth in this RFP and any resulting Agreement.

2.1.2   This RFP is a solicitation for a proposal and is not a contract or an offer to contract Submission of a proposal by Proposer in response to this RFP will not create a contract between University and Proposer. University has made no representation or warranty, written or oral, that one or more contracts with University will be awarded under this RFP. Proposer will bear, as its sole risk and responsibility, any cost arising from Proposer's preparation of a response to this RFP.

2.1.3   Proposer is a reputable company that is lawfully and regularly engaged in providing the Services.

2.1.4   Proposer has the necessary experience, knowledge, abilities, skills, and resources to perform the Services.

2.1.5   Proposer is aware of, is fully informed about, and is in full compliance with all applicable federal, state and local laws, rules, regulations and ordinances relating to performance of the Services.

2.1.6   Proposer understands (i) the requirements and specifications set forth in this RFP and (ii) the terms and conditions set forth in the Agreement under which Proposer will be required to operate.

2.1.7   Proposer will not delegate any of its duties or responsibilities under this RFP or the Agreement to any sub-contractor, except as expressly provided in the Agreement.

2.1.8   Proposer will maintain any insurance coverage required by the Agreement during the entire term.

2.1.9   All statements, information and representations prepared and submitted in response to this RFP are current, complete, true and accurate. University will rely on such statements, information and representations in selecting Contractor. If selected by University, Proposer will notify University immediately of any material change in any matters with regard to which Proposer has made a statement or representation or provided information.

2.1.10   PROPOSER WILL DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, INDEMNIFY, AND HOLD HARMLESS UNIVERSITY, THE STATE OF TEXAS, AND ALL OF THEIR REGENTS, OFFICERS, AGENTS AND EMPLOYEES, FROM AND AGAINST ALL ACTIONS, SUITS, DEMANDS, COSTS, DAMAGES, LIABILITIES AND OTHER CLAIMS OF ANY NATURE, KIND OR DESCRIPTION, INCLUDING REASONABLE ATTORNEYS' FEES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING ANY OF THE FOREGOING, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY NEGLIGENT ACTS OR OMISSIONS OR WILLFUL MISCONDUCT OF PROPOSER OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF PROPOSER IN THE EXECUTION OR PERFORMANCE OF ANY CONTRACT OR AGREEMENT RESULTING FROM THIS RFP.

2.1.11   Pursuant to §§2107.008 and 2252.903, *Government Code*, any payments owing to Proposer under the Agreement may be applied directly to any debt or delinquency that Proposer owes the State of Texas or any agency of the State of Texas, regardless of when it arises, until such debt or delinquency is paid in full.

2.1.12   Any terms, conditions, or documents attached to or referenced in Proposer's proposal are applicable to this procurement only to the extent that they (a) do not conflict with the laws of the State of Texas or this RFP, and (b) do not place any requirements on University that are not set forth in this RFP. Submission of a proposal is Proposer's good faith intent to enter into the Agreement with University as specified in this RFP and that Proposer's intent is not contingent upon University's acceptance or execution of any terms, conditions, or other documents attached to or referenced in Proposer's proposal.

2.1.13   Pursuant to Chapter 2270, *Government Code*, Proposer certifies Proposer (1) does not currently boycott Israel; and (2) will not boycott Israel during the Term of the Agreement. Proposer acknowledges the Agreement may be terminated and payment withheld if this certification is inaccurate.

2.1.14   Pursuant to Subchapter F, Chapter 2252, *Government Code*, Proposer certifies Proposer is not engaged in business with Iran, Sudan, or a foreign terrorist organization. Proposer acknowledges the Agreement may be terminated and payment withheld if this certification is inaccurate.

2.2   No Benefit to Public Servants. Proposer has not given or offered to give, nor does Proposer intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with its proposal. Failure to sign this Execution of Offer, or signing with a false statement, may void the submitted proposal or any resulting Agreement, and Proposer may be removed from all proposer lists at University.

2.3   Tax Certification. Proposer is not currently delinquent in the payment of any taxes due under Chapter 171, *Tax Code*, or Proposer is exempt from the payment of those taxes, or Proposer is an out-of-state taxable entity that is not subject to those taxes, whichever is applicable. A false certification will be deemed a material breach of any resulting contract or agreement and, at University's option, may result in termination of any resulting Agreement.

2.4 **Antitrust Certification.** Neither Proposer nor any firm, corporation, partnership or institution represented by Proposer, nor anyone acting for such firm, corporation or institution, has violated the antitrust laws of the State of Texas, codified in §15.01 et seq., *Business and Commerce Code*, or the Federal antitrust laws, nor communicated directly or indirectly the proposal made to any competitor or any other person engaged in such line of business.

2.5 **Authority Certification.** The individual signing this document and the documents made a part of this RFP, is authorized to sign the documents on behalf of Proposer and to bind Proposer under any resulting Agreement.

2.6 **Child Support Certification.** Under §231.006, *Family Code,* relating to child support, the individual or business entity named in Proposer's proposal is not ineligible to receive award of the Agreement, and any Agreements resulting from this RFP may be terminated if this certification is inaccurate.

2.7 **Relationship Certifications.**
- No relationship, whether by blood, marriage, business association, capital funding agreement or by any other such kinship or connection exists between the owner of any Proposer that is a sole proprietorship, the officers or directors of any Proposer that is a corporation, the partners of any Proposer that is a partnership, the joint venturers of any Proposer that is a joint venture, or the members or managers of any Proposer that is a limited liability company, on one hand, and an employee of any member institution of University, on the other hand, other than the relationships which have been previously disclosed to University in writing.
- Proposer has not been an employee of any member institution of University within the immediate twelve (12) months prior to the Submittal Deadline.
- No person who, in the past four (4) years served as an executive of a state agency was involved with or has any interest in Proposer's proposal or any contract resulting from this RFP (ref. §669.003, *Government Code*).
- All disclosures by Proposer in connection with this certification will be subject to administrative review and approval before University enters into any Agreement resulting from this RFP with Proposer.

2.8 **Compliance with Equal Employment Opportunity Laws.** Proposer is in compliance with all federal laws and regulations pertaining to Equal Employment Opportunities and Affirmative Action.

2.9 **Compliance with Safety Standards.** All products and services offered by Proposer to University in response to this RFP meet or exceed the safety standards established and promulgated under the Federal Occupational Safety and Health Law (Public Law 91-596) and the *Texas Hazard Communication Act*, Chapter 502, *Health and Safety Code*, and all related regulations in effect or proposed as of the date of this RFP.

2.10 **Exceptions to Certifications.** Proposer will and has disclosed, as part of its proposal, any exceptions to the information stated in this Execution of Offer. All information will be subject to administrative review and approval prior to the time University makes an award or enters into any Agreement with Proposer.

2.11 **Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act Certification.** If Proposer will sell or lease computer equipment to University under any Agreement resulting from this RFP then, pursuant to §361.965(c), *Health & Safety Code*, Proposer is in compliance with the Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act set forth in Chapter 361, Subchapter Y, *Health & Safety Code,* and the rules adopted by the Texas Commission on Environmental Quality under that Act as set forth in 30 TAC Chapter 328. §361.952(2), *Health & Safety Code,* states that, for purposes of the Manufacturer Responsibility and Consumer Convenience Computer Equipment Collection and Recovery Act, the term "computer equipment" means a desktop or notebook computer and includes a computer monitor or other display device that does not contain a tuner.

2.12 **Conflict of Interest Certification.**
- Proposer is not a debarred vendor or the principal of a debarred vendor (i.e. owner, proprietor, sole or majority shareholder, director, president, managing partner, etc.) either at the state or federal level.
- Proposer's provision of services or other performance under any Agreement resulting from this RFP will not constitute an actual or potential conflict of interest.
- Proposer has disclosed any personnel who are related to any current or former employees of University.
- Proposer has not given, nor does Proposer intend to give, at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to an officer or employee of University in connection with this RFP.

2.13 **Proposer should complete the following information:**

If Proposer is a Corporation, then State of Incorporation: _____

If Proposer is a Corporation, then Proposer's Corporate Charter Number: _____

RFP No.: 720-1913 Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan

NOTICE: WITH FEW EXCEPTIONS, INDIVIDUALS ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT GOVERNMENTAL BODIES OF THE STATE OF TEXAS COLLECT ABOUT SUCH INDIVIDUALS. UNDER §§552.021 AND 552.023, *GOVERNMENT CODE,* INDIVIDUALS ARE ENTITLED TO RECEIVE AND REVIEW SUCH INFORMATION. UNDER §559.004, *GOVERNMENT CODE,* INDIVIDUALS ARE ENTITLED TO HAVE GOVERNMENTAL BODIES OF THE STATE OF TEXAS CORRECT INFORMATION ABOUT SUCH INDIVIDUALS THAT IS INCORRECT.

Submitted and Certified By:

_____
(Proposer Institution's Name)

_____
(Signature of Duly Authorized Representative)

_____
(Printed Name / Title)

_____
(Date Signed)

_____
(Proposer's Street Address)

_____
(City, State, Zip Code)

_____
(Telephone Number)

_____
(FAX Number)

_____
(Email Address)

SECTION 3

PROPOSER'S GENERAL QUESTIONNAIRE

NOTICE: WITH FEW EXCEPTIONS, INDIVIDUALS ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT GOVERNMENTAL BODIES OF THE STATE OF TEXAS COLLECT ABOUT SUCH INDIVIDUALS. UNDER §§552.021 AND 552.023, *GOVERNMENT CODE*, INDIVIDUALS ARE ENTITLED TO RECEIVE AND REVIEW SUCH INFORMATION. UNDER §559.004, *GOVERNMENT CODE*, INDIVIDUALS ARE ENTITLED TO HAVE GOVERNMENTAL BODIES OF THE STATE OF TEXAS CORRECT INFORMATION ABOUT SUCH INDIVIDUALS THAT IS INCORRECT.

Proposals must include responses to the questions contained in this <u>Proposer's General Questionnaire</u>. Proposer should reference the item number and repeat the question in its response. In cases where a question does not apply or if unable to respond, Proposer should refer to the item number, repeat the question, and indicate N / A (Not Applicable) or N / R (No Response), as appropriate. Proposer will explain the reason when responding N / A or N / R.

3.1   Proposer Profile

3.1.1   Legal name of Proposer company:

Address of principal place of business:

Address of office that would be providing service under the Agreement:

Number of years in Business: _____

State of incorporation: _____

Number of Employees: _____

Annual Revenues Volume: _____

Name of Parent Corporation, if any _____
                    NOTE: If Proposer is a subsidiary, University prefers to enter into a contract or agreement with the Parent Corporation or to receive assurances of performance from the Parent Corporation.

3.1.2   State whether Proposer will provide a copy of its financial statements for the past two (2) years, if requested by University.

3.1.3   Proposer will provide a financial rating of the Proposer entity and any related documentation (such as a Dunn and Bradstreet analysis) that indicates the financial stability of Proposer.

3.1.4   Is Proposer currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, Proposer will explain the expected impact, both in organizational and directional terms.

3.1.5   Proposer will provide any details of all past or pending litigation or claims filed against Proposer that would affect its performance under the Agreement with University (if any).

3.1.6   Is Proposer currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity? If yes, Proposer will specify the pertinent date(s), details, circumstances, and describe the current prospects for resolution.

3.1.7   Proposer will provide a customer reference list of no less than three (3) organizations with which Proposer currently has contracts and / or to which Proposer has previously provided services (within the past five (5) years) of a type and scope similar to those required by University's RFP. Proposer will include in its customer reference list the customer's company name, contact person, telephone number, project description, length of business relationship, and background of services provided by Proposer.

3.1.8   Does any relationship exist (whether by family kinship, business association, capital funding agreement, or any other such relationship) between Proposer and any employee of University? If yes, Proposer will explain.

3.1.9   Proposer will provide the name and Social Security Number for each person having at least 25% ownership interest in Proposer. This disclosure is mandatory pursuant to §231.006, *Family Code*, and will be used for the purpose of determining whether an owner of Proposer with an ownership interest of at least 25% is more than 30 days delinquent in paying child support. Further disclosure of this information is governed by the *Texas Public Information Act* (ref. Chapter 552, *Government Code*), and other applicable law.

3.2   Approach to Project Services

3.2.1   Proposer will provide a statement of the Proposer's service approach and will describe any unique benefits to University from doing business with Proposer. Proposer will briefly describe its approach for each of the required services identified in **Section 5.4** Scope of Work of this RFP.

3.2.2   Proposer will provide an estimate of the earliest starting date for services following execution of the Agreement.

3.2.3   Proposer will submit a work plan with key dates and milestones. The work plan should include:

3.2.3.1   Identification of tasks to be performed;

3.2.3.2   Time frames to perform the identified tasks;

3.2.3.3   Project management methodology;

3.2.3.4   Implementation strategy; and

3.2.3.5   The expected time frame in which the services would be implemented.

3.2.4   Proposer will describe the types of reports or other written documents Proposer will provide (if any) and the frequency of reporting, if more frequent than required in this RFP. Proposer will include samples of reports and documents if appropriate.

3.3   General Requirements

3.3.1   Proposer will provide summary resumes for its proposed key personnel who will be providing services under the Agreement with University, including their specific experiences with similar service projects, and number of years of employment with Proposer.

3.3.2   Proposer will describe any difficulties it anticipates in performing its duties under the Agreement with University and how Proposer plans to manage these difficulties. Proposer will describe the assistance it will require from University.

3.4   Service Support

Proposer will describe its service support philosophy, how it is implemented, and how Proposer measures its success in maintaining this philosophy.

3.5   Quality Assurance

Proposer will describe its quality assurance program, its quality requirements, and how they are measured.

3.6   Miscellaneous

3.6.1   Proposer will provide a list of any additional services or benefits not otherwise identified in this RFP that Proposer would propose to provide to University. Additional services or benefits must be directly related to the goods and services solicited under this RFP.

3.6.2   Proposer will provide details describing any unique or special services or benefits offered or advantages to be gained by University from doing business with Proposer. Additional services or benefits must be directly related to the goods and services solicited under this RFP.

3.6.3   Does Proposer have a contingency plan or disaster recovery plan in the event of a disaster? If so, then Proposer will provide a copy of the plan.

SECTION 4

ADDENDA CHECKLIST

Proposal of: _____
                        (Proposer Company Name)

To: The University of Texas System

Ref.: Third Party Administrator services for UT System's self-funded UT SELECT Medical PPO plan

RFP No.: 720-1913

Ladies and Gentlemen:

The undersigned Proposer hereby acknowledges receipt of the following Addenda to the captioned RFP (initial if applicable).

Note: If there was only one (1) Addendum, initial just the first blank after No. 1, <u>not</u> all five (5) blanks below.

          No. 1 _____   No. 2 _____   No. 3 _____   No. 4 _____   No. 5 _____

                        Respectfully submitted,

                        Proposer: _____

                                By: _____
                                    (Authorized Signature for Proposer)

                                Name: _____

                                Title: _____

                                Date: _____

APPENDIX TWO

SAMPLE AGREEMENT

(INCLUDED AS SEPARATE ATTACHMENT)

APPENDIX THREE

ACCESS BY INDIVIDUALS WITH DISABILITIES

Contractor represents and warrants (**EIR Accessibility Warranty**) the electronic and information resources and all associated information, documentation, and support Contractor provides to University under this Agreement (**EIRs**) comply with applicable requirements set forth in 1 TAC Chapter 213, and 1 TAC §206.70 (ref. Subchapter M, Chapter 2054, *Government Code*.) To the extent Contractor becomes aware that EIRs, or any portion thereof, do not comply with the EIR Accessibility Warranty, then Contractor represents and warrants it will, at no cost to University, either (1) perform all necessary remediation to make EIRs satisfy the EIR Accessibility Warranty or (2) replace EIRs with new EIRs that satisfy the EIR Accessibility Warranty. If Contractor fails or is unable to do so, University may terminate this Agreement and, within thirty (30) days after termination, Contractor will refund to University all amounts University paid under this Agreement.

APPENDICES FOUR through TWELVE are attached separately.

AGREEMENT BETWEEN UNIVERSITY AND CONTRACTOR

This Agreement between University and Contractor ("**Agreement**") is made and entered into effective as of _____ (the "**Effective Date**"), by and between The University of Texas System, an agency and institution of higher education established under the laws of the State of Texas ("**System" or "University**"), and _____, Federal Tax Identification Number _____ ("**Contractor**").

University and Contractor hereby agree as follows:

1.   **Scope of Work.**

    1.1   Contractor will perform the scope of the work (**Work**) in **Exhibit A**, Scope of Work, to the satisfaction of University and in accordance with the schedule (**Schedule**) for Work in **Exhibit B**, Schedule. Time is of the essence in connection with this Agreement. University will have no obligation to accept late performance or waive timely performance by Contractor.

    1.2   Contractor will obtain, at its own cost, any and all approvals, licenses, filings, registrations and permits required by federal, state or local, laws, statutes, regulations and ordinances (collectively, **Applicable Laws**), for the performance of Work.

2.   **The Project.**

The Work will be provided in connection with Third Party Administration ("TPA") services for System's self-funded UT SELECT Medical PPO plan ("UT SELECT") and all other related, necessary and appropriate services (**Project**).

3.   **Time for Commencement and Completion**.

The term (**Initial Term**) of this Agreement will begin on the Effective Date and expire on August 31, 2022. University will have the option to renew this Agreement for one (1) additional three (3) year term (each a **Renewal Term**). The Initial Term and each Renewal Term are collectively referred to as the **Term**.

4.   **Contractor's Obligations**.

    4.1   Contractor will perform Work in compliance with (a) all Applicable Laws, and (b) the Board of Regents of The University of Texas System *Rules and Regulations*, the policies of The University of Texas System; and the institutional rules, regulations and policies of University of Texas System Office of Employee Benefits (collectively, **University Rules**). Contractor represents and warrants that neither Contractor nor any firm, corporation or institution represented by Contractor, or anyone acting for the firm, corporation or institution, (1) has violated the antitrust laws of the State of Texas, Chapter 15, *Texas Business and Commerce Code*, or federal antitrust laws, or (2) has communicated directly or indirectly the content of Contractor's response to University's procurement solicitation to any competitor or any other person engaged in a similar line of business during the procurement process for this Agreement.

    4.2   Contractor represents and warrants that (a) it will use its best efforts to perform Work in a good and workmanlike manner and in accordance with the highest standards of Contractor's profession or business, and (b) all Work to be performed will be of the quality that prevails among similar businesses of superior knowledge and skill engaged in providing similar services in major United States urban areas under the same or similar circumstances.

4.3 Contractor will call to University's attention in writing all information in any materials supplied to Contractor (by University or any other party) that Contractor regards as unsuitable, improper or inaccurate in connection with the purposes for which the material is furnished.

4.4 University at all times is relying on Contractor's skill and knowledge in performing Work. Contractor represents and warrants that Work will be accurate and free from any material defects. Contractor's duties and obligations under this Agreement will not be in any way diminished by reason of any approval by University. Contractor will not be released from any liability by reason of any approval by University.

4.5 Contractor will, at its own cost, correct all material defects in Work as soon as practical after Contractor becomes aware of the defects. If Contractor fails to correct material defects in Work within a reasonable time, then University may correct the defective Work at Contractor's expense. This remedy is in addition to, and not in substitution for, any other remedy for defective Work that University may have at law or in equity.

4.6 Contractor will maintain a staff of properly trained and experienced personnel to ensure satisfactory performance under this Agreement. Contractor will cause all persons connected with Contractor directly in charge of Work to be duly registered and licensed under all Applicable Laws. Contractor will assign to the Project a designated representative who will be responsible for administration and coordination of Work.

4.7 Contractor represents and warrants it is duly organized, validly existing and in good standing under the laws of the state of its organization; it is duly authorized and in good standing to conduct business in the State of Texas; it has all necessary power and has received all necessary approvals to execute and deliver this Agreement; and the individual executing this Agreement on behalf of Contractor has been duly authorized to act for and bind Contractor.

4.8 Contractor represents and warrants that neither the execution and delivery of this Agreement by Contractor nor the performance of its duties and obligations under this Agreement will (a) result in the violation of any provision of its organizational documents; (b) result in the violation of any provision of any agreement by which it is bound; or (c) conflict with any order or decree of any court or other body or authority having jurisdiction.

4.9 Contractor represents and warrants that all of Contractor's Personnel contributing to Work Material (ref. **Section 7**) under this Agreement will be required to (i) acknowledge in writing the ownership of Contractor (for the benefit of University) of Work Material produced by Personnel while performing services pursuant to this Agreement, and (ii) make all assignments necessary to effectuate such ownership. **Personnel** means any and all persons associated with Contractor who provide any work or work product pursuant to this Agreement, including officers, managers, supervisors, full-time employees, part-time employees, and independent contractors.

4.10 Contractor represents and warrants that: (i) Work will be performed solely by Contractor, its full-time or part-time employees during the course of their employment, or independent contractors who have assigned in writing all right, title and interest in their work to Contractor (for the benefit of University); (ii) University will receive free, good and clear title to all Work Material developed under this Agreement; (iii) Work Material and the intellectual property rights protecting Work Material are free and clear of all encumbrances, including security interests, licenses, liens, charges and other restrictions; (iv) Work Material will not infringe upon or violate any patent, copyright, trade secret, trademark, service mark or other property right of any former employer, independent contractor, client or other third party; and (v) the use, reproduction, distribution, or modification of Work Material will not

violate the rights of any third parties in Work Material, including trade secret, publicity, privacy, copyright, trademark, service mark and patent rights.

4.11   If this Agreement requires Contractor's presence on University's premises or in University's facilities, Contractor agrees to cause its employees, representatives, agents, or subcontractors to become aware of, fully informed about, and in full compliance with all applicable University Rules, including those relative to personal health, security,

5.   Contract Amount.

5.1   University will pay Contractor for the performance of Work in accordance with **Exhibit C**, Payment for Services/ Fee Schedule.

5.2   University, an agency of the State of Texas, is exempt from Texas Sales & Use Tax on the Work in accordance with Section 151.309, *Texas Tax Code,* and Title 34 *Texas Administrative Code* ("**TAC**") Section 3.322.

5.3   The Contract Amount includes all applicable federal, state or local sales or use taxes payable as a result of the execution or performance of this Agreement.

5.4   So long as Contractor has provided University with its current and accurate Federal Tax Identification Number in writing, University will pay Contractor for the performance of the Work as set forth in **Exhibit A**. Contractor understands and agrees that payments under this Agreement may be subject to the withholding requirements of Section 3402 (t) of the Internal Revenue Code.

6.   Payment Terms.

6.1   At least sixty (60) days from the beginning of each coverage month (based on the University's self-bill), Contractor will submit to University an invoice covering Work performed for University to that date, in compliance with **Exhibit C**, Payment for Services. Each invoice will be accompanied by documentation that University may reasonably request to support the invoice amount.

Contractor must process and pay all claims submitted under the self-funded UT SELECT Medical plan. Contractor must pay claims through the issuance of drafts or through Electronic Funds Transfer ("EFT") from Contractor's account prior to seeking reimbursement from UT System. On at least a biweekly basis, Contractor must present an invoice to UT System for claim payments made during the previous invoice period.

All payments from Contractor to University must be by ACH or other electronic fund transfer methods. Contractor will be responsible for the escheatment process in accordance with Texas law for any payments disbursed on behalf of the UT SELECT Medical plan.

Due to the timing of the reimbursements, Contractor could potentially be required to advance up to four (4) weeks of claim payments before being reimbursed by University.

Section 51.012 of the Texas Education Code authorizes University to make any payment through electronic funds transfer (or by electronic pay card).

Any change to Contractor's banking information must be communicated in writing to University at least thirty (30) days in advance of the effective date of the change.

6.2   Within ten (10) days after final completion and acceptance of Work by University or as soon thereafter as possible, Contractor will submit a final invoice (**Final Invoice**) setting forth all amounts due and remaining unpaid to Contractor. Upon approval of the Final Invoice by University, University will pay (**Final Payment**) to Contractor the amount due under the Final Invoice.

6.3   Notwithstanding any provision of this Agreement to the contrary, University will not be obligated to make any payment (whether a Progress Payment or Final Payment) to Contractor if Contractor is in default under this Agreement.

6.4   No payment made by University will (a) be construed to be final acceptance or approval of that part of the Work to which the payment relates, or (b) relieve Contractor of any of its duties or obligations under this Agreement.

6.5   The acceptance of Final Payment by Contractor will constitute a waiver of all claims by Contractor except those previously made in writing and identified by Contractor as unsettled at the time of the Final Invoice for payment.

6.6   University will have the right to verify the details in Contractor's invoices and supporting documentation, either before or after payment, by (a) inspecting the books and records of Contractor at mutually convenient times; (b) examining any reports with respect to the Project; and (c) other reasonable action. In the event University makes any payment in advance of services, the parties agree that University is entitled to full and complete repayment of any sums unearned by Contractor. University may offset or withhold any payment under this Agreement to achieve such repayment. In the event that the Agreement is terminated, any unearned advance payment will be paid to University by Contractor within 30 days of request.

6.7   Section 51.012, *Texas Education Code*, authorizes University to make payments through electronic funds transfer methods. Contractor agrees to accept payments from University through those methods, including the automated clearing house system (ACH). Contractor agrees to provide Contractor's banking information to University in writing on Contractor letterhead signed by an authorized representative of Contractor. Prior to the first payment, University will confirm Contractor's banking information. Changes to Contractor's bank information must be communicated to University in accordance with **Section 12.14** in writing at least thirty (30) days before the effective date of the change and must include an IRS Form W-9 signed by an authorized representative of Contractor.

6.8   The cumulative amount of all Progress Payments and the Final Payment (defined below) will not exceed the Contract Amount in **Exhibit C**, Payment for Services.

6.9   Notwithstanding any other provision of this Agreement, University is entitled to a discount of ____% (Prompt Payment Discount) off of each payment that University submits within ____days after University's receipt of Contractor's invoice for that payment.

6.10   Contractor agrees not to submit billings to plan participants.

7. **Ownership and Use of Work Material**.

7.1 All tools, software, programs, drawings, specifications, plans, computations, sketches, data, photographs, tapes, renderings, models, publications, statements, accounts, reports, studies, and other materials prepared by Contractor or any subcontractors in connection with Work (collectively, **Work Material**), whether or not accepted or rejected by University, are the sole property of University and for its exclusive use and re-use at any time without further compensation and without any restrictions.

7.2 Contractor grants and assigns to University all rights and claims of whatever nature and whether now or hereafter arising in and to Work Material and will cooperate fully with University in any steps University may take to obtain or enforce patent, copyright, trademark or like protections with respect to Work Material.

7.3 Contractor will deliver all Work Material to University upon expiration or termination of this Agreement. University will have the right to use Work Material for the completion of Work or otherwise. University may, at all times, retain the originals of Work Material. Work Material will not be used by any person other than University on other projects unless expressly authorized by University in writing.

7.4 Work Material will not be used or published by Contractor or any other party unless expressly authorized by University in writing. Contractor will treat all Work Material as confidential.

7.5 All title and interest in Work Material will vest in University and will be deemed to be work made for hire and made in the course of Work rendered under this Agreement. To the extent that title to any Work Material may not, by operation of law, vest in University or Work Material may not be considered works made for hire, Contractor irrevocably assigns, conveys and transfers to University and its successors, licensees and assigns, all rights, title and interest worldwide in and to Work Material and all proprietary rights therein, including all copyrights, trademarks, service marks, patents, trade secrets, moral rights, all contract and licensing rights and all claims and causes of action with respect to any of the foregoing, whether now known or hereafter to become known. In the event Contractor has any rights in Work Material which cannot be assigned, Contractor agrees to waive enforcement worldwide of the rights against University, its successors, licensees, assigns, distributors and customers or, if necessary, to exclusively license the rights, worldwide to University with the right to sublicense. These rights are assignable by University

8. **Default and Termination**

8.1 In the event of a material failure by a party to this Agreement to perform in accordance with its terms (**default**), the other party may terminate this Agreement upon ninety (90) days' written notice of termination setting forth the nature of the material failure; provided, that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the ninety-day (90-day) period.

8.2 University may, without cause, terminate this Agreement at any time upon giving ninety (90) days' advance written notice to Contractor. Upon termination pursuant to this Section, Contractor will be entitled to payment of an amount that will compensate Contractor for Work satisfactorily performed from the time of the last payment date to the termination date in accordance with this Agreement; provided, that, Contractor has delivered all Work Material to University. Notwithstanding any provision in this Agreement to the contrary, University will not be required to pay or reimburse Contractor for any services performed or for expenses incurred by Contractor after the date of the termination notice, that could have been avoided or mitigated by Contractor.

8.3 Termination under **Sections 8.1** or **8.2** will not relieve Contractor from liability for any default or breach under this Agreement or any other act or omission of Contractor.

8.4 If Contractor fails to cure any default within ninety (90) days after receiving written notice of the default, University will be entitled (but will not be obligated) to cure the default and will have the right to offset against all amounts due to Contractor under this Agreement, any and all reasonable expenses incurred in connection with University's curative actions.

8.5 In the event that this Agreement is terminated, then within thirty (30) days after termination, Contractor will reimburse University for all fees paid by University to Contractor that were (a) not earned by Contractor prior to termination, or (b) for goods or services that University did not receive from Contractor prior to termination.

9. **Indemnification**

9.1 TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAWS, CONTRACTOR WILL AND DOES HEREBY AGREE TO INDEMNIFY, PROTECT, DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, AND HOLD HARMLESS UNIVERSITY AND RESPECTIVE AFFILIATED ENTERPRISES, REGENTS, OFFICERS, DIRECTORS, ATTORNEYS, EMPLOYEES, REPRESENTATIVES AND AGENTS (COLLECTIVELY, **INDEMNITEES**) FROM AND AGAINST ALL DAMAGES, LOSSES, LIENS, CAUSES OF ACTION, SUITS, JUDGMENTS, EXPENSES, AND OTHER CLAIMS OF ANY NATURE, KIND, OR DESCRIPTION, INCLUDING REASONABLE ATTORNEYS' FEES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING ANY OF THE FOREGOING (COLLECTIVELY, **CLAIMS**) BY ANY PERSON OR ENTITY, ARISING OUT OF, CAUSED BY, OR RESULTING FROM CONTRACTOR'S PERFORMANCE UNDER OR BREACH OF THIS AGREEMENT AND THAT ARE CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT, NEGLIGENT OMISSION OR WILLFUL MISCONDUCT OF CONTRACTOR, ANYONE DIRECTLY EMPLOYED BY CONTRACTOR OR ANYONE FOR WHOSE ACTS CONTRACTOR MAY BE LIABLE. THE PROVISIONS OF THIS SECTION WILL NOT BE CONSTRUED TO ELIMINATE OR REDUCE ANY OTHER INDEMNIFICATION OR RIGHT WHICH ANY INDEMNITEE HAS BY LAW OR EQUITY. ALL PARTIES WILL BE ENTITLED TO BE REPRESENTED BY COUNSEL AT THEIR OWN EXPENSE.

9.2 IN ADDITION, CONTRACTOR WILL AND DOES HEREBY AGREE TO INDEMNIFY, PROTECT, DEFEND WITH COUNSEL APPROVED BY UNIVERSITY, AND HOLD HARMLESS INDEMNITEES FROM AND AGAINST ALL CLAIMS ARISING FROM INFRINGEMENT OR ALLEGED INFRINGEMENT OF ANY PATENT, COPYRIGHT, TRADEMARK OR OTHER PROPRIETARY INTEREST ARISING BY OR OUT OF THE PERFORMANCE OF SERVICES OR THE PROVISION OF GOODS BY CONTRACTOR, OR THE USE BY INDEMNITEES, AT THE DIRECTION OF CONTRACTOR, OF ANY ARTICLE OR MATERIAL; PROVIDED, THAT, UPON BECOMING AWARE OF A SUIT OR THREAT OF SUIT FOR INFRINGEMENT, UNIVERSITY WILL PROMPTLY NOTIFY CONTRACTOR AND CONTRACTOR WILL BE GIVEN THE OPPORTUNITY TO NEGOTIATE A SETTLEMENT. IN THE EVENT OF LITIGATION, UNIVERSITY AGREES TO REASONABLY COOPERATE WITH CONTRACTOR. ALL PARTIES WILL BE ENTITLED TO BE REPRESENTED BY COUNSEL AT THEIR OWN EXPENSE.

10. **Relationship of the Parties**.

For all purposes of this Agreement and notwithstanding any provision of this Agreement to the contrary, Contractor is an independent contractor and is not a state employee, partner, joint venturer, or agent of University. Contractor will not bind nor attempt to bind University to any agreement or contract. As an independent contractor, Contractor is solely responsible for all taxes, withholdings, and other statutory or contractual obligations of any sort, including workers' compensation insurance.

11. **Insurance**.

11.1   Contractor, consistent with its status as an independent contractor will carry and will cause its subcontractors to carry, at least the following insurance, with companies authorized to do insurance business in the State of Texas or eligible surplus lines insurers operating in accordance with the *Texas Insurance Code*, having an A.M. Best Rating of A-:VII or better, and in amounts not less than the following minimum limits of coverage:

    11.1.1   Workers' Compensation Insurance with statutory limits, and Employer's Liability Insurance with limits of not less than $1,000,000:

        Employers Liability - Each Accident $1,000,000
        Employers Liability - Each Employee $1,000,000
        Employers Liability - Policy Limit $1,000,000

        Workers' Compensation policy must include under Item 3.A. of the information page of the Workers' Compensation policy the state in which Work is to be performed for University.

    11.1.2   Commercial General Liability Insurance with limits of not less than:

        Each Occurrence Limit $1,000,000
        Damage to Rented Premises $ 300,000
        Personal & Advertising Injury $1,000,000
        General Aggregate $2,000,000
        Products - Completed Operations Aggregate $2,000,000

        The required Commercial General Liability policy will be issued on a form that insures Contractor's and subcontractor's liability for bodily injury (including death), property damage, personal, and advertising injury assumed under the terms of this Agreement.

    11.1.3   Business Auto Liability Insurance covering all owned, non-owned or hired automobiles, with limits of not less than $1,000,000 single limit of liability per accident for Bodily Injury and Property Damage;

    11.1.3   Business Auto Liability Insurance covering all owned, non-owned or hired automobiles, with limits of not less than $1,000,000 single limit of liability per accident for Bodily Injury and Property Damage;

    11.1.4   Umbrella/Excess Liability Insurance with limits of not less than $5,000,000 per occurrence and aggregate and will be excess over and at least as broad as the underlying coverage as required under sections 11.1.1 Employer's Liability; 11.1.2 Commercial General Liability; and 11.1.3 Business Auto Liability. Inception and expiration dates will be the same as the underlying policies. Drop down coverage will be provided for reduction or exhaustion of underlying aggregate limits and will provide a duty to defend for any insured.

    11.1.5   Professional Liability (Errors & Omissions) Insurance with limits of not less than $5,000,000 each occurrence. Such insurance will cover all Work performed by or on behalf of Contractor and its subcontractors under this Agreement. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Agreement. If coverage is written on a claims-made basis, Contractor agrees to purchase an Extended Reporting Period Endorsement, effective twenty-four (24) months after the expiration or cancellation of the policy.

No Professional Liability policy written on an occurrence form will include a sunset or similar clause that limits coverage unless such clause provides coverage for at least twenty-four (24) months after the expiration or termination of this Agreement for any reason.

11.1.6 Directors' and Officers' Liability Insurance with limits of not less than $1,000,000 per claim. The coverage will be continuous for the duration of this Agreement and for not less than twenty-four (24) months following the expiration or termination of this Agreement.

11.1.7 Cyber Liability Insurance with limits of not less than $50,000,000 for each wrongful act. This policy must cover:

- Liability for network security failures or privacy breaches, including loss or unauthorized access, use or disclosure of University data, whether by Contractor or any of subcontractor or cloud service provider used by Contractor;
- Costs associated with a privacy breach, including notification of affected individuals, customer support, forensics, crises management / public relations consulting, legal services of a privacy attorney, credit monitoring and identity fraud resolution services for affected individuals;
- Expenses related to regulatory compliance, government investigations, fines, fees assessments and penalties;
- Liability for technological products and services;
- PCI fines, fees, penalties and assessments;
- Cyber extortion payment and response costs;
- First and Third Party Business Interruption Loss resulting from a network security failure;
- Liability for technological products and services;
- Costs of restoring, updating or replacing data; and
- Liability losses connected to network security, privacy, and media liability.

If this policy is written on a claims-made basis, (a) the "retroactive date" must be prior to the commencement of Work under this Agreement; and (b) if this policy is cancelled, terminated or non-renewed at any time during the Term, Contractor will purchase an "extended reporting period" for at least a period of two (2) years beyond the termination or expiration of the Term.

Contractor's policy will provide a carve-back to the "Insured versus Insured" exclusion for claims brought by or on behalf of additional insureds.

11.2   Contractor will deliver to University:

11.2.1 Evidence of insurance on a Texas Department of Insurance approved certificate form verifying the existence and actual limits of all required insurance policies after the execution and delivery of this Agreement and prior to the performance of any Work by Contractor under this Agreement. Additional evidence of insurance will be provided verifying the continued existence of all required insurance no later than thirty (30) days after each annual insurance policy renewal.

11.2.1.1 ***All insurance policies*** (with the exception of workers' compensation, employer's liability and professional liability) will be endorsed and name the Board of Regents of The University of Texas System and University as Additional Insureds for liability caused in whole or in part by Contractor's acts or omissions with respect to its on-going and completed operations up to the actual liability limits of the required insurance policies maintained by Contractor. Commercial General Liability Additional Insured *endorsement* including ongoing and completed operations coverage will be submitted with the Certificates of Insurance. Commercial General Liability and Business Auto Liability will be *endorsed* to provide primary and non-contributory coverage.

11.2.1.2 Contractor hereby waives all rights of subrogation against the Board of Regents of The University of Texas System and University. ***All insurance policies*** will be *endorsed* to provide a waiver of subrogation in favor of the Board of Regents of The University of Texas System and University. No policy will be canceled until after thirty (30) days' unconditional written notice to University. ***All insurance policies*** will be *endorsed* to require the insurance carrier providing coverage to send notice to University thirty (30) days prior to any cancellation, material change, or non-renewal relating to any insurance policy required in this **Section 11**.

11.2.1.3 Contractor will pay any deductible or self-insured retention for any loss. Any self-insured retention must be declared to and approved by University prior to the performance of any Work by Contractor under this Agreement. All deductibles and self-insured retentions will be shown on the Certificates of Insurance.

11.2.1.4 Certificates of Insurance and *Additional Insured Endorsements* as required by this Agreement will be mailed, faxed, or emailed to the following University contact:

Name: Eric Agnew
Address: 210 W. 7th Street
Email Address: eagnew@utsystem.edu

11.3   Contractor's or subcontractor's insurance will be primary to any insurance carried or self-insurance program established by University or. Contractor's or subcontractor's insurance will be kept in force until all Work has been fully performed and accepted by University in writing, *except* as provided in this **Section 11.3**.

   11.3.1 Professional Liability Insurance coverage written on a claims-made basis requires Contractor to purchase an *Extended Reporting Period Endorsement*, effective for twenty-four (24) months after the expiration or cancellation of the policy.

   11.3.2 Directors and Officers Liability Insurance coverage written on a claims made basis requires Contractor to purchase an Extended Reporting Period Endorsement, effective for twenty-four (24) months after the expiration or cancellation of the policy.

12.   Miscellaneous.

12.1   **Assignment and Subcontracting.** Except as specifically provided in **Exhibit E**, Historically Underutilized Business Subcontracting Plan, Contractor's interest in this Agreement (including Contractor's duties and obligations under this Agreement, and the fees due to Contractor under this Agreement) may not be subcontracted, assigned, delegated, or otherwise transferred to a third party, in whole or in part, and any attempt to do so will (a) not be binding on University; and (b) be a breach of this Agreement for which Contractor will be subject to all remedial actions provided by Applicable Laws, including Chapter 2161, *Texas Government Code*, and 34 TAC §§20.101 – 20.108. The benefits and burdens of this Agreement are assignable by University.

12.2   *Texas Family Code* **Child Support Certification**. Pursuant to *§231.006, Texas Family Code*, Contractor certifies it is not ineligible to receive the award of or payments under this Agreement, and acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.

12.3   **Tax Certification.** If Contractor is a taxable entity as defined by Chapter 171, *Texas Tax Code*, then Contractor certifies it is not currently delinquent in the payment of any taxes due under Chapter 171, Contractor is exempt from the payment of those taxes, or Contractor is an out-of-state taxable entity that is not subject to those taxes, whichever is applicable.

12.4   **Payment of Debt or Delinquency to the State.** Pursuant to §§2107.008 and 2252.903, *Texas Government Code*, Contractor agrees any payments owing to Contractor under this Agreement may be applied directly toward any debt or delinquency Contractor owes the State of Texas or any agency of the State of Texas, regardless of when it arises, until paid in full.

12.5   **Loss of Funding.** Performance by University under this Agreement may be dependent upon the appropriation and allotment of funds by the Texas State Legislature (**Legislature**) and/or allocation of funds by the Board of Regents of The University of Texas System (**Board**). If Legislature fails to appropriate or allot necessary funds, or Board fails to allocate necessary funds, then University will issue written notice to Contractor and University may terminate this Agreement without further duty or obligation. Contractor acknowledges that appropriation, allotment, and allocation of funds are beyond University's control.

12.6   **Entire Agreement; Modifications.** This Agreement (including all exhibits, schedules, supplements and other attachments (collectively, **Exhibits)**) supersedes all prior agreements, written or oral, between Contractor and University and will constitute the entire Agreement and understanding between the parties with respect to its subject matter. This Agreement and each of its provisions will be binding upon the parties, and may not be

waived, modified, amended or altered, except by a writing signed by University and Contractor. All Exhibits are attached to this Agreement and incorporated for all purposes.

12.7 **Force Majeure.** Neither party hereto will be liable or responsible to the other for any loss or damage or for any delays or failure to perform due to causes beyond its reasonable control including acts of God, strikes, epidemics, war, riots, flood, fire, sabotage, or any other circumstances of like character (**force majeure occurrence**). Provided, however, in the event of a force majeure occurrence, Contractor agrees to use its best efforts to mitigate the impact of the occurrence so that University may continue to provide mission critical services during the occurrence.

12.8 **Captions.** The captions of sections and subsections in this Agreement are for convenience only and will not be considered or referred to in resolving questions of interpretation or construction.

12.9 **Venue; Governing Law.** Travis County, Texas, will be the proper place of venue for suit on or in respect of this Agreement. This Agreement, all of its terms and conditions and all of the rights and obligations of its parties, will be construed, interpreted and applied in accordance with, governed by and enforced under, the laws of the State of Texas.

12.10 **Waivers.** No delay or omission in exercising any right accruing upon a default in performance of this Agreement will impair any right or be construed to be a waiver of any right. A waiver of any default under this Agreement will not be construed to be a waiver of any subsequent default under this Agreement.

12.11 **Confidentiality and Safeguarding of University Records; Press Releases; Public Information.** Under this Agreement, Contractor may (1) create, (2) receive from or on behalf of University, or (3) have access to, records or record systems (collectively, **University Records**). Among other things, University Records may contain social security numbers, credit card numbers, or data protected or made confidential or sensitive by Applicable Laws. Additional mandatory confidentiality and security compliance requirements with respect to University Records subject to the Health Insurance Portability and Accountability Act and 45 Code of Federal Regulations (**CFR**) Part 160 and subparts A and E of Part 164 (collectively, **HIPAA**) are addressed in **Section 12.26**. Contractor represents, warrants, and agrees that it will: (1) hold University Records in strict confidence and will not use or disclose University Records except as (a) permitted or required by this Agreement, (b) required by Applicable Laws, or (c) otherwise authorized by University in writing; (2) safeguard University Records according to reasonable administrative, physical and technical standards (such as standards established by the National Institute of Standards and Technology and the Center for Internet Security, as well as the Payment Card Industry Data Security Standards) that are no less rigorous than the standards by which Contractor protects its own confidential information; (3) continually monitor its operations and take any action necessary to assure that University Records are safeguarded and the confidentiality of University Records is maintained in accordance with all Applicable Laws and the terms of this Agreement; and (4) comply with University Rules regarding access to and use of University's computer systems, including UTS165 at http://www.utsystem.edu/board-of-regents/policy-library/policies/uts165-information-resources-use-and-security-policy. At the request of University, Contractor agrees to provide University with a written summary of the procedures Contractor uses to safeguard and maintain the confidentiality of University Records.

    12.11.1 **Notice of Impermissible Use.** If an impermissible use or disclosure of any University Records occurs, Contractor will provide written notice to University within one (1) business day after Contractor's discovery of that use or disclosure.

Contractor will promptly provide University with all information requested by University regarding the impermissible use or disclosure.

12.11.2 **Return of University Records.** Contractor agrees that within thirty (30) days after the expiration or termination of this Agreement, for any reason, all University Records created or received from or on behalf of University will be (1) returned to University, with no copies retained by Contractor; or (2) if return is not feasible, destroyed. Twenty (20) days before destruction of any University Records, Contractor will provide University with written notice of Contractor's intent to destroy University Records. Within five (5) days after destruction, Contractor will confirm to University in writing the destruction of University Records.

12.11.3 **Disclosure.** If Contractor discloses any University Records to a subcontractor or agent, Contractor will require the subcontractor or agent to comply with the same restrictions and obligations as are imposed on Contractor by this **Section 12.11**.

12.11.4 **Press Releases.** Except when defined as part of Work, Contractor will not make any press releases, public statements, or advertisement referring to the Project or the engagement of Contractor as an independent contractor of University in connection with the Project, or release any information relative to the Project for publication, advertisement or any other purpose without the prior written approval of University.

12.11.5 **Public Information.** University strictly adheres to all statutes, court decisions and the opinions of the Texas Attorney General with respect to disclosure of public information under the *Texas Public Information Act* (**TPIA**), Chapter 552, *Texas Government Code*. In accordance with §§552.002 and 2252.907, *Texas Government Code*, and at no additional charge to University, Contractor will make any information created or exchanged with University pursuant to this Agreement (and not otherwise exempt from disclosure under TPIA) available in a format reasonably requested by University that is accessible by the public**.**

12.11.6 **Termination.** In addition to any other termination rights in this Agreement and any other rights at law or equity, if University reasonably determines that Contractor has breached any of the restrictions or obligations in this Section, University may immediately terminate this Agreement without notice or opportunity to cure.

12.11.7 **Duration.** The restrictions and obligations under this Section will survive expiration or termination of this Agreement for any reason.

12.12 **Binding Effect.** This Agreement will be binding upon and inure to the benefit of the parties hereto and their respective permitted assigns and successors.

12.13 **Records.** Records of Contractor's costs, reimbursable expenses pertaining to the Project and payments will be available to University or its authorized representative during business hours and will be retained for four (4) years after final Payment or abandonment of the Project, unless University otherwise instructs Contractor in writing.

12.14 **Notices.** Except as otherwise provided by this Section, notices, consents, approvals, demands, requests or other communications required or permitted under this Agreement, will be in writing and sent via certified mail, hand delivery, overnight courier, facsimile transmission (to the extent a facsimile number is provided below), or email (to the extent

an email address is provided below) as indicated below, and notice will be deemed given (i) if delivered by certified mailed, when deposited, postage prepaid, in the United States mail, or (ii) if delivered by hand, overnight courier, facsimile (to the extent a facsimile number is provided below) or email (to the extent an email address is provided below), when received:

If to University: _____
                           _____
                           _____
                           _____
                           Fax: _____
                           Email: _____
                           Attention: _____

with copy to: _____
                           _____
                           _____
                           Fax: _____
                           Email: _____
                           Attention: _____

If to Contractor: _____
                           _____
                           _____
                           Fax: _____
                           Email: _____
                           Attention: _____

or other person or address as may be given in writing by either party to the other in accordance with this Section.

Notwithstanding any other requirements for notices given by a party under this Agreement, if Contractor intends to deliver written notice to University pursuant to §2251.054, *Texas Government Code*, then Contractor will send that notice to University as follows:

                           _____
                           _____
                           _____
                           Fax: _____
                           Email: _____
                           Attention: _____

with copy to: _____
                           _____
                           _____
                           Fax: _____
                           Email: _____
                           Attention: _____

or other person or address as may be given in writing by University to Contractor in accordance with this Section.

12.15   **Severability.** In case any provision of this Agreement will, for any reason, be held invalid or unenforceable in any respect, the invalidity or unenforceability will not affect any other provision of this Agreement, and this Agreement will be construed as if the invalid or unenforceable provision had not been included.

12.16   **State Auditor's Office.** Contractor understands acceptance of funds under this Agreement constitutes acceptance of authority of the Texas State Auditor's Office or any successor agency (**Auditor**), to conduct an audit or investigation in connection with those funds (ref. §§51.9335(c), 73.115(c) and 74.008(c), *Texas Education Code*). Contractor agrees to cooperate with Auditor in the conduct of the audit or investigation, including providing all records requested. Contractor will include this provision in all contracts with permitted subcontractors.

12.17   **Limitation of Liability.** EXCEPT FOR UNIVERSITY'S OBLIGATION (IF ANY) TO PAY CONTRACTOR CERTAIN FEES AND EXPENSES UNIVERSITY WILL HAVE NO LIABILITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR BY REASON OF THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT. NOTWITHSTANDING ANY DUTY OR OBLIGATION OF UNIVERSITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR, NO PRESENT OR FUTURE AFFILIATED ENTERPRISE, SUBCONTRACTOR, AGENT, OFFICER, DIRECTOR, EMPLOYEE, REPRESENTATIVE, ATTORNEY OR REGENT OF UNIVERSITY, OR THE UNIVERSITY OF TEXAS SYSTEM, OR ANYONE CLAIMING UNDER UNIVERSITY HAS OR WILL HAVE ANY PERSONAL LIABILITY TO CONTRACTOR OR TO ANYONE CLAIMING THROUGH OR UNDER CONTRACTOR BY REASON OF THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT.

12.18   **Survival of Provisions.** No expiration or termination of this Agreement will relieve either party of any obligations under this Agreement that by their nature survive expiration or termination, including **Sections 6.7**, **9**, **12.5**, **12.9**, **12.10**, **12.11**, **12.13**, **12.16**, **12.17**, **12.19** and **12.21**.

12.19   **Breach of Contract Claims.** To the extent that Chapter 2260, *Texas Government Code*, as it may be amended from time to time (**Chapter 2260**), is applicable to this Agreement and is not preempted by other Applicable Laws, the dispute resolution process provided for in Chapter 2260 will be used, as further described herein, by University and Contractor to attempt to resolve any claim for breach of contract made by Contractor:

       12.19.1   Contractor's claims for breach of this Agreement that the parties cannot resolve pursuant to other provisions of this Agreement or in the ordinary course of business will be submitted to the negotiation process provided in subchapter B of Chapter 2260. To initiate the process, Contractor will submit written notice, as required by subchapter B of Chapter 2260, to University in accordance with the notice provisions in this Agreement. Contractor's notice will specifically state that the provisions of subchapter B of Chapter 2260 are being invoked, the date and nature of the event giving rise to the claim, the specific contract provision that University allegedly breached, the amount of damages Contractor seeks, and the method used to calculate the damages. Compliance by Contractor with subchapter B of Chapter 2260 is a required prerequisite to Contractor's filing of a contested case proceeding under subchapter C of Chapter 2260. The chief business officer of University, or another officer of University as may be designated from time to time by University by written notice to Contractor in accordance with the notice provisions in this Agreement, will examine Contractor's claim and

any counterclaim and negotiate with Contractor in an effort to resolve the claims.

12.19.2   If the parties are unable to resolve their disputes under **Section 12.19.1**, the contested case process provided in subchapter C of Chapter 2260 is Contractor's sole and exclusive process for seeking a remedy for any and all of Contractor's claims for breach of this Agreement by University.

12.19.3   Compliance with the contested case process provided in subchapter C of Chapter 2260 is a required prerequisite to seeking consent to sue from the Legislature under *Chapter 107, Texas Civil Practices and Remedies Code*. The parties hereto specifically agree that (i) neither the execution of this Agreement by University nor any other conduct, action or inaction of any representative of University relating to this Agreement constitutes or is intended to constitute a waiver of University's or the state's sovereign immunity to suit and (ii) University has not waived its right to seek redress in the courts.

12.19.2   The submission, processing and resolution of Contractor's claim is governed by the published rules adopted by the Texas Attorney General pursuant to Chapter 2260, as currently effective, thereafter enacted or subsequently amended.

12.19.3   University and Contractor agree that any periods provided in this Agreement for notice and cure of defaults are not waived.

12.20   **Undocumented Workers.**   The *Immigration and Nationality Act* (8 *USC* §1324a) (**Immigration Act**) makes it unlawful for an employer to hire or continue employment of undocumented workers. The United States Immigration and Customs Enforcement Service has established the Form I-9 Employment Eligibility Verification Form (**I-9 Form**) as the document to be used for employment eligibility verification (8 *CFR* §274a). Among other things, Contractor is required to: (1) have all employees complete and sign the I-9 Form certifying that they are eligible for employment; (2) examine verification documents required by the I-9 Form to be presented by the employee and ensure the documents appear to be genuine and related to the individual; (3) record information about the documents on the I-9 Form, and complete the certification portion of the I-9 Form; and (4) retain the I-9 Form as required by Applicable Laws. It is illegal to discriminate against any individual (other than a citizen of another country who is not authorized to work in the United States) in hiring, discharging, or recruiting because of that individual's national origin or citizenship status. If Contractor employs unauthorized workers during performance of this Agreement in violation of the Immigration Act then, in addition to other remedies or penalties prescribed by Applicable Laws, University may terminate this Agreement in accordance with **Section 8**. Contractor represents and warrants that it is in compliance with and agrees that it will remain in compliance with the provisions of the Immigration Act.

12.21 **Limitations.** THE PARTIES ARE AWARE THERE ARE CONSTITUTIONAL AND STATUTORY LIMITATIONS (**LIMITATIONS**) ON THE AUTHORITY OF UNIVERSITY (A STATE AGENCY) TO ENTER INTO CERTAIN TERMS AND CONDITIONS THAT MAY BE PART OF THIS AGREEMENT, INCLUDING TERMS AND CONDITIONS RELATING TO LIENS ON UNIVERSITY'S PROPERTY; DISCLAIMERS AND LIMITATIONS OF WARRANTIES; DISCLAIMERS AND LIMITATIONS OF LIABILITY FOR DAMAGES; WAIVERS, DISCLAIMERS AND LIMITATIONS OF LEGAL RIGHTS, REMEDIES, REQUIREMENTS AND PROCESSES; LIMITATIONS OF PERIODS TO BRING LEGAL ACTION; GRANTING CONTROL OF LITIGATION OR SETTLEMENT TO ANOTHER PARTY; LIABILITY FOR ACTS OR OMISSIONS OF THIRD PARTIES; PAYMENT OF ATTORNEYS' FEES; DISPUTE RESOLUTION; INDEMNITIES; AND CONFIDENTIALITY, AND TERMS AND CONDITIONS RELATED TO LIMITATIONS WILL NOT BE BINDING ON UNIVERSITY EXCEPT TO THE EXTENT AUTHORIZED BY THE LAWS AND CONSTITUTION OF THE STATE OF TEXAS.

12.22 **Ethics Matters; No Financial Interest.** Contractor and its employees, agents, representatives and subcontractors have read and understand University's Conflicts of Interest Policy, University's Standards of Conduct Guide, and applicable state ethics laws and rules at http://utsystem.edu/offices/general-counsel/ethics. Neither Contractor nor its employees, agents, representatives or subcontractors will assist or cause University employees to violate University's Conflicts of Interest Policy, University's Standards of Conduct Guide, or applicable state ethics laws or rules. Contractor represents and warrants that no member of the Board has a direct or indirect financial interest in the transaction that is the subject of this Agreement.

Further, Contractor agrees to comply with §2252.908, *Texas Government Code* (**Disclosure of Interested Parties Statute**), and 1 TAC §§46.1 through 46.5 (**Disclosure of Interested Parties Regulations**), as implemented by the Texas Ethics Commission (**TEC**), including, among other things, providing the TEC and University with information required on the form promulgated by TEC. Proposers may learn more about these disclosure requirements, including the use of TEC's electronic filing system, by reviewing the information on TEC's website at https://www.ethics.state.tx.us/whatsnew/FAQ_Form1295.html.

12.23 **Enforcement.** Contractor agrees and acknowledges that University is entering into this Agreement in reliance on Contractor's special and unique knowledge and abilities with respect to performing Work. Contractor's services provide a peculiar value to University. University cannot be reasonably or adequately compensated in damages for the loss of Contractor's services. Accordingly, Contractor acknowledges and agrees that a breach by Contractor of the provisions of this Agreement will cause University irreparable injury and damage. Contractor, therefore, expressly agrees that University will be entitled to injunctive and/or other equitable relief in any court of competent jurisdiction to prevent or otherwise restrain a breach of this Agreement.

12.24 **Access by Individuals with Disabilities. Access by Individuals with Disabilities.** Contractor represents and warrants (**EIR Accessibility Warranty**) the electronic and information resources and all associated information, documentation, and support Contractor provides to University under this Agreement (**EIRs**) comply with applicable requirements in 1 TAC Chapter 213 and 1 TAC §206.70 (ref. Subchapter M, Chapter 2054, *Texas Government Code*). To the extent Contractor becomes aware the EIRs, or any portion thereof, do not comply with the EIR Accessibility Warranty, then Contractor represents and warrants it will, at no cost to University, either (1) perform all necessary remediation to make the EIRs satisfy the EIR Accessibility Warranty or (2) replace the EIRs with new EIRs that satisfy the EIR Accessibility Warranty. If Contractor fails or is unable to do so, University may terminate this Agreement and, within thirty (30) days after termination, Contractor will refund to University all amounts University paid under this

Agreement.

12.25   **HIPAA Compliance.** University is a HIPAA Covered Entity and some of the information Contractor receives, maintains or creates for or on behalf of University may constitute Protected Health Information (**PHI**) that is subject to HIPAA. Before Contractor may receive, maintain or create any University Records subject to HIPAA, Contractor will execute the HIPAA Business Associate Agreement (**BAA**) in **Exhibit D**, HIPAA Business Associate Agreement. To the extent that the BAA conflicts with any term contained in this Agreement, the terms of the BAA will control.

12.26   **Historically Underutilized Business Subcontracting Plan.** Contractor agrees to use good faith efforts to subcontract Work in accordance with the Historically Underutilized Business Subcontracting Plan (**HSP**) (ref. **Exhibit E**). Contractor agrees to maintain business records documenting its compliance with the HSP and to submit a monthly compliance report to University in the format required by Texas Procurement and Support Services Division of the Texas Comptroller of Public Accounts or any successor agency (collectively, **TPSS**). Submission of compliance reports will be required as a condition for payment under this Agreement. If University determines that Contractor has failed to subcontract as set out in the HSP, University will notify Contractor of any deficiencies and give Contractor an opportunity to submit documentation and explain why the failure to comply with the HSP should not be attributed to a lack of good faith effort by Contractor. If University determines that Contractor failed to implement the HSP in good faith, University, in addition to any other remedies, may report nonperformance to the TPSS in accordance with 34 TAC §§20.101 through 20.108. University may also revoke this Agreement for breach and make a claim against Contractor.

12.26.1   **Changes to the HSP.** If at any time during the Term, Contractor desires to change the HSP, before the proposed changes become effective (a) Contractor must comply with 34 TAC §20.14; (b) the changes must be reviewed and approved by University; and (c) if University approves changes to the HSP, this Agreement must be amended in accordance with **Section 12.6** to replace the HSP with the revised subcontracting plan.

12.26.2   **Expansion of Work.** If University expands the scope of Work through a change order or any other amendment, University will determine if the additional Work contains probable subcontracting opportunities *not* identified in the initial solicitation for Work. If University determines additional probable subcontracting opportunities exist, Contractor will submit an amended subcontracting plan covering those opportunities. The amended subcontracting plan must comply with the provisions of 34 TAC §20.14 before (a) this Agreement may be amended to include the additional Work; or (b) Contractor may perform the additional Work. If Contractor subcontracts any of the additional subcontracting opportunities identified by University without prior authorization and without complying with 34 TAC §20.14, Contractor will be deemed to be in breach of this Agreement under **Section 8** and will be subject to any remedial actions provided by Applicable Laws, including Chapter 2161, *Texas Government Code*, and 34 TAC §20.14. University may report nonperformance under this Agreement to the TPSS in accordance with *34 TAC §§20.101 through 20.108*.

12.27 **Responsibility for Individuals Performing Work; Criminal Background Checks.** Each individual who is assigned to perform Work under this Agreement will be an employee of Contractor or an employee of a subcontractor engaged by Contractor. Contractor is responsible for the performance of all individuals performing Work under this Agreement. Prior to commencing Work, Contractor will (1) provide University with a list (**List**) of all individuals who may be assigned to perform Work on University's premises and (2) have an appropriate criminal background screening performed on all the individuals on the List. Contractor will determine on a case-by-case basis whether each individual assigned to perform Work is qualified to provide the services. Contractor will not knowingly assign any individual to provide services on University's premises who has a history of criminal conduct unacceptable for a university campus or healthcare center, including violent or sexual offenses. Contractor will update the List each time there is a change in the individuals assigned to perform Work on University's premises.

Prior to commencing performance of Work under this Agreement, Contractor will provide University a letter signed by an authorized representative of Contractor certifying compliance with this Section. Contractor will provide University an updated certification letter each time there is a change in the individuals on the List.

12.28 **External Terms.** This Agreement completely supplants, replaces, and overrides all other terms and conditions or agreements, written or oral, concerning Contractor's performance or provision of goods or services under this Agreement (**External Terms**). External Terms are null and void and will have no effect under this Agreement, even if University or its employees, contractors, or agents express assent or agreement to External Terms. External Terms include any shrinkwrap, clickwrap, browsewrap, web-based terms and conditions of use, and any other terms and conditions displayed in any format that University or its employees, contractors, or agents are required to accept or agree to before or in the course of accessing or using any goods or services provided by Contractor.

12.29 INTENTIONALLY OMITTED

12.30 **Discrimination Prohibited.** University and Contractor will abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a) (collectively, **Regulations**). The regulations (1) prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and (2) prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, the regulations require that University and Contractor take affirmative action to employ and advance in employment, individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability

12.31 **Access to Documents**. To the extent applicable to this Agreement, in accordance with §1861(v)(I)(i) of the Social Security Act (42 USC §1395x) as amended, and the provisions of 42 CFR §420.300 et seq, Contractor will allow, during and for a period of not less than four (4) years after the expiration or termination of this Agreement, access to this Agreement and its books, documents, and records; and contracts between Contractor and its subcontractors or related organizations, including books, documents and records relating to same, by the Comptroller General of the United States, the U.S. Department of Health and Human Services and their duly authorized representatives.

12.32 **Incorporation of the Request for Proposal and Contractor's Response into the Agreement; Interpretation.** System issued a document entitled "Third Party Administrator services for System's self-funded UT SELECT Medical PPO plan" ("the RFP") to which Contractor submitted a response ("the Response") which was subsequently clarified by the Contractor to System in Writing (the Clarifications). The RFP and Response as amended by these Clarifications, which shall remain on file as **EXHIBIT A,** are both incorporated

herein by reference for all purposes as if both are restated in full. To the extent that the terms of this Agreement conflict with **EXHIBIT A**, the terms of this Agreement shall prevail. To the extent the terms of the RFP conflict with the Response, the RFP shall prevail unless the conflict is addressed om the Clarifications appended to the Response.

12.33 **Contractor Certification regarding Boycotting Israel.** Pursuant to Chapter 2270, *Texas Government Code* Contractor certifies Contractor (1) does not currently boycott Israel; and (b) will not boycott Israel during the Term of this Agreement. Contractor acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.

12.34 **Contractor Certification regarding Business with Certain Countries and Organizations.** Pursuant to Subchapter F, Chapter 2252, *Texas Government*, Contractor certifies Contractor (1) is not engaged in business with Iran, Sudan, or a foreign terrorist organization. Contractor acknowledges this Agreement may be terminated and payment withheld if this certification is inaccurate.

University and Contractor have executed and delivered this Agreement to be effective as of the Effective Date.

UNIVERSITY: **CONTRACTOR:**

THE UNIVERSITY OF TEXAS SYSTEM

By: _____   By: _____
Name: _____   Name: _____
Title: _____   Title: _____

Attach:

EXHIBIT A – **Request for Proposal (SOW) and Contractor's Response**
EXHIBIT B – **Schedule**
EXHIBIT C – **Payment for Services**
EXHIBIT D – **HIPAA Business Associate Agreement**
EXHIBIT E – **HUB Subcontracting Plan**

EXHIBIT A

REQUEST FOR PROPOSAL (SCOPE OF WORK) and CONTRACTOR'S RESPONSE

[Note: Provide a detailed description and break-down of all tasks Contractor is to perform and technical standards for the tasks, if appropriate.]

EXHIBIT B

SCHEDULE

EXHIBIT C

Payment for Services

HIPAA Business Associate Agreement

This Business Associate Agreement ("Agreement"), effective _____ ("Effective Date"), is entered into by and between The University of Texas System, an agency and institution of higher education established under the laws of the State of Texas ("**System" or "University**"), ("Covered Entity") and _____, a _____ company doing business as "_____" ("Business Associate", as more fully defined in section 1(c)) (each a "Party" and collectively the "Parties").

RECITALS

WHEREAS, Covered Entity has entered or is entering into that certain _____Agreement with Business Associate ("the Underlying Agreement") by which it has engaged Business Associate to perform services;

WHEREAS, Covered Entity possesses Protected Health Information that is protected under HIPAA and the HIPAA Regulations, HITECH Act and state law, including the Medical Records Privacy Act (MRPA), and is permitted to manage such information only in accordance with HIPAA and the HIPAA Regulations, HITECH Act, and MRPA;

WHEREAS, Business Associate may receive such information from Covered Entity, or create, receive, maintain or transmit such information on behalf of Covered Entity, in order to perform certain of the services under the Underlying Agreement;

WHEREAS, the Parties desire to comply with health information privacy and security protections subsequent to the enactment of the HITECH Act, Subtitle D of the American Recovery and Reinvestment Act of 2009 which has established requirements for compliance with HIPAA. In particular, the requirements provide that: (1) Covered Entity give affected individuals notice of security breaches affecting their PHI, and Business Associate give notice to Covered Entity pursuant to the provisions below; (2) Business Associate comply with the HIPAA security regulations; and (3) additional and/or revised provisions be included in Business Associate Agreement;

WHEREAS, Under HIPAA and HITECH, Covered Entity is required to enter into protective agreements, generally known as "business associate agreements," with certain downstream entities that will be entrusted with HIPAA-protected health information;

WHEREAS, Health information is further protected by state law, including the MRPA; and

WHEREAS, Covered Entity wishes to ensure that Business Associate will appropriately safeguard Protected Health Information.

NOW THEREFORE, Covered Entity and Business Associate agree as follows:

1. Definitions. The Parties agree that the following terms, when used in this Agreement, shall have the following meanings, provided that the terms set forth below shall be deemed to be modified to reflect any changes made to such terms from time to time as defined in HIPAA and the HIPAA Regulations and the MRPA. All capitalized terms used in this Agreement but not defined below shall have the meaning assigned to them under the HIPAA Regulations.

   a. "Breach" shall have the meaning given such term under 45 C.F.R. § 164.402 as such regulation is revised from time to time.

b.   "Breach of System Security" means unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of Sensitive Personal Information maintained by a person, including data that is encrypted if the person accessing the data has the key required to decrypt the data.

c.   "Business Associate" means, with respect to a Covered Entity, a person who:

1)   on behalf of such Covered Entity or of an Organized Health Care Arrangement (as defined under the HIPAA Regulations) in which the Covered Entity participates, but other than in the capacity of a member of the workplace of such Covered Entity or arrangement, creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA, HIPAA Regulations, or MRPA including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 C.F.R. 3.20, billing, benefit management, practice management, and re-pricing; or

2)   provides, other than in the capacity of a member of the workforce of such Covered Entity, legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services to or for such Covered Entity, or to or for an Organized Health Care Arrangement in which the Covered Entity participates, where the provision of the service involves the disclosure of PHI from such Covered Entity or arrangement, or from another Business Associate of such Covered Entity or arrangement, to the person.

d.   "Data Aggregation" means, with respect to PHI created or received by Business Associate in its capacity as the Business Associate of Covered Entity, the combining of such PHI by Business Associate with the PHI received by Business Associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

e.   "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

f.   "HIPAA Regulations" means the regulations promulgated under HIPAA by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164 subparts A and E ("The Privacy Rule") and the Security Standards as they may be amended from time to time, 45 C.F.R. Parts 160, 162 and 164, Subpart C ("The Security Rule").

g.   "HITECH Act" means the provisions of Division A, Title XIII of the American Recovery and Reinvestment Act of 2009, known as The Health Information Technology for Economic and Clinical Health, Act 42 U.S.C. §3000 et. seq., and implementing regulations and guidance, including the regulations implemented in 78 Fed. Reg. 5566 (January 25, 2013).

h.   "Individually Identifiable Health Information" means information that is a subset of health information, including demographic information collected from an individual, and:

1)   is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

2)   relates to past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

a)   that identifies the individual; or

b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

i. "MRPA" means Texas Medical Records Privacy Act, as codified in Section 181 et seq. of the Texas Health and Safety Code and as implemented through regulations including the Standards Relating to the Electronic Exchange of Health Information, codified at Title 1, Section 390.1 et seq. of the Texas Administrative Code.

j. "Protected Health Information" or "PHI" means Individually Identifiable Health Information that is transmitted by electronic media; maintained in any medium described in the definition of the term electronic media in the HIPAA Regulations; or transmitted or maintained in any other form or medium. The term excludes Individually Identifiable Health Information in educational records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g; records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and employment records held by a Covered Entity in its role as employer and regarding a person who has been deceased more than 50 years.

k. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system, but does not include minor incidents that occur on a routine basis, such as scans, "pings", or unsuccessful random attempts to penetrate computer networks or servers maintained by Business Associate.

l. "Sensitive Personal Information" means: (1) an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted: (a) social security number; (b) driver's license number or government-issued identification number; (c) account number or credit or debit card number in combination with any required security code, access, code, or password that would permit access to an individual's financial account; or (2) PHI information that identifies an individual and relates to: (a) the physical or mental health or condition of the individual; (b) the provision of health care to the individual; or (c) payment for the provision of health care to the individual.

m. "Unsecured PHI" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified in the guidance issued under Section 13402(h)(2) of the HITECH Act on the HHS web site.

2. Permitted Uses and Disclosures.

a. Compliance with Law. Covered Entity and Business Associate agree to comply with HIPAA, HIPAA Regulations, the HITECH Act, and the MRPA.

b. Performance of Services. Except as otherwise permitted by this Agreement, Business Associate may create, receive, maintain or transmit PHI on behalf of Covered Entity only in connection with the performance of the services contracted for in the Underlying Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103).

c. Proper Management and Administration. Business Associate may use PHI it receives in its capacity as Covered Entity's Business Associate for the proper management and administration of Business Associate in connection with the performance of services in the Underlying Agreement, as permitted by this Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103), and to carry out the legal responsibilities of Business Associate. Business Associate may also disclose Covered Entity's PHI for such proper management and administration of Business Associate and to carry out the legal responsibilities of Business Associate. Any such disclosure of PHI shall only be made in accordance with the terms of this Agreement, including Section 5(c) if to an agent or subcontractor of Business Associate, and only if Business Associate

obtains reasonable written assurances from the person to whom the PHI is disclosed that: (1) the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and (2) Business Associate will be notified by such person of any instances of which it becomes aware in which the confidentiality of the PHI has been breached.

d.   Data Aggregation. Business Associate may use and disclose PHI received by Business Associate in its capacity as Covered Entity's business associate in order to provide Data Aggregation services relating to Covered Entity's health care operations only with Covered Entity's permission.

e.   Business Associate may use and disclose de-identified health information if written approval from the Covered Entity is obtained, and the PHI is de-identified in compliance with the HIPAA Rules.

3.   Nondisclosure.

a.   As Provided in Agreement. Business Associate shall not use or further disclose Covered Entity's PHI other than as permitted or required by this Agreement or as Required by Law (as that term is defined by 45 C.F.R. § 164.103).

b.   Disclosures Required By Law. Business Associate shall not, without prior written consent of Covered Entity, disclose any PHI on the possibility that such disclosure is required by law without notifying, to the extent legally permitted, Covered Entity so that the Covered Entity shall have an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such a disclosure, Business Associate, shall, to the extent permissible by law, refrain from disclosing the PHI until Covered Entity has exhausted all alternatives for relief. Business Associate shall require reasonable assurances from persons receiving PHI in accordance with Section 2(c) that such persons will provide Covered Entity with similar notice and opportunity to object before disclosing PHI when a disclosure is required by law.

c.   Additional Restrictions. If Covered Entity notifies Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures of Covered Entity's PHI pursuant to HIPAA or the HIPAA Regulations, Business Associate shall be bound by such additional restrictions and shall not disclose Covered Entity's PHI in violation of such additional restrictions to the extent possible consistent with Business Associate's obligations set forth in the Underlying Agreement.

d.   Restrictions Pursuant to Subject's Request. If Business Associate has knowledge that an individual who is the subject of PHI in the custody and control of Business Associate has requested restrictions on the disclosure of PHI, Business Associate must comply with the requested restriction if (a) the Covered Entity agrees to abide by the restriction; or (b) the disclosure is to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care item or service for which Covered Entity has been paid out of pocket in full. If the use or disclosure of PHI in this Agreement is based upon an Individual's specific authorization for the use or disclosure of his or her PHI, and the Individual revokes such authorization, the effective date of such authorization has expired, or such authorization is found to be defective in any manner that renders it invalid, Business Associate shall, if it has notice of such revocation, expiration, or invalidity, cease the use and disclosure of the Individual's PHI except to the extent it has relied on such use or disclosure, or if an exception under the Privacy Rule expressly applies.

e.   Remuneration. Business Associate shall not directly or indirectly receive remuneration in exchange for disclosing PHI received from or on behalf of Covered Entity except as permitted by HITECH Act § 13405, the MRPA, and any implementing regulations that may be promulgated or revised from time to time.

f.   Disclosure. Business Associate shall not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. part 164, or MRPA, if done by the Covered Entity itself except as authorized under Section 2 of this Agreement.

4.   Minimum Necessary. Business Associate shall limit its uses and disclosures of, and requests for, PHI, to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

5.   Additional Business Associate Obligations.

a.   Safeguards.   Business Associate shall use appropriate safeguards and comply with Subpart C of 45 C.F.R. 164 with respect to electronic PHI to prevent use or disclosure of the PHI other than as provided for by this Agreement. Business Associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any paper or electronic PHI it creates, receives, maintains, or transmits on behalf of Covered Entity.

b.   To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of the obligations.

c.   Business Associate's Agents and Subcontractors.

1)   Business Associate shall ensure that any agents and subcontractors to whom it provides PHI agree to only create, receive, maintain or transmit PHI on behalf of the Business Associate under the same restrictions that apply to Business Associate. Such agreement between Business Associate and subcontractor or agent must be in writing and must comply with the terms of this Agreement and the requirements outlined at 45 C.F.R. §164.504(e)(2); 45 C.F.R. §164.502(e)(1)(ii); 45 C.F.R. §164.314; and 45 C.F.R. §164.308(b)(2).   Additionally, Business Associate shall ensure agent or subcontractor agree to and implement reasonable and appropriate safeguards to protect PHI.

2)   If Business Associate knows of a pattern of activity or practice of its subcontractor or agent that constitutes a material breach or violation of the agent or subcontractor's obligation under the contract or other arrangement, the Business Associate must take steps to cure the breach and end the violation and if such steps are not successful, must terminate the contract or arrangement if feasible. If it is not feasible to terminate the contract, Business Associate must promptly notify the Covered Entity.

d.   Reporting. Business Associate shall, as soon as practicable but not more than five (5) business days after becoming aware of any successful security incident or use or disclosure of Covered Entity's PHI or Sensitive Personal Information in violation of this Agreement, report any such use or disclosure to Covered Entity. With the exception of law enforcement delays that satisfy the requirements under 45 C.F.R. § 164.412 or as otherwise required by applicable state law, Business Associate shall notify Covered Entity in writing without unreasonable delay and in no case later than ten (10) calendar days upon discovery of a Breach of Unsecured PHI or Breach of Security System. Such notice must include, to the extent possible, the name of each individual whose Unsecured PHI or Sensitive Personal Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such breach. Business Associate shall also provide, to the extent possible, Covered Entity with any other available information that Covered Entity is required to include in its notification to individuals under 45 C.F.R. § 164.404(c) and Section 521.053, Texas Business & Commerce Code at the time of Business Associate's notification to Covered Entity or promptly thereafter as such information becomes available. For purposes of this Agreement, a Breach of Unsecured PHI or Breach of Security

System shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate (including any person, other than the individual committing the breach, who is an employee, officer, or other agent of Business Associate, as determined in accordance with the federal common law of agency) or should reasonably have been known to Business Associate following the exercise of reasonable diligence.

e.   Mitigation. Business Associate shall have procedures in place to mitigate, to the maximum extent practicable, any deleterious effect from any Use or Disclosure (as defined by 45 C.F.R. §160.103).

f.   Sanctions. Business Associate shall apply appropriate sanctions in accordance with Business Associate's policies against any employee, subcontractor or agent who uses or discloses Covered Entity's PHI in violation of this Agreement or applicable law.

g.   Covered Entity's Rights of Access and Inspection. From time to time upon reasonable notice, or upon a reasonable determination by Covered Entity that Business Associate has breached this Agreement, Covered Entity may inspect the facilities, systems, books and records of Business Associate related to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity or the safeguarding of such PHI to monitor compliance with this Agreement. Business Associate shall document and keep current such security measures and safeguards and make them available to Covered Entity for inspection upon reasonable request including summaries of any internal or external assessments Business Associate performed related to such security controls and safeguards. The fact that Covered Entity inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this Agreement, nor does Covered Entity's (1) failure to detect or (2) detection but failure to require Business Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of Covered Entity's enforcement or termination rights under this Agreement. This Section shall survive termination of this Agreement.

h.   United States Department of Health and Human Services. Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary of the United States Department of Health and Human Services for purposes of determining Covered Entity's compliance with HIPAA and the HIPAA regulations, provided that Business Associate shall promptly notify Covered Entity upon receipt by Business Associate of any such request for access by the Secretary of the United States Department of Health and Human Services, and shall provide Covered Entity with a copy thereof as well as a copy of all materials disclosed pursuant thereto, unless otherwise prohibited by law.

i.   Training. Business Associate shall provide such training in the privacy and security of PHI to its Workforce (as that term is defined by 45 C.F.R. § 160.103) as is required for Business Associate's compliance with HIPAA, HIPAA Regulations, HITECH, and the MRPA.

6.   Obligation to Provide Access, Amendment and Accounting of PHI.

a.   Access to PHI. Business Associate shall make available to Covered Entity, in the time and manner designated by the Covered Entity, such information as necessary to allow Covered Entity to meet its obligations under the HIPAA Regulations, PHI contained in a Designated Record Set held by Business Associate as Covered Entity may require to fulfill Covered Entity's obligations to provide access to, and copies of, PHI in accordance with HIPAA and the HIPAA Regulations and MRPA. In the event that any individual requests access to PHI directly from Business Associate, Business Associate shall notify Covered Entity within five (5) business days that such request has been made.

b.	Amendment of PHI. Business Associate shall make available to Covered Entity PHI contained in a Designated Record Set held by Business Associate as Covered Entity may require to fulfill Covered Entity's obligations to amend PHI in accordance with HIPAA and the HIPAA Regulations. In addition, Business Associate shall, as directed by Covered Entity, incorporate any amendments to Covered Entity's PHI into copies of such information maintained by Business Associate. In the event that any individual requests amendment of PHI directly from Business Associate, Business Associate shall forward such request to Covered Entity within five (5) business days.

c.	Accounting of Disclosures of PHI.

1)	Record of Disclosures. Business Associate shall maintain a record of all disclosures of PHI received from, or created or received by Business Associate on behalf of, Covered Entity, except for those disclosures identified in Section 6(c)(2) below, including the date of the disclosure, the name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure which includes an explanation of the reason for such disclosure. Business Associate shall make this record available to Covered Entity upon Covered Entity's request. If Business Associate maintains records in electronic form, Business Associate shall account for all disclosures made during the period of three (3) years preceding the request. In the event that any individual requests an accounting of disclosures of PHI directly from Business Associate, Business Associate shall notify Covered Entity within five (5) business days that such request has been made and provide Covered Entity with a record of disclosures within ten (10) days of an individual's request. If the request from an individual comes directly to Covered Entity and Covered Entity notifies Business Associate that it requires information from Business Associate in order to respond to the individual, Business Associate shall make available to Covered Entity such information as Covered Entity may require within ten (10) days from the time of request by Covered Entity.

2)	Certain Disclosures Need Not Be Recorded. The following disclosures need not be recorded:

a)	disclosures to carry out Covered Entity's treatment, payment and health care operations as defined under the HIPAA Regulations;

b)	disclosures to individuals of PHI about them as provided by the HIPAA Regulations;

c)	disclosures for Covered Entity's facility's directory, to persons involved in the individual's care, or for other notification purposes as provided by the HIPAA Regulations;

d)	disclosures for national security or intelligence purposes as provided by the HIPAA Regulations;

e)	disclosures to correctional institutions or law enforcement officials as provided by the HIPAA Regulations;

f)	disclosures that occurred prior to the later of (i) the Effective Date or (ii) the date that Covered Entity is required to comply with HIPAA and the HIPAA Regulations;

g)	disclosures pursuant to an individual's authorization in accordance with HIPAA and the HIPAA Regulations; and

h)   any other disclosures excepted from the right to an accounting by the HIPAA Regulations.

7.   Material Breach, Enforcement and Termination.

a.   Term. This Agreement shall become effective on the Effective Date and shall continue unless or until this Agreement terminates, the Underlying Agreement terminates, or the Business Associate has completed performance of the services in the Underlying Agreement, whichever is earlier.

b.   Termination. Either Party may terminate this Agreement:

1)   immediately if the other Party is finally convicted in a criminal proceeding for a violation of HIPAA or the HIPAA Regulations;

2)   immediately if a final finding or stipulation that the other Party has violated any standard or requirement of HIPAA or other security or privacy laws is made in any administrative or civil proceeding in which the other Party has been joined; or completed performance of the services in the Underlying Agreement, whichever is earlier.

3)   pursuant to Sections 7(c) or 8(b) of this Agreement.

c.   Remedies. Upon a Party's knowledge of a material breach by the other Party, the non-breaching Party shall either:

1)   provide an opportunity for the breaching Party to cure the breach and end the violation or terminate this Agreement and the Underlying Agreement if the breaching Party does not cure the breach or end the violation within ten (10) business days or a reasonable time period as agreed upon by the non-breaching party; or

2)   immediately terminate this Agreement and the Underlying Agreement if cure is not possible.

d.   Injunctions. Covered Entity and Business Associate agree that any violation of the provisions of this Agreement may cause irreparable harm to Covered Entity. Accordingly, in addition to any other remedies available to Covered Entity at law or in equity, Covered Entity shall be entitled to seek an injunction or other decree of specific performance with respect to any violation of this Agreement or explicit threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages.

e.   Indemnification. This indemnification provision is enforceable against the Parties only to the extent authorized under the constitution and laws of the State of Texas. The Parties will indemnify, defend and hold harmless each other and each other's respective employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as "indemnified party," against all actual and direct losses suffered by the indemnified party and all liability to third parties arising from or in connection with any breach of this Agreement or of any warranty hereunder or from any negligence or wrongful acts or omissions, including failure to perform its obligations under MRPA, HIPAA, the HIPAA Regulations, and the HITECH Act by the indemnifying party or its employees, directors, officers, subcontractors, agents or other members of its workforce.

f.   Breach of PHI and Breach of System Security. Business Associate will pay or reimburse Covered Entity for all costs and penalties incurred by Covered Entity in connection with any incident giving rise to a Breach of PHI and/or a Breach of System Security, including without limitation all costs related to any investigation, any notices to be given, reasonable legal fees, or other actions

taken to comply with HIPAA, the HITECH Act, or any other applicable law or regulation, where (i) the PHI was in the custody or control of Business Associate when the Breach of PHI and/or Breach of System Security occurred, or (ii) the Breach of PHI and/or Breach of System Security was caused by the negligence or wrongful acts or omissions of Business Associate and its employees, directors, officers, subcontractors, agents or other members of its workforce.

8.   General Provisions.

a.   State Law. Nothing in this Agreement shall be construed to require Business Associate to use or disclose PHI without written authorization from an individual who is a subject of the PHI, or written authorization from any other person, where such authorization would be required under state law for such use or disclosure.

b.   Amendment. Covered Entity and Business Associate agree to enter into good faith negotiations to amend this Agreement to come into compliance with changes in state and federal laws and regulations relating to the privacy, security and confidentiality of PHI. Covered Entity may terminate this Agreement upon thirty (30) days written notice in the event that Business Associate does not promptly enter into an amendment that Covered Entity, in its sole discretion, deems sufficient to ensure that Covered Entity will be able to comply with such laws and regulations.

c.   No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended or shall be deemed to confer upon any person other than Covered Entity, Business Associate, and their respective successors and assigns, any rights, obligations, remedies or liabilities.

d.   Ambiguities. The Parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with applicable law protecting the privacy, security, and confidentiality of PHI, including, without limitation, MRPA, HIPAA, the HIPAA Regulations, and the HITECH Act.

e.   Primacy. To the extent that any provision of this Agreement conflicts with the provision of any other agreement or understanding between the Parties, this Agreement shall control.

f.   Destruction/Return of PHI.   Business Associate agrees that, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), upon termination of this Agreement or the Underlying Agreement, for whatever reason,

1)   It will return or destroy all PHI, if feasible, received from or created or received by it on behalf of Covered Entity that Business Associate maintains in any form, and retain no copies of such information which for purposes of this Agreement shall mean all backup tapes. Prior to doing so, Business Associate further agrees to recover any PHI in the possession of its subcontractors or agents. An authorized representative of Business Associate shall certify in writing to Covered Entity, within thirty (30) days from the date of termination or other expiration of the Underlying Agreement, that all PHI has been returned or disposed of as provided above and that Business Associate or its subcontractors or agents no longer retain any such PHI in any form.

2)   If it is not feasible for Business Associate to return or destroy said PHI, Business Associate will notify the Covered Entity in writing. The notification shall include a statement that the Business Associate has determined that it is infeasible to return or destroy the PHI in its possession, and the specific reasons for such determination. Business Associate shall comply with the Security Rule and extend any and all protections, limitations and restrictions contained in this Agreement to Business Associate's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

3)   If it is infeasible for Business Associate to obtain, from a subcontractor or agent any PHI in the possession of the subcontractor or agent, Business Associate must provide a written explanation to Covered Entity and require the subcontractors and agents to agree to comply with the Security Rule and extend any and all protections, limitations and restrictions contained in this Agreement to the subcontractors' and/or agents' use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

g.   Offshore Work. In performing the functions, activities or services for, or on behalf of Covered Entity, Business Associate shall not, and shall not permit any of its agents or subcontractors who receive Covered Entity's PHI to, transmit or make available any PHI to any entity or individual outside the United States without prior written consent of Covered Entity.

h.   Integration.   This Agreement embodies and constitutes the entire agreement and understanding between the Parties with respect to the subject matter hereof and supersedes all prior oral or written agreements, commitments and understandings pertaining to the subject matter hereof.

i.   Governing Law.   This Agreement is governed by, and shall be construed in accordance with, applicable federal law and the laws of the State of Texas without regard to choice of law principles.

j.   Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or (other than for the delivery of fees) via facsimile to the facsimile telephone numbers listed below.

If to Covered Entity:
The University of Texas System Privacy Officer
Office of Systemwide Compliance
210 W. 7th Street
Austin, Tx. 78701
Email: cblanton@utsystem.edu

If to Business Associate: _____

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner herein above provided.

k.   Privilege. Notwithstanding any other provision in this Agreement, this Agreement shall not be deemed to be an agreement by Business Associate to disclose information that is privileged, protected, or confidential under applicable law to the extent that such privilege, protection or confidentiality (a) has not been waived or (b) is not superseded by applicable law.

l.   Multiple Counterparts.   This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which shall together constitute one and the same instrument. Facsimile and electronic (pdf) signatures shall be treated as if they are original signatures.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their respective duly authorized representatives in the manner legally binding upon them as of the date indicated below.

BUSINESS ASSOCIATE   COVERED ENTITY
                                  THE UNIVERSITY OF TEXAS
                                  _____

By: _____   By: _____
       (Authorized Signature)   (Authorized Signature)
Name: _____   Name: _____
       (Type or Print)   (Type or Print)
Title: _____   Title: _____
Date: _____   Date: _____

EXHIBIT E

HUB SUBCONTRACTING PLAN

Shared Assessments Introduction

Campus IT environments are rapidly changing and the speed of cloud service adoption is increasing. Institutions looking for ways to do more with less see cloud services as a good save resources. As campuses deploy or identify cloud services, they must ensure the cloud are appropriately assessed for managing the risks to the confidentiality, integrity and avail sensitive institutional information and the PII of constituents. Many campuses have establi cloud security assessment methodology and resources to review cloud services for privacy security controls. Other campuses don't have sufficient resources to assess their cloud se this manner. On the vendor side, many cloud services providers spend significant time re the individualized security assessment requests made by campus customers, often answer questions repeatedly. Both the provider and consumer of cloud services are wasting prec creating, responding, and reviewing such assessments.

The Higher Education Cloud Vendor Assessment Tool attempts to generalize higher educat information security and data protection questions and issues for consistency and ease of institutions may have specific issues that must be addressed in addition to the general que provided in this assessment. It is anticipated that this Higher Education Cloud Vendor Asse Tool will be revised over time to account for changes in cloud services provisioning and the information security and data protection needs of higher education institutions.

The Higher Education Cloud Vendor Assessment Tool:
●Helps higher education institutions ensure that cloud services are appropriately assessed security and privacy needs, including some that are unique to higher education
●Allows a consistent, easily-adopted methodology for campuses wishing to reduce costs th cloud services without increasing risks
●Reduces the burden that cloud service providers face in responding to requests for securi assessments from higher education institutions

This Higher Education Cloud Vendor Assessment Tool was created by the Higher Education Information Security Council Shared Assessments Working Group. Its purpose is to provic starting point for the assessment of third-party provided cloud services and resources. Ov the Shared Assessments Working Group hopes to create a framework that will establish a resource where institutions and cloud services providers will share completed Higher Educa Vendor Assessment Tool assessments.

https://www.educause.edu/hecvat
https://www.ren-isac.net/hecvat

This Higher Education Cloud Vendor Assessment Tool is brought to you by the Higher Education

Information Security Council, and members from EDUCAUSE, Internet2, and the Research Education Networking Information Sharing and Analysis Center (REN-ISAC).

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EDUCAUSE

By completing the Higher Education Cloud Vendor Assessment Tool - Lite,
understand that the completed assessment may be shared among higher
sharing uses, permissions, and audiences are defined in the table below.

Item	Default Sharing Permission
Assessment template and discussion regarding the assessment process	OK to share
List of service providers assessed and contact information of service providers	OK to share
Completed Vendor Assessment Tool (vendor answers intact)	None, Opt-in by service provider only
Security report created by this Higher Education institution	None, Opt-in by service provider only

The REN-ISAC hosts the Cloud Broker Index (CBI), an up-to-date index o
maintain a populated HECVAT for any/all of their services. Vendors have t
HECVAT(s), providing a link(s) to the index, or having the REN-ISAC host

The Cloud Broker Index can be found at: https://www.ren-isac.net/hecva

cloud service providers
education institutions. Anticipated

Default Sharing Audience
Public
Higher education institutions only
None, unless opt-in. If a service provider opts-in, the sharing is within higher education institutions only
None, unless opt-in. If a service provider opts-in, the sharing is within higher education institutions only

f participating vendors that
the choice to host their own
: their populated HECVAT(s).

t/cbi.html.

Higher Educ...
Instruction...

Target Audience

These instructions are fo...
worksheet should not be...
submit robust security s...
Institution's assessment...

Document Layout

There are five main sect...
more detail. This docum...
completed it can be pop...
questions are nested an...
in the correct order will...

General Information	
Higher Education Shared Assessments Confirmation	
Qualifiers	
Documentation	
Company Overview	
Safeguards	

In sections where vend...
Answers and Additional...
sometimes C and D are...
down box and any supp...
looking for the answer t...
questions, check this co...
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Figure 1:

Optional Safeguards

Not all questions are rel
depending on the scope
become optional have th

Figure 2:

BCP - Optional based on
BCPL-01	Describe or provide a ref

**Proceed to the next ta

cation Cloud Vendor Assessment Tool
s

or vendors interested in providing the Institution with a software and/or a service. This
e completed by a Institution entity. The purpose of this worksheet is for the vendor to
safeguard information in regards to the product (software/service) being assessed in the
t process.

tions of the Higher Education Cloud Vendor Assessment Tool, all listed below and outlined in
nent is designed to have the first two sections populated first; after the Qualifiers section is
oulated in any order. Within each section, answer each question top-to-bottom. Some
id may be blocked out via formatting based on previous answers. Populating this document
ensure that questions are not answered unnecessarily.

This section is self-explanatory; product specifics and contact information. GNRL-01
through GNRL-06 should be populated by an institution entity. **GNRL-07 through GNRL-14 should be populated by the Vendor**. GNRL-15 and GNRL-16 are for Institution use only.

Answers to the statements in this section will determine how this assessment may be
shared within the Higher Education community. Refer to the Sharing Read Me tab for
further details.

Populate this section **completely** before continuing. Answers in this section can determine
which sections will be required for this assessment. By answering "No" to Qualifiers, their
matched sections become optional and are highlighted in orange.

Focused on external documentation, the Institution is interested in the frameworks that
lead your security strategy and what has been done to certify these implementations.

This section is focused on company background, size, and business area experience.

The remainder of the document consists of various safeguards grouped generally by
section.

or input is required there are only one or two columns that need modification, Vendor
Information, columns C and D respectively (see Figure 1 below). You will see that
separate and other times are merged. If they are separate, C will be a selectable, drop-
orting information should be added to column D. If C and D are merged, the question is
o be in narrative form. At the far right is a column titled "Guidance". After answering
lumn to ensure you have submitted information/documentation to sufficiently answer the
tional Information" column to provide any requested details.

C	D	E
Vendor Answers	Additional Information	Guidance
No		Provide a brief description.

s Based on Qualifiers

evant to all vendors. Qualifiers are used to make whole sections optional to vendors
of product usage and the data involved in the engagement being assessed. Sections that
he section titles and questions highlighted in orange (see Figure 2).

QUALIFIER response.	Vendor Answers	Additional Information
ference to your Business Continuity Plan.		

ab, Cloud Vendor Assessment Tool, to begin.

Higher Education Cloud Vendor Assessment Tool

DATE-01	**Date**	□□

General Information

In order to protect the Institution and its systems, vendors whose products and/or services will access and/or Throughout this tool, anywhere where the term data is used, this is an all-encompassing term including at lea process will assist the institution in preventing breaches of protected information and comply with Institution Assessment and should be completed by a vendor. Review the *Instructions* tab for further guidance.

GNRL-01 through GNRL-06; populated by Institution		
GNRL-01	Institution Department	*The University of Texas*
GNRL-02	Institution Department Primary Campus	*System Administration*
GNRL-03	Institution Department Code	*NA*
GNRL-04	Institution Department Contact Name	*Institution Department Con*
GNRL-05	Institution Department Contact Email	*Institution Department Con*
GNRL-06	Institution Department Contact Phone Number	*555-555-5555*
GNRL-07 through GNRL-14; populated by Vendor		
GNRL-07	Vendor Name	*Vendor Name*
GNRL-08	Product Name	*Product Name and Version*
GNRL-09	Product Description	*Please include a brief descr*
GNRL-10	Web Link to Product Privacy Notice	*http://www.vendor.domain*
GNRL-11	Vendor Contact Name	*Vendor Contact Name*

GNRL-12	Vendor Contact Title	*Vendor Contact Title*
GNRL-13	Vendor Contact Email	*Vendor Contact E-mail Add.*
GNRL-14	Vendor Contact Phone Number	*555-555-5555*
GNRL-15 and GNRL-16; populated by Institution Security Office		
GNRL-15	Institution Security Analyst/Engineer	*Institution Security Analyst.*
GNRL-16	Assessment Contact	*ticket#@yourdomain.edu*

Higher Education Shared Assessments Confirmation — Vendor Answers

By completing the Higher Education Cloud Vendor Assessment Tool, cloud service providers understand that th **following statements will determine how this assessment may be shared within the Higher Educati**

HESA-01	I understand the goal of Higher Education Shared Assessments and that the completed Higher Education Cloud Vendor Assessment Tool may be shared with other higher education institutions, based on the following selections.	Yes
HESA-02	Add this completed assessment to a list of Higher Education assessed service providers, with contact information for service providers. No answers are shared; it is a list stating vendor, product, version, and service provider contact information.	Yes; OK to List
HESA-03	This completed Vendor Assessment Tool (with vendor answers intact) can be shared within Higher Education institutions through the Cloud Broker Index, https://www.ren-isac.net/hecvat/cbi.html.	Yes; OK to Share
HESA-04	The security report created by this Higher Education institution, after evaluating this assessment, can be shared within Higher Education institutions.	Yes; OK to Share

Instructions

Step 1: Complete the *Qualifiers* section first. **Step 2:** Complete each section answering each set of questions completed Higher Education Cloud Vendor Assessment Tool (HECVAT) to the Institution according to institutio

Qualifiers		Vendor Answers
The Institution conducts Third Party Security Assessments on a variety of third parties. As such, not all assess and allows for various parties to utilize this common documentation instrument. **Responses to the following**		
QUAL-01	**Does your product process protected health information (PHI) or any data covered by the Health Insurance Portability and Accountability Act?**	No
QUAL-02	**Does the vended product host/support a mobile application?** (e.g. app)	
QUAL-03	**Will institution data be shared with or hosted by any third parties?** (e.g. any entity not wholly-owned by your company is considered a third-party)	
QUAL-04	**Do you have a Business Continuity Plan (BCP)?**	
QUAL-05	**Do you have a Disaster Recovery Plan (DRP)?**	
QUAL-06	**Will data regulated by PCI DSS reside in the vended product?**	Yes
QUAL-07	**Is your company a consulting firm providing only consultation to the Institution?**	No

Documentation		Vendor Answers
DOCU-01	Have you undergone a SSAE 16 audit?	
DOCU-02	Have you completed the Cloud Security Alliance (CSA) self assessment or CAIQ?	
DOCU-03	Have you received the Cloud Security Alliance STAR certification?	
DOCU-04	Do you conform with a specific industry standard security framework? (e.g. NIST Special Publication 800-53, ISO 27001, etc.)	
DOCU-05	Are you compliant with FISMA standards (indicate at what level)?	
DOCU-06	Does your organization have a data privacy policy?	
Company Overview		**Vendor Answers**
COMP-01	Describe your organization's business background and ownership structure, including all parent and subsidiary relationships.	

COMP-02	Describe how long your organization has conducted business in this product area.	
COMP-03	How many higher education, commercial customers and government customers do you serve in North America? Please provide a higher education customer reference if available.	
COMP-04	Please explain in detail any involvement in business-related litigation in the last five years by your organization, its management, or the staff that will be providing the administrative services.	
COMP-05	Describe the structure and size of your Security Office and overall information security staff. (e.g. Admin, Engineering, QA/Compliance, etc.)	
COMP-06	Describe the structure and size of your Software and System Development teams. (e.g. Customer Support, Implementation, Product Management, etc.)	
COMP-07	Use this area to share information about your environment that will assist those who are evaluating you company data security safeguards.	
Third Parties		**Vendor Answers**

THRD-01	Describe how you perform security assessments of third party companies with which you share data (i.e. hosting providers, cloud services, PaaS, IaaS, SaaS, etc.). Provide a summary of your practices that assures that the third party will be subject to the appropriate standards regarding security, service recoverability, and confidentiality.	
THRD-02	Provide a brief description for why each of these third parties will have access to institution data.	
THRD-03	What legal agreements (i.e. contracts) do you have in place with these third parties that address liability in the event of a data breach?	
THRD-04	Describe or provide references to your third party management strategy or provide additional information that may help analysts better understand your environment and how it relates to third-party solutions.	
Consulting - Optional based on QUALIFIER response.		**Vendor Answers**
CONS-01	Will the consulting take place on-premises or remotely?	
CONS-02	Will the consultant require access to Institution's network resources?	

CONS-03	Will the consultant require access to hardware in the Institution's data centers?	
CONS-04	Will the consultant require an account within the Institution's domain (@*.edu)?	
CONS-05	Has the consultant received training on [sensitive, HIPAA, PCI, etc.] data handling?	
CONS-06	Will any data be transferred to the consultant's possession?	
CONS-07	How long will it remain in their possession?	
CONS-08	Is it encrypted (at rest) while in the consultant's possession?	
CONS-09	Will the consultant need remote access to the Institution's network or systems?	
CONS-10	What software will be used to facilitate that access?	
CONS-11	Can we restrict that access based on source IP address?	
Application/Service Security		**Vendor Answers**
APPL-01	Does the application/service support being virtualized?	

APPL-02	Are the servers hosting institution data currently deployed in a virtualized environment?	
APPL-03	Can user access be customized to allow read-only access, update access, or no-access to specific types of records, record attributes, components, or functions?	
APPL-04	Describe or provide a reference to how user security administration is performed?	
APPL-05	Define the access control roles of employees that will have access to the data and in what capacity.	
APPL-06	Do you allow employees to remotely access data (i.e. work from home)?	
APPL-07	Define what controls are in place to secure their remote environment and connection to the institution's data.	
APPL-08	What operating system(s) is/are leveraged by the system(s)/application(s) that will have access to institution's data?	

APPL-09	Have you or any third party you contract with that may have access or allow access to the institution's data experienced a breach?	
APPL-10	Describe or provide a reference to additional software/products necessary to implement a functional system on either the backend or user-interface side of the system.	
APPL-11	Describe or provide a reference to the overall system and/or application architecture(s), including appropriate diagrams. Include a full description of the data communications architecture for all components of the system.	
APPL-12	Are databases used in the system segregated from front-end systems? (e.g. web and application servers)	
APPL-13	Describe or provide a reference to all web-enabled features and functionality of the system (i.e. accessed via a web-based interface).	
APPL-14	Describe or provide a reference to any OS and/or web-browser combinations that are not currently supported.	
APPL-15	Can your system take advantage of mobile and/or GPS enabled mobile devices?	

APPL-16	Describe or provide a reference to the facilities available in the system to provide separation of duties between security administration and system administration functions.	
APPL-17	Describe or provide a reference that details how administrator access is handled (e.g. provisioning, principle of least privilege, deprovisioning, etc.)	
APPL-18	Does the system provide data input validation and error messages?	
APPL-19	Do you employ a single-tenant or multi-tenant strategy in the environment hosting Institution's data?	
APPL-20	Describe or provide references explaining how tertiary services are redundant (i.e. DNS, ISP, etc...).	

Authentication, Authorization, and Accounting		Vendor Answers
AAAI-01	Can you enforce password/passphrase aging requirements?	
AAAI-02	Can you enforce password/passphrase complexity requirements [provided by the institution]?	
AAAI-03	What are the minimum and maximum password lengths supported, and what types of characters are supported?	

AAAI-04	Describe the current/default/supported password/passphrase reset procedures?	
AAAI-05	Describe or provide a reference to the types of authentication, including standards-based single-sign-on (SSO, InCommon), that are supported by the web-based interface?	
AAAI-06	Are there any passwords/passphrases "hard coded" into your systems or products?	
AAAI-07	Are user account passwords/passphrases visible in administration modules?	
AAAI-08	Are user account passwords/passphrases stored encrypted?	
AAAI-09	Describe or provide a reference to the algorithm/strategy that is used to encrypt stored passwords/passphrases?	
AAAI-10	Does your *application* and/or user-frontend/portal support multi-factor authentication? (e.g. Duo, Google Authenticator, OTP, etc.)	
AAAI-11	List all supported multi-factor authentication methods, technologies, and/or products and provide a brief summary of each.	
AAAI-12	Does your *application* support integration with other authentication and authorization systems such as Active Directory, Kerberos (what version) or another institution centralized authorization service?	

AAAI-13	Will any external authentication or authorization system be utilized by an application with access to the institution's data?	
AAAI-14	Does the *system* (servers/infrastructure) support external authentication services (e.g. Active Directory, LDAP) in place of local authentication?	
AAAI-15	Does the system operate in a mixed authentication mode (i.e. external and local authentication)?	
AAAI-16	Will any external authentication or authorization system be utilized by a system with access to institution data?	
AAAI-17	Are audit logs available that include AT LEAST all of the following; login, logout, actions performed, and source IP address?	
AAAI-18	Describe or provide a reference to the system capability to log security/authorization changes as well as user and administrator security (physical or electronic) events (e.g., login failures, access denied, changes accepted), and all requirements necessary to implement logging and monitoring on the system. Include information about SIEM/log collector usage.	
AAAI-19	Describe or provide a reference to the retention period for those logs, how logs are protected, and whether they are accessible to the customer (and if so, how).	

| **Business Continuity Plan** | **Vendor Answers** |

BCPL-01	Describe or provide a reference to your Business Continuity Plan (BCP).	
BCPL-02	Is an owner assigned who is responsible for the maintenance and review of the Business Continuity Plan?	
BCPL-03	If possible, can the Institution review your BCP and supporting documentation?	
BCPL-04	Is there a defined problem/issue escalation plan in your BCP for impacted clients?	
BCPL-05	Is there a documented communication plan in your BCP for impacted clients?	
BCPL-06	Are all components of the BCP reviewed at least annually and updated as needed to reflect change?	
BCPL-07	Indicate the last time that the BCP was tested and provide a summary of the results.	
BCPL-08	Does your organization conduct training and awareness activities to validate its employees understanding of their roles and responsibilities during a crisis?	
BCPL-09	Are specific crisis management roles and responsibilities defined and documented?	
BCPL-10	Does your organization have an alternative business site or a contracted Business Recovery provider?	

BCPL-11	Does your organization conduct an annual test of relocating to this alternate site for business recovery purposes?	
BCPL-12	Indicate the priority of service restoration for services utilized by the Institution compared to other applications/services the vendor provides.	

Change Management | Vendor Answers

CHNG-01	Do you have a documented and currently followed change management process (CMP)?	
CHNG-02	Indicate all procedures that are implemented in your CMP. a.) An impact analysis of the upgrade is performed. b.) The change is appropriately authorized. c.) Changes are made first in a test environment. d.) The ability to implement the upgrades/changes in the production environment is limited to appropriate IT personnel.	
CHNG-03	How and when will the Institution be notified of major changes to your environment that could impact the Institution's security posture?	
CHNG-04	Do clients have the option to not participate in or postpone an upgrade to a new release?	
CHNG-05	Describe or provide a reference to your solution support strategy in relation to maintaining software currency. (i.e. how many concurrent versions are you willing to run and support?)	

CHNG-06	Identify the most current version of the software. Detail the percentage of live customers that are utilizing the proposed version of the software as well as each version of the software currently in use.	
CHNG-07	Describe, if applicable, your support for client customizations from one release to another.	
CHNG-08	How does your organization ensure that only application software verifiable as authorized, tested, and approved for production, and having met all other requirements and reviews necessary for commissioning, is placed into production?	
CHNG-09	Describe or provide a reference to your release schedule for product updates.	
CHNG-10	Describe or provide a reference to your technology roadmap, for the next 2 years, for enhancements and bug fixes for the product/service being assessed.	
CHNG-11	Describe or provide a reference to your expectation of client involvement with product updates?	
CHNG-12	Provide a brief summary of how critical patches are applied to all systems and applications.	

CHNG-13	Describe or provide a reference to how security risks are mitigated until patches can be applied.	
CHNG-14	Are upgrades or system changes installed during off-peak hours or in a manner that does not impact the customer?	
CHNG-15	Do procedures exist to provide that emergency changes are documented and authorized (including after the fact approval)?	
Data		**Vendor Answers**
DATA-01	Describe the highest level of data classification that will be managed within your system(s) and/or application(s).	
DATA-02	Describe or provide a reference to how institution data is physically and logically separated from that of other customers.	
DATA-03	Will Institution's data be stored on any devices (database servers, file servers, SAN, NAS, ...) configured with non-RFC 1918/4193 (i.e. publicly routable) IP addresses?	
DATA-04	Is sensitive data encrypted in transport?	
DATA-05	Is sensitive data encrypted in storage (e.g. disk encryption, at-rest)?	

DATA-06	Do you employ or allow any cryptographic modules that do not conform to the Federal Information Processing Standards (FIPS PUB 140-2)?	
DATA-07	Describe or provide a reference to the encryption technology and strategy you employ for transmitting sensitive information over TCP/IP networks (e.g., SSH, SSL/TLS, VPN).	
DATA-08	List all locations (i.e. city + datacenter name) where the institution's data will be stored?	
DATA-09	At the completion of this contract, will data be returned to the institution?	
DATA-10	How will data be returned to the institution and in what format?	
DATA-11	How long will the institution's data be available within the system at the completion of this contract?	
DATA-12	Can the institution extract a full backup of data?	
DATA-13	Are ownership rights to all data, inputs, outputs, and metadata retained by the Institution?	
DATA-14	Are these rights retained even through a provider acquisition or bankruptcy event?	
DATA-15	In the event of imminent bankruptcy, closing of business, or retirement of service, will you provide 90 days for customers to get their data out of the system and migrate applications?	

DATA-16	Describe or provide a reference to the backup processes for the servers on which the service and/or data resides.	
DATA-17	Are backup copies made according to pre-defined schedules and securely stored and protected?	
DATA-18	How long are data backups stored?	
DATA-19	Are data backups encrypted?	
DATA-20	Summarize the encryption algorithm/strategy you are using to secure the backups.	
DATA-21	Describe or provide a reference to your cryptographic key management process (generation, exchange, storage, safeguards, use, vetting, and replacement) of all system components (e.g. database, system, web, etc.).	
DATA-22	Do current backups include all operating system software, utilities, security software, application software, and data files necessary for recovery?	
DATA-23	Are you performing offsite backups? (i.e. digitally moved off site)	
DATA-24	Are physical backups taken off site? (i.e. physically moved off site)	
DATA-25	Do backups containing the institution's data ever leave the United States of America either physically or via network routing?	

		Vendor Answers
DATA-26	Describe or provide a reference to your media handling process, that is documented and currently implemented, including end-of-life, repurposing, and data sanitization procedures.	
DATA-27	Does this process adhere to DoD 5220.22-M and/or NIST SP 800-88 standards?	
DATA-28	Do procedures exist to ensure that retention and destruction of data meets established business and regulatory requirements?	
DATA-29	Is media used for long-term retention of business data and archival purposes stored in a secure, environmentally protected area?	
DATA-30	Will you handle data in a FERPA compliant manner?	
DATA-31	Is any institution data visible in system administration modules/tools?	
Database		**Vendor Answers**
DBAS-01	Does the database support encryption of specified data elements in storage?	
DBAS-02	Do you currently use encryption in your database(s)?	
Datacenter		**Vendor Answers**
DCTR-01	Does your company own the physical data center where the Institution's data will reside?	

DCTR-02	Does the hosting provider have a SOC 2 Type 2 report available?	
DCTR-03	Are the data centers staffed 24 hours a day, seven days a week (i.e 24x7x365)?	
DCTR-04	Do any of your servers reside in a co-located data center?	
DCTR-05	Are your servers separated from other companies via a physical barrier, such as a cage or hardened walls?	
DCTR-06	Does the physical barrier fully enclose the physical space preventing unauthorized physical contact with any of your devices?	
DCTR-07	Select the option that best describes the network segment that servers are connected to.	
DCTR-08	Does this data center operate outside of the United States?	
DCTR-09	Will any institution data leave the United States?	
DCTR-10	List all datacenters and their cities, states (provinces), and countries where the institution's data will be stored (including within the United States).	
DCTR-11	Are your primary and secondary data centers geographically diverse?	

DCTR-12	If outsourced or co-located, is there a contract in place to prevent data from leaving the United States?	
DCTR-13	What Tier Level is your data center (per levels defined by the Uptime Institute)?	
DCTR-14	Is the service hosted in a high availability environment?	
DCTR-15	Is redundant power available for all datacenters where institution data will reside?	
DCTR-16	How often are redundant power strategies tested?	
DCTR-17	Describe or provide a reference to the availability of cooling and fire suppression systems in all datacenters where institution data will reside.	
DCTR-18	State how many Internet Service Providers (ISPs) provide connectivity to each datacenter where the institution's data will reside.	
DCTR-19	Does every datacenter where the Institution's data will reside have multiple telephone company or network provider entrances to the facility?	
Disaster Recovery Plan		**Vendor Answers**
DRPL-01	Describe or provide a reference to your Disaster Recovery Plan (DRP).	

DRPL-02	Is an owner assigned who is responsible for the maintenance and review of the DRP?	
DRPL-03	If possible, can the Institution review your DRP and supporting documentation?	
DRPL-04	Are any disaster recovery locations outside the United States?	
DRPL-05	Does your organization have a Disaster Recovery site or a contracted Disaster Recovery provider?	
DRPL-06	What type of availability does your Disaster Recovery site provide?	
DRPL-07	Does your organization conduct an annual test of relocating to this site for disaster recovery purposes?	
DRPL-08	Is there a defined problem/issue escalation plan in your DRP for impacted clients?	
DRPL-09	Is there a documented communication plan in your DRP for impacted clients?	
DRPL-10	Describe or provide a reference to how your disaster recovery plan is tested? (i.e. scope of DR tests, end-to-end testing, etc.)	

DRPL-11	Indicate the last time that the Disaster Recovery Plan was tested and provide a summary of the results (including actual recovery time).	
DRPL-12	Do the documented test results identify your organizations actual recovery time capabilities for technology and facilities?	
DRPL-13	Are all components of the DRP reviewed at least annually and updated as needed to reflect change?	
DRPL-14	Do you carry cyber-risk insurance to protect against unforeseen service outages, data that is lost or stolen, and security incidents?	

Firewalls, IDS, IPS, and Networking		**Vendor Answers**
FIDP-01	Are you utilizing a web application firewall (WAF)?	
FIDP-02	Are you utilizing a stateful packet inspection (SPI) firewall?	
FIDP-03	State and describe who has the authority to change firewall rules?	
FIDP-04	Do you have a documented policy for firewall change requests?	
FIDP-05	Have you implemented an Intrusion Detection System (network-based)?	
FIDP-06	Have you implemented an Intrusion Prevention System (network-based)?	

FIDP-07	Do you employ host-based intrusion detection?	
FIDP-08	Do you employ host-based intrusion prevention?	
FIDP-09	Describe or provide a reference to any other safeguards used to monitor for attacks?	
FIDP-10	Do you monitor for intrusions on a 24x7x365 basis?	
FIDP-11	Is intrusion monitoring performed internally or by a third-party service?	
FIDP-12	Are audit logs available for all changes to the network, firewall, IDS, and/or IPS?	

Mobile Applications	Vendor Answers
MAPP-01	On which mobile operating systems is your software or service supported?	
MAPP-02	Describe or provide a reference to the application's architecture and functionality.	
MAPP-03	Is the application available from a trusted source (e.g., iTunes App Store, Android Market, BB World)?	
MAPP-04	Does the application store, process, or transmit critical data?	

MAPP-05	Is Institution data encrypted in transport?	
MAPP-06	Is Institution data encrypted in storage? (e.g. disk encryption, at-rest)	
MAPP-07	Does the mobile application support Kerberos, CAS, or Active Directory authentication?	
MAPP-08	Will any of these systems be implemented on systems hosting the Institution's data?	
MAPP-09	Does the application adhere to secure coding practices?	
MAPP-10	Has the application been tested for vulnerabilities by a third party?	
MAPP-11	State the party that performed the test and the date it was conducted?	
Physical Security		**Vendor Answers**
PHYS-01	Describe or provide a reference to physical safeguards that are placed on facilities housing the institution's data (e.g., video monitoring, restricted access areas, man traps, card access controls, etc.)?	
PHYS-02	Are employees allowed to take home Institution's data in any form?	
PHYS-03	Are video monitoring feeds retained?	

PHYS-04	Is the video feed monitored by data center staff?	
PHYS-05	Are individuals required to sign in/out for installation and removal of equipment?	
PHYS-06	What are the equipment removal procedures for the clients?	
Policies, Procedures, and Processes		**Vendor Answers**
PPPR-01	Briefly describe your security organization. Include the responsible party for your information security program and the size of your security staff?	
PPPR-02	Do you have a documented patch management process?	
PPPR-03	Can you accommodate encryption requirements using open standards?	
PPPR-04	Have your developers been trained in secure coding techniques?	
PPPR-05	Was your application developed using secure coding techniques?	
PPPR-06	Do you subject your code to Static Code Analysis and/or Static Application Security Testing prior to release? If so, what tool(s) do you use?"	

PPPR-07	Describe testing processes that are established and followed (e.g., development of test plans, personnel involved in the testing process, and authorized individual accountable for approval and certification of test results)?	
PPPR-08	Are information security principles designed into the product lifecycle?	
PPPR-09	Do you have a documented systems development life cycle (SDLC)?	
PPPR-10	Describe or provide a reference to your system development life cycle methodology including your environments, version control, and change management (if not already covered in the Change Management section).	
PPPR-11	Do you have a formal incident response plan?	
PPPR-12	Will you comply with applicable Breach Notification Laws?	
PPPR-13	Will you comply with the Institution's IT policies with regards to user privacy and data protection?	
PPPR-14	Is your company subject to US laws and regulations?	
PPPR-15	Do you perform background screenings or multi-state background checks on all employees prior to their first day of work?	
PPPR-16	Do you require new employees to fill out agreements and review policies?	

PPPR-17	What agreements are required and policies reviewed? (i.e. confidentiality agreement, etc.)	
PPPR-18	Do you have a documented information security policy?	
PPPR-19	Do you have an information security awareness program?	
PPPR-20	Is the security awareness training mandatory for all employees?	
PPPR-21	How frequently are employees required to undergo the security awareness training?	
PPPR-22	Is a process documented, and currently followed, that requires a review and update of the access-list for privileged accounts?	
PPPR-23	Describe or provide a reference to your internal audit processes and procedures.	

Product Evaluation — Vendor Answers

PROD-01	Do you incorporate customer feedback into security feature requests?	
PROD-02	Can you provide an evaluation site to the institution for testing?	

Quality Assurance		Vendor Answers
QLAS-01	Provide a general summary of your Quality Assurance program.	
QLAS-02	Do you comply with ISO 9001?	
QLAS-03	Will your company provide quality and performance metrics in relation to the scope of services and performance expectations for the services you are offering?	
QLAS-04	Have you supplied products and/or services to the Institution (or its Campuses) in the last five years?	
QLAS-05	Do you have a program to keep your customers abreast of higher education and/or industry issues?	

Systems Management & Configuration		Vendor Answers
SYST-01	Are systems that support this service managed via a separate management network?	
SYST-02	Do you have an implemented system configuration management process? (e.g. secure "gold" images, etc.)	
SYST-03	Are employee mobile devices managed by your company's Mobile Device Management (MDM) platform?	

SYST-04	Provide a general summary of your systems management and configuration strategy, including servers, appliances, and mobile devices (company and employee owned).	

Vulnerability Scanning — Vendor Answers

VULN-01	Are your *applications* scanned externally for vulnerabilities?	
VULN-02	What was the date of your applications last external assessment? (mm/dd/yyyy)	
VULN-03	Are your applications scanned for vulnerabilities prior to new releases?	
VULN-04	Are your *systems* scanned externally for vulnerabilities?	
VULN-05	What was the date of your systems last external assessment? (mm/dd/yyyy)	
VULN-06	Describe or provide a reference to the tool(s) used to scan for vulnerabilities in your applications and systems.	
VULN-07	Will you provide results of security scans to the Institution (if requested)?	
VULN-08	Describe or provide a reference to how you monitor for and protect against common web application security vulnerabilities (e.g. SQL injection, XSS, XSRF, etc.).	

VULN-09	Will you allow the institution to perform its own security testing of your systems and/or application provided that testing is performed at a mutually agreed upon time and date?	
HIPAA - Optional based on QUALIFIER response.		**Vendor Answers**
HIPA-01	Do your workforce members receive regular training related to the HIPAA Privacy and Security Rules and the HITECH Act?	
HIPA-02	Do you monitor or receive information regarding changes in HIPAA regulations?	
HIPA-03	Has your organization designated HIPAA Privacy and Security officers as required by the Rules?	
HIPA-04	Do you comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (HITECH)?	
HIPA-05	Do you have an incident response process and reporting in place to investigate any potential incidents and report actual incidents?	
HIPA-06	Do you have a plan to comply with the Breach Notification requirements if there is a breach of data?	
HIPA-07	Have you conducted a risk analysis as required under the Security Rule?	

HIPA-08	Have you identified areas of risks?	
HIPA-09	Have you taken actions to mitigate the identified risks?	
HIPA-10	Does your application require user and system administrator password changes at a frequency no greater than 90 days?	
HIPA-11	Does your application require a user to set their own password after an administrator reset or on first use of the account?	
HIPA-12	Does your application lock-out an account after a number of failed login attempts?	
HIPA-13	Does your application automatically lock or log-out an account after a period of inactivity?	
HIPA-14	Are passwords visible in plain text, whether when stored or entered, including service level accounts (i.e. database accounts, etc.)?	
HIPA-15	If the application is institution-hosted, can all service level and administrative account passwords be changed by the institution?	
HIPA-16	Does your application provide the ability to define user access levels?	
HIPA-17	Does your application support varying levels of access to administrative tasks defined individually per user?	

HIPA-18	Does your application support varying levels of access to records based on user ID?	
HIPA-19	Is there a limit to the number of groups a user can be assigned?	
HIPA-20	Do accounts used for vendor supplied remote support abide by the same authentication policies and access logging as the rest of the system?	
HIPA-21	Does the application log record access including specific user, date/time of access, and originating IP or device?	
HIPA-22	Does the application log administrative activity, such user account access changes and password changes, including specific user, date/time of changes, and originating IP or device?	
HIPA-23	How long does the application keep access/change logs?	
HIPA-24	Can the application logs be archived?	
HIPA-25	Can the application logs be saved externally?	
HIPA-26	Does your data backup and retention policies and practices meet HIPAA requirements?	
HIPA-27	Do you have a disaster recovery plan and emergency mode operation plan?	

HIPA-28	Have the policies/plans mentioned above been tested?	
HIPA-29	Can the application logs be saved externally?	
HIPA-30	Can you provide a HIPAA compliance attestation document?	
HIPA-31	Are you willing to enter into a Business Associate Agreement (BAA)?	
HIPA-32	Have you entered into a BAA with all subcontractors who may have access to protected health information (PHI)?	
PCI DSS		**Vendor Answers**
PCID-01	Does your systems or products store, process, or transmit cardholder (payment/credit/debt card) data?	
PCID-02	Are you compliant with the Payment Card Industry Data Security Standard (PCI DSS)?	
PCID-03	Do you have a current, executed within the past year, Attestation of Compliance (AoC) or Report on Compliance (RoC)?	
PCID-04	Are you classified as a service provider?	
PCID-05	Are you on the list of VISA approved service providers?	
PCID-06	Are you classified as a merchant? If so, what level (1, 2, 3, 4)?	

PCID-07	Describe the architecture employed by the system to verify and authorize credit card transactions.	
PCID-08	What payment processors/gateways does the system support?	
PCID-09	Can the application be installed in a PCI DSS compliant manner ?	
PCID-10	Is the application listed as an approved PA-DSS application?	
PCID-11	Does the systems or products use a third party to collect, store, process, or transmit cardholder (payment/credit/debt card) data?	
PCID-12	Include documentation describing the systems' abilities to comply with the PCI DSS and any features or capabilities of the system that must be added or changed in order to operate in compliance with the standards.	

host institutional data must complete the Higher Education Cloud Vendor Assessment Tool (HECVAT).
st data and metadata. Answers will be reviewed by Institution security analysts upon submittal. This
policy, state, and federal law. This is intended for use by vendors participating in a Third Party Security

tact Name

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Information

iption of the product

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/Engineer Name

	Additional Information	Guidance
	he completed assessment may be shared among higher education institutions. **Answers to the ion community**. Shared assessment sharing details can be found on the "Sharing Read Me" tab.	
	Scope: Higher Education Institutions Only	
	Scope: Higher Education Institutions Only	
	Scope: Higher Education Institutions Only	

in order from top to bottom; the built-in formatting logic relies on this order. **Step 3:** Submit the
nal procedures.

Additional Information	Guidance
ment questions are relevant to each party. To alleviate complexity, a "qualifier" strategy is implemented **g questions will determine the need to answer additional questions below**.	
	Responses to the questions in the HIPAA section are optional.
	You are required to complete the questions in the PCI DSS section.
NOTE: If there is a possibility that any consulting services will be provided, the Consulting section must be completed.	Responses to the questions in the Consulting section are optional.

Additional Information	Guidance

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Higher Education Cloud Vendor Assessment T

HEISC Shared Assessments Working Group

Qualifiers

QUAL-01	Does your product process protected health information (PHI) or any data covered by the Health Insurance Portability and Accountability Act?
QUAL-02	Does the vended product host/support a mobile application? (e.g. app)
QUAL-03	Will institution data be shared with or hosted by any third parties? (e.g. any entity not wholly-owned by your company is considered a third-party)
QUAL-04	Do you have a Business Continuity Plan (BCP)?
QUAL-05	Do you have a Disaster Recovery Plan (DRP)?
QUAL-06	Will data regulated by PCI DSS reside in the vended product?
QUAL-07	Is your company a consulting firm providing only consultation to the Institution?

Documentation

DOCU-01	Have you undergone a SSAE 16 audit?
DOCU-02	Have you completed the Cloud Security Alliance (CSA) self assessment or CAIQ?
DOCU-03	Have you received the Cloud Security Alliance STAR certification?
DOCU-04	Do you conform with a specific industry standard security framework? (e.g. NIST Special Publication 800-53, ISO 27001, etc.)
DOCU-05	Are you compliant with FISMA standards (indicate at what level)?
DOCU-06	Does your organization have a data privacy policy?

Company Overview

COMP-01	Describe your organization's business background and ownership structure, including all parent and subsidiary relationships.
COMP-02	Describe how long your organization has conducted business in this product area.

COMP-03	How many higher education, commercial customers and government customers do you serve in North America? Please provide a higher education customer reference if available.
COMP-04	Please explain in detail any involvement in business-related litigation in the last five years by your organization, its management, or the staff that will be providing the administrative services.
COMP-05	Describe the structure and size of your Security Office and overall information security staff. (e.g. Admin, Engineering, QA/Compliance, etc.)
COMP-06	Describe the structure and size of your Software and System Development teams. (e.g. Customer Support, Implementation, Product Management, etc.)
COMP-07	Use this area to share information about your environment that will assist those who are evaluating you company data security safeguards.

Third Parties

THRD-01	Describe how you perform security assessments of third party companies with which you share data (i.e. hosting providers, cloud services, PaaS, IaaS, SaaS, etc.). Provide a summary of your practices that assures that the third party will be subject to the appropriate standards regarding security, service recoverability, and confidentiality.

THRD-02	Provide a brief description for why each of these third parties will have access to institution data.
THRD-03	What legal agreements (i.e. contracts) do you have in place with these third parties that address liability in the event of a data breach?
THRD-04	Describe or provide references to your third party management strategy or provide additional information that may help analysts better understand your environment and how it relates to third-party solutions.

Consulting - Optional based on QUALIFIER response.

CONS-01	Will the consulting take place on-premises or remotely?
CONS-02	Will the consultant require access to Institution's network resources?
CONS-03	Will the consultant require access to hardware in the Institution's data centers?
CONS-04	Will the consultant require an account within the Institution's domain (@*.edu)?

CONS-05	Has the consultant received training on [sensitive, HIPAA, PCI, etc.] data handling?
CONS-06	Will any data be transferred to the consultant's possession?
CONS-07	How long will it remain in their possession?
CONS-08	Is it encrypted (at rest) while in the consultant's possession?
CONS-09	Will the consultant need remote access to the Institution's network or systems?
CONS-10	What software will be used to facilitate that access?
CONS-11	Can we restrict that access based on source IP address?

Application/Service Security

APPL-01	Does the application/service support being virtualized?
APPL-02	Are the servers hosting institution data currently deployed in a virtualized environment?
APPL-03	Can user access be customized to allow read-only access, update access, or no-access to specific types of records, record attributes, components, or functions?

APPL-04	Describe or provide a reference to how user security administration is performed?
APPL-05	Define the access control roles of employees that will have access to the data and in what capacity.
APPL-06	Do you allow employees to remotely access data (i.e. work from home)?
APPL-07	Define what controls are in place to secure their remote environment and connection to the institution's data.
APPL-08	What operating system(s) is/are leveraged by the system(s)/application(s) that will have access to institution's data?
APPL-09	Have you or any third party you contract with that may have access or allow access to the institution's data experienced a breach?
APPL-10	Describe or provide a reference to additional software/products necessary to implement a functional system on either the backend or user-interface side of the system.

APPL-11	Describe or provide a reference to the overall system and/or application architecture(s), including appropriate diagrams. Include a full description of the data communications architecture for all components of the system.
APPL-12	Are databases used in the system segregated from front-end systems? (e.g. web and application servers)
APPL-13	Describe or provide a reference to all web-enabled features and functionality of the system (i.e. accessed via a web-based interface).
APPL-14	Describe or provide a reference to any OS and/or web-browser combinations that are not currently supported.
APPL-15	Can your system take advantage of mobile and/or GPS enabled mobile devices?
APPL-16	Describe or provide a reference to the facilities available in the system to provide separation of duties between security administration and system administration functions.
APPL-17	Describe or provide a reference that details how administrator access is handled (e.g. provisioning, principle of least privilege, deprovisioning, etc.)
APPL-18	Does the system provide data input validation and error messages?

APPL-19	Do you employ a single-tenant or multi-tenant strategy in the environment hosting Institution's data?
APPL-20	Describe or provide references explaining how tertiary services are redundant (i.e. DNS, ISP, etc...).

Authentication, Authorization, and Accounting

AAAI-01	Can you enforce password/passphrase aging requirements?
AAAI-02	Can you enforce password/passphrase complexity requirements [provided by the institution]?
AAAI-03	What are the minimum and maximum password lengths supported, and what types of characters are supported?
AAAI-04	Describe the current/default/supported password/passphrase reset procedures?
AAAI-05	Describe or provide a reference to the types of authentication, including standards-based single-sign-on (SSO, InCommon), that are supported by the web-based interface?
AAAI-06	Are there any passwords/passphrases "hard coded" into your systems or products?

AAAI-07	Are user account passwords/passphrases visible in administration modules?
AAAI-08	Are user account passwords/passphrases stored encrypted?
AAAI-09	Describe or provide a reference to the algorithm/strategy that is used to encrypt stored passwords/passphrases?
AAAI-10	Does your *application* and/or user-frontend/portal support multi-factor authentication? (e.g. Duo, Google Authenticator, OTP, etc.)
AAAI-11	List all supported multi-factor authentication methods, technologies, and/or products and provide a brief summary of each.
AAAI-12	Does your *application* support integration with other authentication and authorization systems such as Active Directory, Kerberos (what version) or another institution centralized authorization service?
AAAI-13	Will any external authentication or authorization system be utilized by an application with access to the institution's data?
AAAI-14	Does the *system* (servers/infrastructure) support external authentication services (e.g. Active Directory, LDAP) in place of local authentication?
AAAI-15	Does the system operate in a mixed authentication mode (i.e. external and local authentication)?

AAAI-16	Will any external authentication or authorization system be utilized by a system with access to institution data?
AAAI-17	Are audit logs available that include AT LEAST all of the following; login, logout, actions performed, and source IP address?
AAAI-18	Describe or provide a reference to the system capability to log security/authorization changes as well as user and administrator security (physical or electronic) events (e.g., login failures, access denied, changes accepted), and all requirements necessary to implement logging and monitoring on the system. Include information about SIEM/log collector usage.
AAAI-19	Describe or provide a reference to the retention period for those logs, how logs are protected, and whether they are accessible to the customer (and if so, how).

Business Continuity Plan

BCPL-01	Describe or provide a reference to your Business Continuity Plan (BCP).
BCPL-02	Is an owner assigned who is responsible for the maintenance and review of the Business Continuity Plan?
BCPL-03	If possible, can the Institution review your BCP and supporting documentation?
BCPL-04	Is there a defined problem/issue escalation plan in your BCP for impacted clients?

BCPL-05	Is there a documented communication plan in your BCP for impacted clients?
BCPL-06	Are all components of the BCP reviewed at least annually and updated as needed to reflect change?
BCPL-07	Indicate the last time that the BCP was tested and provide a summary of the results.
BCPL-08	Does your organization conduct training and awareness activities to validate its employees understanding of their roles and responsibilities during a crisis?
BCPL-09	Are specific crisis management roles and responsibilities defined and documented?
BCPL-10	Does your organization have an alternative business site or a contracted Business Recovery provider?
BCPL-11	Does your organization conduct an annual test of relocating to this alternate site for business recovery purposes?
BCPL-12	Indicate the priority of service restoration for services utilized by the Institution compared to other applications/services the vendor provides.

Change Management

CHNG-01	Do you have a documented and currently followed change management process (CMP)?

CHNG-02	Indicate all procedures that are implemented in your CMP. a.) An impact analysis of the upgrade is performed. b.) The change is appropriately authorized. c.) Changes are made first in a test environment. d.) The ability to implement the upgrades/changes in the production environment is limited to appropriate IT personnel.
CHNG-03	How and when will the Institution be notified of major changes to your environment that could impact the Institution's security posture?
CHNG-04	Do clients have the option to not participate in or postpone an upgrade to a new release?
CHNG-05	Describe or provide a reference to your solution support strategy in relation to maintaining software currency. (i.e. how many concurrent versions are you willing to run and support?)
CHNG-06	Identify the most current version of the software. Detail the percentage of live customers that are utilizing the proposed version of the software as well as each version of the software currently in use.
CHNG-07	Describe, if applicable, your support for client customizations from one release to another.
CHNG-08	How does your organization ensure that only application software verifiable as authorized, tested, and approved for production, and having met all other requirements and reviews necessary for commissioning, is placed into production?

CHNG-09	Describe or provide a reference to your release schedule for product updates.
CHNG-10	Describe or provide a reference to your technology roadmap, for the next 2 years, for enhancements and bug fixes for the product/service being assessed.
CHNG-11	Describe or provide a reference to your expectation of client involvement with product updates?
CHNG-12	Provide a brief summary of how critical patches are applied to all systems and applications.
CHNG-13	Describe or provide a reference to how security risks are mitigated until patches can be applied.
CHNG-14	Are upgrades or system changes installed during off-peak hours or in a manner that does not impact the customer?
CHNG-15	Do procedures exist to provide that emergency changes are documented and authorized (including after the fact approval)?

Data

DATA-01	Describe the highest level of data classification that will be managed within your system(s) and/or application(s).
DATA-02	Describe or provide a reference to how institution data is physically and logically separated from that of other customers.
DATA-03	Will Institution's data be stored on any devices (database servers, file servers, SAN, NAS, ...) configured with non-RFC 1918/4193 (i.e. publicly routable) IP addresses?
DATA-04	Is sensitive data encrypted in transport?
DATA-05	Is sensitive data encrypted in storage (e.g. disk encryption, at-rest)?
DATA-06	Do you employ or allow any cryptographic modules that do not conform to the Federal Information Processing Standards (FIPS PUB 140-2)?
DATA-07	Describe or provide a reference to the encryption technology and strategy you employ for transmitting sensitive information over TCP/IP networks (e.g., SSH, SSL/TLS, VPN).
DATA-08	List all locations (i.e. city + datacenter name) where the institution's data will be stored?
DATA-09	At the completion of this contract, will data be returned to the institution?

DATA-10	How will data be returned to the institution and in what format?
DATA-11	How long will the institution's data be available within the system at the completion of this contract?
DATA-12	Can the institution extract a full backup of data?
DATA-13	Are ownership rights to all data, inputs, outputs, and metadata retained by the Institution?
DATA-14	Are these rights retained even through a provider acquisition or bankruptcy event?
DATA-15	In the event of imminent bankruptcy, closing of business, or retirement of service, will you provide 90 days for customers to get their data out of the system and migrate applications?
DATA-16	Describe or provide a reference to the backup processes for the servers on which the service and/or data resides.
DATA-17	Are backup copies made according to pre-defined schedules and securely stored and protected?
DATA-18	How long are data backups stored?
DATA-19	Are data backups encrypted?
DATA-20	Summarize the encryption algorithm/strategy you are using to secure the backups.

DATA-21	Describe or provide a reference to your cryptographic key management process (generation, exchange, storage, safeguards, use, vetting, and replacement) of all system components (e.g. database, system, web, etc.).
DATA-22	Do current backups include all operating system software, utilities, security software, application software, and data files necessary for recovery?
DATA-23	Are you performing offsite backups? (i.e. digitally moved off site)
DATA-24	Are physical backups taken off site? (i.e. physically moved off site)
DATA-25	Do backups containing the institution's data ever leave the United States of America either physically or via network routing?
DATA-26	Describe or provide a reference to your media handing process, that is documented and currently implemented, including end-of-life, repurposing, and data sanitization procedures.
DATA-27	Does this process adhere to DoD 5220.22-M and/or NIST SP 800-88 standards?
DATA-28	Do procedures exist to ensure that retention and destruction of data meets established business and regulatory requirements?
DATA-29	Is media used for long-term retention of business data and archival purposes stored in a secure, environmentally protected area?

DATA-30	Will you handle data in a FERPA compliant manner?
DATA-31	Is any institution data visible in system administration modules/tools?

Database

DBAS-01	Does the database support encryption of specified data elements in storage?
DBAS-02	Do you currently use encryption in your database(s)?

Datacenter

DCTR-01	Does your company own the physical data center where the Institution's data will reside?
DCTR-02	Does the hosting provider have a SOC 2 Type 2 report available?
DCTR-03	Are the data centers staffed 24 hours a day, seven days a week (i.e 24x7x365)?
DCTR-04	Do any of your servers reside in a co-located data center?
DCTR-05	Are your servers separated from other companies via a physical barrier, such as a cage or hardened walls?

DCTR-06	Does the physical barrier fully enclose the physical space preventing unauthorized physical contact with any of your devices?
DCTR-07	Select the option that best describes the network segment that servers are connected to.
DCTR-08	Does this data center operate outside of the United States?
DCTR-09	Will any institution data leave the United States?
DCTR-10	List all datacenters and their cities, states (provinces), and countries where the institution's data will be stored (including within the United States).
DCTR-11	Are your primary and secondary data centers geographically diverse?
DCTR-12	If outsourced or co-located, is there a contract in place to prevent data from leaving the United States?
DCTR-13	What Tier Level is your data center (per levels defined by the Uptime Institute)?
DCTR-14	Is the service hosted in a high availability environment?
DCTR-15	Is redundant power available for all datacenters where institution data will reside?

DCTR-16	How often are redundant power strategies tested?
DCTR-17	Describe or provide a reference to the availability of cooling and fire suppression systems in all datacenters where institution data will reside.
DCTR-18	State how many Internet Service Providers (ISPs) provide connectivity to each datacenter where the institution's data will reside.
DCTR-19	Does every datacenter where the Institution's data will reside have multiple telephone company or network provider entrances to the facility?

Disaster Recovery Plan

DRPL-01	Describe or provide a reference to your Disaster Recovery Plan (DRP).
DRPL-02	Is an owner assigned who is responsible for the maintenance and review of the DRP?
DRPL-03	If possible, can the Institution review your DRP and supporting documentation?
DRPL-04	Are any disaster recovery locations outside the United States?
DRPL-05	Does your organization have a Disaster Recovery site or a contracted Disaster Recovery provider?

DRPL-06	What type of availability does your Disaster Recovery site provide?
DRPL-07	Does your organization conduct an annual test of relocating to this site for disaster recovery purposes?
DRPL-08	Is there a defined problem/issue escalation plan in your DRP for impacted clients?
DRPL-09	Is there a documented communication plan in your DRP for impacted clients?
DRPL-10	Describe or provide a reference to how your disaster recovery plan is tested? (i.e. scope of DR tests, end-to-end testing, etc.)
DRPL-11	Indicate the last time that the Disaster Recovery Plan was tested and provide a summary of the results (including actual recovery time).
DRPL-12	Do the documented test results identify your organizations actual recovery time capabilities for technology and facilities?
DRPL-13	Are all components of the DRP reviewed at least annually and updated as needed to reflect change?
DRPL-14	Do you carry cyber-risk insurance to protect against unforeseen service outages, data that is lost or stolen, and security incidents?

Firewalls, IDS, IPS, and Networking

FIDP-01	Are you utilizing a web application firewall (WAF)?
FIDP-02	Are you utilizing a stateful packet inspection (SPI) firewall?
FIDP-03	State and describe who has the authority to change firewall rules?
FIDP-04	Do you have a documented policy for firewall change requests?
FIDP-05	Have you implemented an Intrusion Detection System (network-based)?
FIDP-06	Have you implemented an Intrusion Prevention System (network-based)?
FIDP-07	Do you employ host-based intrusion detection?
FIDP-08	Do you employ host-based intrusion prevention?
FIDP-09	Describe or provide a reference to any other safeguards used to monitor for attacks?
FIDP-10	Do you monitor for intrusions on a 24x7x365 basis?
FIDP-11	Is intrusion monitoring performed internally or by a third-party service?

FIDP-12	Are audit logs available for all changes to the network, firewall, IDS, and/or IPS?

Mobile Applications

MAPP-01	On which mobile operating systems is your software or service supported?
MAPP-02	Describe or provide a reference to the application's architecture and functionality.
MAPP-03	Is the application available from a trusted source (e.g., iTunes App Store, Android Market, BB World)?
MAPP-04	Does the application store, process, or transmit critical data?
MAPP-05	Is Institution data encrypted in transport?
MAPP-06	Is Institution data encrypted in storage? (e.g. disk encryption, at-rest)
MAPP-07	Does the mobile application support Kerberos, CAS, or Active Directory authentication?
MAPP-08	Will any of these systems be implemented on systems hosting the Institution's data?
MAPP-09	Does the application adhere to secure coding practices?

MAPP-10	Has the application been tested for vulnerabilities by a third party?
MAPP-11	State the party that performed the test and the date it was conducted?

Physical Security

PHYS-01	Describe or provide a reference to physical safeguards that are placed on facilities housing the institution's data (e.g., video monitoring, restricted access areas, man traps, card access controls, etc.)?
PHYS-02	Are employees allowed to take home Institution's data in any form?
PHYS-03	Are video monitoring feeds retained?
PHYS-04	Is the video feed monitored by data center staff?
PHYS-05	Are individuals required to sign in/out for installation and removal of equipment?
PHYS-06	What are the equipment removal procedures for the clients?

Policies, Procedures, and Processes

PPPR-01	Briefly describe your security organization. Include the responsible party for your information security program and the size of your security staff?

PPPR-02	Do you have a documented patch management process?
PPPR-03	Can you accommodate encryption requirements using open standards?
PPPR-04	Have your developers been trained in secure coding techniques?
PPPR-05	Was your application developed using secure coding techniques?
PPPR-06	Do you subject your code to Static Code Analysis and/or Static Application Security Testing prior to release? If so, what tool(s) do you use?"
PPPR-07	Describe testing processes that are established and followed (e.g., development of test plans, personnel involved in the testing process, and authorized individual accountable for approval and certification of test results)?
PPPR-08	Are information security principles designed into the product lifecycle?
PPPR-09	Do you have a documented systems development life cycle (SDLC)?
PPPR-10	Describe or provide a reference to your system development life cycle methodology including your environments, version control, and change management (if not already covered in the Change Management section).
PPPR-11	Do you have a formal incident response plan?

PPPR-12	Will you comply with applicable Breach Notification Laws?
PPPR-13	Will you comply with the Institution's IT policies with regards to user privacy and data protection?
PPPR-14	Is your company subject to US laws and regulations?
PPPR-15	Do you perform background screenings or multi-state background checks on all employees prior to their first day of work?
PPPR-16	Do you require new employees to fill out agreements and review policies?
PPPR-17	What agreements are required and policies reviewed? (i.e. confidentiality agreement, etc.)
PPPR-18	Do you have a documented information security policy?
PPPR-19	Do you have an information security awareness program?
PPPR-20	Is the security awareness training mandatory for all employees?
PPPR-21	How frequently are employees required to undergo the security awareness training?

PPPR-22	Is a process documented, and currently followed, that requires a review and update of the access-list for privileged accounts?
PPPR-23	Describe or provide a reference to your internal audit processes and procedures.

Product Evaluation

PROD-01	Do you incorporate customer feedback into security feature requests?
PROD-02	Can you provide an evaluation site to the institution for testing?

Quality Assurance

QLAS-01	Provide a general summary of your Quality Assurance program.
QLAS-02	Do you comply with ISO 9001?
QLAS-03	Will your company provide quality and performance metrics in relation to the scope of services and performance expectations for the services you are offering?
QLAS-04	Have you supplied products and/or services to the Institution (or its Campuses) in the last five years?

QLAS-05	Do you have a program to keep your customers abreast of higher education and/or industry issues?

Systems Management & Configuration

SYST-01	Are systems that support this service managed via a separate management network?
SYST-02	Do you have an implemented system configuration management process? (e.g. secure "gold" images, etc.)
SYST-03	Are employee mobile devices managed by your company's Mobile Device Management (MDM) platform?
SYST-04	Provide a general summary of your systems management and configuration strategy, including servers, appliances, and mobile devices (company and employee owned).

Vulnerability Scanning

VULN-01	Are your *applications* scanned externally for vulnerabilities?
VULN-02	What was the date of your applications last external assessment? (mm/dd/yyyy)
VULN-03	Are your applications scanned for vulnerabilities prior to new releases?

VULN-04	Are your *systems* scanned externally for vulnerabilities?
VULN-05	What was the date of your systems last external assessment? (mm/dd/yyyy)
VULN-06	Describe or provide a reference to the tool(s) used to scan for vulnerabilities in your applications and systems.
VULN-07	Will you provide results of security scans to the Institution (if requested)?
VULN-08	Describe or provide a reference to how you monitor for and protect against common web application security vulnerabilities (e.g. SQL injection, XSS, XSRF, etc.).
VULN-09	Will you allow the institution to perform its own security testing of your systems and/or application provided that testing is performed at a mutually agreed upon time and date?

HIPAA

HIPA-01	Do your workforce members receive regular training related to the HIPAA Privacy and Security Rules and the HITECH Act?
HIPA-02	Do you monitor or receive information regarding changes in HIPAA regulations?

HIPA-03	Has your organization designated HIPAA Privacy and Security officers as required by the Rules?
HIPA-04	Do you comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (HITECH)?
HIPA-05	Do you have an incident response process and reporting in place to investigate any potential incidents and report actual incidents?
HIPA-06	Do you have a plan to comply with the Breach Notification requirements if there is a breach of data?
HIPA-07	Have you conducted a risk analysis as required under the Security Rule?
HIPA-08	Have you identified areas of risks?
HIPA-09	Have you taken actions to mitigate the identified risks?
HIPA-10	Does your application require user and system administrator password changes at a frequency no greater than 90 days?
HIPA-11	Does your application require a user to set their own password after an administrator reset or on first use of the account?
HIPA-12	Does your application lock-out an account after a number of failed login attempts?

HIPA-13	Does your application automatically lock or log-out an account after a period of inactivity?
HIPA-14	Are passwords visible in plain text, whether when stored or entered, including service level accounts (i.e. database accounts, etc.)?
HIPA-15	If the application is institution-hosted, can all service level and administrative account passwords be changed by the institution?
HIPA-16	Does your application provide the ability to define user access levels?
HIPA-17	Does your application support varying levels of access to administrative tasks defined individually per user?
HIPA-18	Does your application support varying levels of access to records based on user ID?
HIPA-19	Is there a limit to the number of groups a user can be assigned?
HIPA-20	Do accounts used for vendor supplied remote support abide by the same authentication policies and access logging as the rest of the system?
HIPA-21	Does the application log record access including specific user, date/time of access, and originating IP or device?

HIPA-22	Does the application log administrative activity, such user account access changes and password changes, including specific user, date/time of changes, and originating IP or device?
HIPA-23	How long does the application keep access/change logs?
HIPA-24	Can the application logs be archived?
HIPA-25	Can the application logs be saved externally?
HIPA-26	Does your data backup and retention policies and practices meet HIPAA requirements?
HIPA-27	Do you have a disaster recovery plan and emergency mode operation plan?
HIPA-28	Have the policies/plans mentioned above been tested?
HIPA-29	Can you provide a HIPAA compliance attestation document?
HIPA-30	Are you willing to enter into a Business Associate Agreement (BAA)?
HIPA-31	Have you entered into a BAA with all subcontractors who may have access to protected health information (PHI)?

PCI DSS

PCID-01	Does your systems or products store, process, or transmit cardholder (payment/credit/debt card) data?
PCID-02	Are you compliant with the Payment Card Industry Data Security Standard (PCI DSS)?
PCID-03	Do you have a current, executed within the past year, Attestation of Compliance (AoC) or Report on Compliance (RoC)?
PCID-04	Are you classified as a service provider?
PCID-05	Are you on the list of VISA approved service providers?
PCID-06	Are you classified as a merchant? If so, what level (1, 2, 3, 4)?
PCID-07	Describe the architecture employed by the system to verify and authorize credit card transactions.
PCID-08	What payment processors/gateways does the system support?
PCID-09	Can the application be installed in a PCI DSS compliant manner ?
PCID-10	Is the application listed as an approved PA-DSS application?

PCID-11	Does the systems or products use a third party to collect, store, process, or transmit cardholder (payment/credit/debt card) data?
PCID-12	Include documentation describing the systems' abilities to comply with the PCI DSS and any features or capabilities of the system that must be added or changed in order to operate in compliance with the standards.

Tool - Standards Crosswalk

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CSC 16		9.2.3, 9.3.1, 9.4.3
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CSC 10		17.1.1
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CSC 10		12.3.1
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CSC 10		12.3.1
CSC 10		12.3.1
CSC 10		12.3.1

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CIS Critical Security Controls v6.1	**HIPAA**	**ISO 27002:2013**
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CSC 14		11.1.2
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CSC 17	§164.308(a)(1)(i)	5.1.1
CSC 17	§164.308(a)(5)(i)	7.2.2
CSC 17	§164.308(a)(5)(i)	7.2.2
CSC 17	§164.308(a)(5)(i)	7.2.2

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CIS Critical Security Controls v6.1	**HIPAA**	**ISO 27002:2013**
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CSC 17	§164.308(a)(2)	18.1.1
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CSC 6	§164.312(b)	12.4.1
CSC 6	§164.312(b)	12.4.1
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NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
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NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
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PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
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PR.IP-9	3.12.2	AU-7, AU-9, IR-4, AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AU-7, AU-9, IR-4, AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AU-7, AU-9, IR-4, AC-5, CP-4, CP-10; NIST SP 800-34
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NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
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PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
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PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34

PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34
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PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
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NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
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NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
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NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
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NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
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Shared Assessments Introduction

Campus IT environments are rapidly changing and the speed of cloud service adoption is increasing. Institutions looking for ways to do more with less see cloud services as a good save resources. As campuses deploy or identify cloud services, they must ensure the cloud are appropriately assessed for managing the risks to the confidentiality, integrity and avail sensitive institutional information and the PII of constituents. Many campuses have establi cloud security assessment methodology and resources to review cloud services for privacy security controls. Other campuses don't have sufficient resources to assess their cloud ser this manner. On the vendor side, many cloud services providers spend significant time res the individualized security assessment requests made by campus customers, often answer questions repeatedly. Both the provider and consumer of cloud services are wasting preci creating, responding, and reviewing such assessments.

The Higher Education Cloud Vendor Assessment Tool attempts to generalize higher educat information security and data protection questions and issues for consistency and ease of institutions may have specific issues that must be addressed in addition to the general que provided in this assessment. It is anticipated that this Higher Education Cloud Vendor Asse Tool will be revised over time to account for changes in cloud services provisioning and the information security and data protection needs of higher education institutions.

The Higher Education Cloud Vendor Assessment Tool:
●Helps higher education institutions ensure that cloud services are appropriately assessed security and privacy needs, including some that are unique to higher education
●Allows a consistent, easily-adopted methodology for campuses wishing to reduce costs th cloud services without increasing risks
●Reduces the burden that cloud service providers face in responding to requests for securi assessments from higher education institutions

This Higher Education Cloud Vendor Assessment Tool was created by the Higher Education Information Security Council Shared Assessments Working Group. Its purpose is to provic starting point for the assessment of third-party provided cloud services and resources. Ov the Shared Assessments Working Group hopes to create a framework that will establish a resource where institutions and cloud services providers will share completed Higher Educa Vendor Assessment Tool assessments.

https://www.educause.edu/hecvat
https://www.ren-isac.net/hecvat

This Higher Education Cloud Vendor Assessment Tool is brought to you by the Higher Education

Information Security Council, and members from EDUCAUSE, Internet2, and the Research Education Networking Information Sharing and Analysis Center (REN-ISAC).

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By completing the Higher Education Cloud Vendor Assessment Tool - Lite,
understand that the completed assessment may be shared among higher
sharing uses, permissions, and audiences are defined in the table below.

Item	Default Sharing Permission
Assessment template and discussion regarding the assessment process	OK to share
List of service providers assessed and contact information of service providers	OK to share
Completed Vendor Assessment Tool (vendor answers intact)	None, Opt-in by service provider only
Security report created by this Higher Education institution	None, Opt-in by service provider only

The REN-ISAC hosts the Cloud Broker Index (CBI), an up-to-date index o
maintain a populated HECVAT for any/all of their services. Vendors have
HECVAT(s), providing a link(s) to the index, or having the REN-ISAC host

The Cloud Broker Index can be found at: https://www.ren-isac.net/hecva

cloud service providers
education institutions. Anticipated

Default Sharing Audience
Public
Higher education institutions only
None, unless opt-in. If a service provider opts-in, the sharing is within higher education institutions only
None, unless opt-in. If a service provider opts-in, the sharing is within higher education institutions only

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Document Layout

There are five main sect...
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General Information	
Higher Education Shared Assessments Confirmation	
Qualifiers	
Documentation	
Company Overview	
Safeguards	

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Figure 1:

Optional Safeguards

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Figure 2:

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or vendors interested in providing the Institution with a software and/or a service. This
e completed by a Institution entity. The purpose of this worksheet is for the vendor to
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t process.

tions of the Higher Education Cloud Vendor Assessment Tool, all listed below and outlined in
ent is designed to have the first two sections populated first; after the Qualifiers section is
ulated in any order. Within each section, answer each question top-to-bottom. Some
d may be blocked out via formatting based on previous answers. Populating this document
ensure that questions are not answered unnecessarily.

This section is self-explanatory; product specifics and contact information. GNRL-01 through GNRL-06 should be populated by an institution entity. **GNRL-07 through GNRL-14 should be populated by the Vendor**. GNRL-15 and GNRL-16 are for Institution use only.
Answers to the statements in this section will determine how this assessment may be shared within the Higher Education community. Refer to the Sharing Read Me tab for further details.
Populate this section **completely** before continuing. Answers in this section can determine which sections will be required for this assessment. By answering "No" to Qualifiers, their matched sections become optional and are highlighted in orange.
Focused on external documentation, the Institution is interested in the frameworks that lead your security strategy and what has been done to certify these implementations.
This section is focused on company background, size, and business area experience.
The remainder of the document consists of various safeguards grouped generally by section.

or input is required there are only one or two columns that need modification, Vendor
Information, columns C and D respectively (see Figure 1 below). You will see that
separate and other times are merged. If they are separate, C will be a selectable, drop-
orting information should be added to column D. If C and D are merged, the question is
o be in narrative form. At the far right is a column titled "Guidance". After answering
lumn to ensure you have submitted information/documentation to sufficiently answer the
tional Information" column to provide any requested details.

	C	D	E
	Vendor Answers	**Additional Information**	**Guidance**
	No		Provide a brief description.

s Based on Qualifiers

evant to all vendors. Qualifiers are used to make whole sections optional to vendors
of product usage and the data involved in the engagement being assessed. Sections that
he section titles and questions highlighted in orange (see Figure 2).

QUALIFIER response.	**Vendor Answers**	**Additional Information**
ference to your Business Continuity Plan.		

ab, Cloud Vendor Assessment Tool, to begin.

Higher Education Cloud Vendor Assessment Tool

DATE-01	**Date**	□□

General Information

In order to protect the Institution and its systems, vendors whose products and/or services will access and/or
Throughout this tool, anywhere where the term data is used, this is an all-encompassing term including at lea
process will assist the institution in preventing breaches of protected information and comply with Institution p
Assessment and should be completed by a vendor. Review the *Instructions* tab for further guidance.

GNRL-01 through GNRL-06; populated by Institution

GNRL-01	Institution Department	*The University of Texas*
GNRL-02	Institution Department Primary Campus	*System Administration*
GNRL-03	Institution Department Code	*NA*
GNRL-04	Institution Department Contact Name	*Institution Department Con*
GNRL-05	Institution Department Contact Email	*Institution Department Con*
GNRL-06	Institution Department Contact Phone Number	*555-555-5555*

GNRL-07 through GNRL-14; populated by Vendor

GNRL-07	Vendor Name	*Vendor Name*
GNRL-08	Product Name	*Product Name and Version*
GNRL-09	Product Description	*Please include a brief descr*
GNRL-10	Web Link to Product Privacy Notice	*http://www.vendor.domain*
GNRL-11	Vendor Contact Name	*Vendor Contact Name*

GNRL-12	Vendor Contact Title	*Vendor Contact Title*
GNRL-13	Vendor Contact Email	*Vendor Contact E-mail Addr*
GNRL-14	Vendor Contact Phone Number	*555-555-5555*
GNRL-15 and GNRL-16; populated by Institution Security Office		
GNRL-15	Institution Security Analyst/Engineer	*Institution Security Analyst*
GNRL-16	Assessment Contact	*ticket#@yourdomain.edu*

Higher Education Shared Assessments Confirmation	**Vendor Answers**

By completing the Higher Education Cloud Vendor Assessment Tool, cloud service providers understand that t **following statements will determine how this assessment may be shared within the Higher Educati**

HESA-01	I understand the goal of Higher Education Shared Assessments and that the completed Higher Education Cloud Vendor Assessment Tool may be shared with other higher education institutions, based on the following selections.	Yes
HESA-02	Add this completed assessment to a list of Higher Education assessed service providers, with contact information for service providers. No answers are shared; it is a list stating vendor, product, version, and service provider contact information.	Yes; OK to List
HESA-03	This completed Vendor Assessment Tool (with vendor answers intact) can be shared within Higher Education institutions through the Cloud Broker Index, https://www.ren-isac.net/hecvat/cbi.html.	Yes; OK to Share
HESA-04	The security report created by this Higher Education institution, after evaluating this assessment, can be shared within Higher Education institutions.	Yes; OK to Share

Instructions

Step 1: Complete the *Qualifiers* section first. **Step 2:** Complete each section answering each set of questions completed Higher Education Cloud Vendor Assessment Tool (HECVAT) to the Institution according to institutio

Qualifiers		Vendor Answers
The Institution conducts Third Party Security Assessments on a variety of third parties. As such, not all assess and allows for various parties to utilize this common documentation instrument. **Responses to the following**		
QUAL-01	**Does your product process protected health information (PHI) or any data covered by the Health Insurance Portability and Accountability Act?**	No
QUAL-02	**Does the vended product host/support a mobile application?** (e.g. app)	
QUAL-03	**Will institution data be shared with or hosted by any third parties?** (e.g. any entity not wholly-owned by your company is considered a third-party)	
QUAL-04	**Do you have a Business Continuity Plan (BCP)?**	
QUAL-05	**Do you have a Disaster Recovery Plan (DRP)?**	
QUAL-06	**Will data regulated by PCI DSS reside in the vended product?**	Yes
QUAL-07	**Is your company a consulting firm providing only consultation to the Institution?**	No

Documentation		Vendor Answers
DOCU-01	Have you undergone a SSAE 16 audit?	
DOCU-02	Have you completed the Cloud Security Alliance (CSA) self assessment or CAIQ?	
DOCU-03	Have you received the Cloud Security Alliance STAR certification?	
DOCU-04	Do you conform with a specific industry standard security framework? (e.g. NIST Special Publication 800-53, ISO 27001, etc.)	
DOCU-05	Are you compliant with FISMA standards (indicate at what level)?	
DOCU-06	Does your organization have a data privacy policy?	
Company Overview		Vendor Answers
COMP-01	Describe your organization's business background and ownership structure, including all parent and subsidiary relationships.	

		Vendor Answers
COMP-02	Describe how long your organization has conducted business in this product area.	
COMP-03	How many higher education, commercial customers and government customers do you serve in North America? Please provide a higher education customer reference if available.	
COMP-04	Please explain in detail any involvement in business-related litigation in the last five years by your organization, its management, or the staff that will be providing the administrative services.	
COMP-05	Describe the structure and size of your Security Office and overall information security staff. (e.g. Admin, Engineering, QA/Compliance, etc.)	
COMP-06	Describe the structure and size of your Software and System Development teams. (e.g. Customer Support, Implementation, Product Management, etc.)	
COMP-07	Use this area to share information about your environment that will assist those who are evaluating you company data security safeguards.	

Third Parties   **Vendor Answers**

THRD-01	Describe how you perform security assessments of third party companies with which you share data (i.e. hosting providers, cloud services, PaaS, IaaS, SaaS, etc.). Provide a summary of your practices that assures that the third party will be subject to the appropriate standards regarding security, service recoverability, and confidentiality.	
THRD-02	Provide a brief description for why each of these third parties will have access to institution data.	
THRD-03	What legal agreements (i.e. contracts) do you have in place with these third parties that address liability in the event of a data breach?	
THRD-04	Describe or provide references to your third party management strategy or provide additional information that may help analysts better understand your environment and how it relates to third-party solutions.	
Consulting - Optional based on QUALIFIER response.		**Vendor Answers**
CONS-01	Will the consulting take place on-premises or remotely?	
CONS-02	Will the consultant require access to Institution's network resources?	

		Vendor Answers
CONS-03	Will the consultant require access to hardware in the Institution's data centers?	
CONS-04	Will the consultant require an account within the Institution's domain (@*.edu)?	
CONS-05	Has the consultant received training on [sensitive, HIPAA, PCI, etc.] data handling?	
CONS-06	Will any data be transferred to the consultant's possession?	
CONS-07	How long will it remain in their possession?	
CONS-08	Is it encrypted (at rest) while in the consultant's possession?	
CONS-09	Will the consultant need remote access to the Institution's network or systems?	
CONS-10	What software will be used to facilitate that access?	
CONS-11	Can we restrict that access based on source IP address?	
Application/Service Security		**Vendor Answers**
APPL-01	Does the application/service support being virtualized?	

APPL-02	Are the servers hosting institution data currently deployed in a virtualized environment?	
APPL-03	Can user access be customized to allow read-only access, update access, or no-access to specific types of records, record attributes, components, or functions?	
APPL-04	Describe or provide a reference to how user security administration is performed?	
APPL-05	Define the access control roles of employees that will have access to the data and in what capacity.	
APPL-06	Do you allow employees to remotely access data (i.e. work from home)?	
APPL-07	Define what controls are in place to secure their remote environment and connection to the institution's data.	
APPL-08	What operating system(s) is/are leveraged by the system(s)/application(s) that will have access to institution's data?	

APPL-09	Have you or any third party you contract with that may have access or allow access to the institution's data experienced a breach?	
APPL-10	Describe or provide a reference to additional software/products necessary to implement a functional system on either the backend or user-interface side of the system.	
APPL-11	Describe or provide a reference to the overall system and/or application architecture(s), including appropriate diagrams. Include a full description of the data communications architecture for all components of the system.	
APPL-12	Are databases used in the system segregated from front-end systems? (e.g. web and application servers)	
APPL-13	Describe or provide a reference to all web-enabled features and functionality of the system (i.e. accessed via a web-based interface).	
APPL-14	Describe or provide a reference to any OS and/or web-browser combinations that are not currently supported.	
APPL-15	Can your system take advantage of mobile and/or GPS enabled mobile devices?	

APPL-16	Describe or provide a reference to the facilities available in the system to provide separation of duties between security administration and system administration functions.	
APPL-17	Describe or provide a reference that details how administrator access is handled (e.g. provisioning, principle of least privilege, deprovisioning, etc.)	
APPL-18	Does the system provide data input validation and error messages?	
APPL-19	Do you employ a single-tenant or multi-tenant strategy in the environment hosting Institution's data?	
APPL-20	Describe or provide references explaining how tertiary services are redundant (i.e. DNS, ISP, etc…).	

Authentication, Authorization, and Accounting		**Vendor Answers**
AAAI-01	Can you enforce password/passphrase aging requirements?	
AAAI-02	Can you enforce password/passphrase complexity requirements [provided by the institution]?	
AAAI-03	What are the minimum and maximum password lengths supported, and what types of characters are supported?	

AAAI-04	Describe the current/default/supported password/passphrase reset procedures?	
AAAI-05	Describe or provide a reference to the types of authentication, including standards-based single-sign-on (SSO, InCommon), that are supported by the web-based interface?	
AAAI-06	Are there any passwords/passphrases "hard coded" into your systems or products?	
AAAI-07	Are user account passwords/passphrases visible in administration modules?	
AAAI-08	Are user account passwords/passphrases stored encrypted?	
AAAI-09	Describe or provide a reference to the algorithm/strategy that is used to encrypt stored passwords/passphrases?	
AAAI-10	Does your *application* and/or user-frontend/portal support multi-factor authentication? (e.g. Duo, Google Authenticator, OTP, etc.)	
AAAI-11	List all supported multi-factor authentication methods, technologies, and/or products and provide a brief summary of each.	
AAAI-12	Does your *application* support integration with other authentication and authorization systems such as Active Directory, Kerberos (what version) or another institution centralized authorization service?	

AAAI-13	Will any external authentication or authorization system be utilized by an application with access to the institution's data?	
AAAI-14	Does the *system* (servers/infrastructure) support external authentication services (e.g. Active Directory, LDAP) in place of local authentication?	
AAAI-15	Does the system operate in a mixed authentication mode (i.e. external and local authentication)?	
AAAI-16	Will any external authentication or authorization system be utilized by a system with access to institution data?	
AAAI-17	Are audit logs available that include AT LEAST all of the following; login, logout, actions performed, and source IP address?	
AAAI-18	Describe or provide a reference to the system capability to log security/authorization changes as well as user and administrator security (physical or electronic) events (e.g., login failures, access denied, changes accepted), and all requirements necessary to implement logging and monitoring on the system. Include information about SIEM/log collector usage.	
AAAI-19	Describe or provide a reference to the retention period for those logs, how logs are protected, and whether they are accessible to the customer (and if so, how).	

Business Continuity Plan	**Vendor Answers**

BCPL-01	Describe or provide a reference to your Business Continuity Plan (BCP).	
BCPL-02	Is an owner assigned who is responsible for the maintenance and review of the Business Continuity Plan?	
BCPL-03	If possible, can the Institution review your BCP and supporting documentation?	
BCPL-04	Is there a defined problem/issue escalation plan in your BCP for impacted clients?	
BCPL-05	Is there a documented communication plan in your BCP for impacted clients?	
BCPL-06	Are all components of the BCP reviewed at least annually and updated as needed to reflect change?	
BCPL-07	Indicate the last time that the BCP was tested and provide a summary of the results.	
BCPL-08	Does your organization conduct training and awareness activities to validate its employees understanding of their roles and responsibilities during a crisis?	
BCPL-09	Are specific crisis management roles and responsibilities defined and documented?	
BCPL-10	Does your organization have an alternative business site or a contracted Business Recovery provider?	

BCPL-11	Does your organization conduct an annual test of relocating to this alternate site for business recovery purposes?	
BCPL-12	Indicate the priority of service restoration for services utilized by the Institution compared to other applications/services the vendor provides.	

Change Management		**Vendor Answers**
CHNG-01	Do you have a documented and currently followed change management process (CMP)?	
CHNG-02	Indicate all procedures that are implemented in your CMP. a.) An impact analysis of the upgrade is performed. b.) The change is appropriately authorized. c.) Changes are made first in a test environment. d.) The ability to implement the upgrades/changes in the production environment is limited to appropriate IT personnel.	
CHNG-03	How and when will the Institution be notified of major changes to your environment that could impact the Institution's security posture?	
CHNG-04	Do clients have the option to not participate in or postpone an upgrade to a new release?	
CHNG-05	Describe or provide a reference to your solution support strategy in relation to maintaining software currency. (i.e. how many concurrent versions are you willing to run and support?)	

CHNG-06	Identify the most current version of the software. Detail the percentage of live customers that are utilizing the proposed version of the software as well as each version of the software currently in use.	
CHNG-07	Describe, if applicable, your support for client customizations from one release to another.	
CHNG-08	How does your organization ensure that only application software verifiable as authorized, tested, and approved for production, and having met all other requirements and reviews necessary for commissioning, is placed into production?	
CHNG-09	Describe or provide a reference to your release schedule for product updates.	
CHNG-10	Describe or provide a reference to your technology roadmap, for the next 2 years, for enhancements and bug fixes for the product/service being assessed.	
CHNG-11	Describe or provide a reference to your expectation of client involvement with product updates?	
CHNG-12	Provide a brief summary of how critical patches are applied to all systems and applications.	

CHNG-13	Describe or provide a reference to how security risks are mitigated until patches can be applied.	
CHNG-14	Are upgrades or system changes installed during off-peak hours or in a manner that does not impact the customer?	
CHNG-15	Do procedures exist to provide that emergency changes are documented and authorized (including after the fact approval)?	
Data		**Vendor Answers**
DATA-01	Describe the highest level of data classification that will be managed within your system(s) and/or application(s).	
DATA-02	Describe or provide a reference to how institution data is physically and logically separated from that of other customers.	
DATA-03	Will Institution's data be stored on any devices (database servers, file servers, SAN, NAS, ...) configured with non-RFC 1918/4193 (i.e. publicly routable) IP addresses?	
DATA-04	Is sensitive data encrypted in transport?	
DATA-05	Is sensitive data encrypted in storage (e.g. disk encryption, at-rest)?	

DATA-06	Do you employ or allow any cryptographic modules that do not conform to the Federal Information Processing Standards (FIPS PUB 140-2)?	
DATA-07	Describe or provide a reference to the encryption technology and strategy you employ for transmitting sensitive information over TCP/IP networks (e.g., SSH, SSL/TLS, VPN).	
DATA-08	List all locations (i.e. city + datacenter name) where the institution's data will be stored?	
DATA-09	At the completion of this contract, will data be returned to the institution?	
DATA-10	How will data be returned to the institution and in what format?	
DATA-11	How long will the institution's data be available within the system at the completion of this contract?	
DATA-12	Can the institution extract a full backup of data?	
DATA-13	Are ownership rights to all data, inputs, outputs, and metadata retained by the Institution?	
DATA-14	Are these rights retained even through a provider acquisition or bankruptcy event?	
DATA-15	In the event of imminent bankruptcy, closing of business, or retirement of service, will you provide 90 days for customers to get their data out of the system and migrate applications?	

DATA-16	Describe or provide a reference to the backup processes for the servers on which the service and/or data resides.	
DATA-17	Are backup copies made according to pre-defined schedules and securely stored and protected?	
DATA-18	How long are data backups stored?	
DATA-19	Are data backups encrypted?	
DATA-20	Summarize the encryption algorithm/strategy you are using to secure the backups.	
DATA-21	Describe or provide a reference to your cryptographic key management process (generation, exchange, storage, safeguards, use, vetting, and replacement) of all system components (e.g. database, system, web, etc.).	
DATA-22	Do current backups include all operating system software, utilities, security software, application software, and data files necessary for recovery?	
DATA-23	Are you performing offsite backups? (i.e. digitally moved off site)	
DATA-24	Are physical backups taken off site? (i.e. physically moved off site)	
DATA-25	Do backups containing the institution's data ever leave the United States of America either physically or via network routing?	

DATA-26	Describe or provide a reference to your media handling process, that is documented and currently implemented, including end-of-life, repurposing, and data sanitization procedures.	
DATA-27	Does this process adhere to DoD 5220.22-M and/or NIST SP 800-88 standards?	
DATA-28	Do procedures exist to ensure that retention and destruction of data meets established business and regulatory requirements?	
DATA-29	Is media used for long-term retention of business data and archival purposes stored in a secure, environmentally protected area?	
DATA-30	Will you handle data in a FERPA compliant manner?	
DATA-31	Is any institution data visible in system administration modules/tools?	
Database		**Vendor Answers**
DBAS-01	Does the database support encryption of specified data elements in storage?	
DBAS-02	Do you currently use encryption in your database(s)?	
Datacenter		**Vendor Answers**
DCTR-01	Does your company own the physical data center where the Institution's data will reside?	

DCTR-02	Does the hosting provider have a SOC 2 Type 2 report available?	
DCTR-03	Are the data centers staffed 24 hours a day, seven days a week (i.e 24x7x365)?	
DCTR-04	Do any of your servers reside in a co-located data center?	
DCTR-05	Are your servers separated from other companies via a physical barrier, such as a cage or hardened walls?	
DCTR-06	Does the physical barrier fully enclose the physical space preventing unauthorized physical contact with any of your devices?	
DCTR-07	Select the option that best describes the network segment that servers are connected to.	
DCTR-08	Does this data center operate outside of the United States?	
DCTR-09	Will any institution data leave the United States?	
DCTR-10	List all datacenters and their cities, states (provinces), and countries where the institution's data will be stored (including within the United States).	
DCTR-11	Are your primary and secondary data centers geographically diverse?	

DCTR-12	If outsourced or co-located, is there a contract in place to prevent data from leaving the United States?	
DCTR-13	What Tier Level is your data center (per levels defined by the Uptime Institute)?	
DCTR-14	Is the service hosted in a high availability environment?	
DCTR-15	Is redundant power available for all datacenters where institution data will reside?	
DCTR-16	How often are redundant power strategies tested?	
DCTR-17	Describe or provide a reference to the availability of cooling and fire suppression systems in all datacenters where institution data will reside.	
DCTR-18	State how many Internet Service Providers (ISPs) provide connectivity to each datacenter where the institution's data will reside.	
DCTR-19	Does every datacenter where the Institution's data will reside have multiple telephone company or network provider entrances to the facility?	
Disaster Recovery Plan		**Vendor Answers**
DRPL-01	Describe or provide a reference to your Disaster Recovery Plan (DRP).	

DRPL-02	Is an owner assigned who is responsible for the maintenance and review of the DRP?	
DRPL-03	If possible, can the Institution review your DRP and supporting documentation?	
DRPL-04	Are any disaster recovery locations outside the United States?	
DRPL-05	Does your organization have a Disaster Recovery site or a contracted Disaster Recovery provider?	
DRPL-06	What type of availability does your Disaster Recovery site provide?	
DRPL-07	Does your organization conduct an annual test of relocating to this site for disaster recovery purposes?	
DRPL-08	Is there a defined problem/issue escalation plan in your DRP for impacted clients?	
DRPL-09	Is there a documented communication plan in your DRP for impacted clients?	
DRPL-10	Describe or provide a reference to how your disaster recovery plan is tested? (i.e. scope of DR tests, end-to-end testing, etc.)	

DRPL-11	Indicate the last time that the Disaster Recovery Plan was tested and provide a summary of the results (including actual recovery time).	
DRPL-12	Do the documented test results identify your organizations actual recovery time capabilities for technology and facilities?	
DRPL-13	Are all components of the DRP reviewed at least annually and updated as needed to reflect change?	
DRPL-14	Do you carry cyber-risk insurance to protect against unforeseen service outages, data that is lost or stolen, and security incidents?	
Firewalls, IDS, IPS, and Networking		**Vendor Answers**
FIDP-01	Are you utilizing a web application firewall (WAF)?	
FIDP-02	Are you utilizing a stateful packet inspection (SPI) firewall?	
FIDP-03	State and describe who has the authority to change firewall rules?	
FIDP-04	Do you have a documented policy for firewall change requests?	
FIDP-05	Have you implemented an Intrusion Detection System (network-based)?	
FIDP-06	Have you implemented an Intrusion Prevention System (network-based)?	

FIDP-07	Do you employ host-based intrusion detection?	
FIDP-08	Do you employ host-based intrusion prevention?	
FIDP-09	Describe or provide a reference to any other safeguards used to monitor for attacks?	
FIDP-10	Do you monitor for intrusions on a 24x7x365 basis?	
FIDP-11	Is intrusion monitoring performed internally or by a third-party service?	
FIDP-12	Are audit logs available for all changes to the network, firewall, IDS, and/or IPS?	

Mobile Applications	**Vendor Answers**
MAPP-01	On which mobile operating systems is your software or service supported?	
MAPP-02	Describe or provide a reference to the application's architecture and functionality.	
MAPP-03	Is the application available from a trusted source (e.g., iTunes App Store, Android Market, BB World)?	
MAPP-04	Does the application store, process, or transmit critical data?	

MAPP-05	Is Institution data encrypted in transport?	
MAPP-06	Is Institution data encrypted in storage? (e.g. disk encryption, at-rest)	
MAPP-07	Does the mobile application support Kerberos, CAS, or Active Directory authentication?	
MAPP-08	Will any of these systems be implemented on systems hosting the Institution's data?	
MAPP-09	Does the application adhere to secure coding practices?	
MAPP-10	Has the application been tested for vulnerabilities by a third party?	
MAPP-11	State the party that performed the test and the date it was conducted?	

Physical Security		Vendor Answers
PHYS-01	Describe or provide a reference to physical safeguards that are placed on facilities housing the institution's data (e.g., video monitoring, restricted access areas, man traps, card access controls, etc.)?	
PHYS-02	Are employees allowed to take home Institution's data in any form?	
PHYS-03	Are video monitoring feeds retained?	

PHYS-04	Is the video feed monitored by data center staff?	
PHYS-05	Are individuals required to sign in/out for installation and removal of equipment?	
PHYS-06	What are the equipment removal procedures for the clients?	

Policies, Procedures, and Processes		**Vendor Answers**
PPPR-01	Briefly describe your security organization. Include the responsible party for your information security program and the size of your security staff?	
PPPR-02	Do you have a documented patch management process?	
PPPR-03	Can you accommodate encryption requirements using open standards?	
PPPR-04	Have your developers been trained in secure coding techniques?	
PPPR-05	Was your application developed using secure coding techniques?	
PPPR-06	Do you subject your code to Static Code Analysis and/or Static Application Security Testing prior to release? If so, what tool(s) do you use?"	

PPPR-07	Describe testing processes that are established and followed (e.g., development of test plans, personnel involved in the testing process, and authorized individual accountable for approval and certification of test results)?	
PPPR-08	Are information security principles designed into the product lifecycle?	
PPPR-09	Do you have a documented systems development life cycle (SDLC)?	
PPPR-10	Describe or provide a reference to your system development life cycle methodology including your environments, version control, and change management (if not already covered in the Change Management section).	
PPPR-11	Do you have a formal incident response plan?	
PPPR-12	Will you comply with applicable Breach Notification Laws?	
PPPR-13	Will you comply with the Institution's IT policies with regards to user privacy and data protection?	
PPPR-14	Is your company subject to US laws and regulations?	
PPPR-15	Do you perform background screenings or multi-state background checks on all employees prior to their first day of work?	
PPPR-16	Do you require new employees to fill out agreements and review policies?	

PPPR-17	What agreements are required and policies reviewed? (i.e. confidentiality agreement, etc.)	
PPPR-18	Do you have a documented information security policy?	
PPPR-19	Do you have an information security awareness program?	
PPPR-20	Is the security awareness training mandatory for all employees?	
PPPR-21	How frequently are employees required to undergo the security awareness training?	
PPPR-22	Is a process documented, and currently followed, that requires a review and update of the access-list for privileged accounts?	
PPPR-23	Describe or provide a reference to your internal audit processes and procedures.	
Product Evaluation		**Vendor Answers**
PROD-01	Do you incorporate customer feedback into security feature requests?	
PROD-02	Can you provide an evaluation site to the institution for testing?	

Quality Assurance		Vendor Answers
QLAS-01	Provide a general summary of your Quality Assurance program.	
QLAS-02	Do you comply with ISO 9001?	
QLAS-03	Will your company provide quality and performance metrics in relation to the scope of services and performance expectations for the services you are offering?	
QLAS-04	Have you supplied products and/or services to the Institution (or its Campuses) in the last five years?	
QLAS-05	Do you have a program to keep your customers abreast of higher education and/or industry issues?	
Systems Management & Configuration		**Vendor Answers**
SYST-01	Are systems that support this service managed via a separate management network?	
SYST-02	Do you have an implemented system configuration management process? (e.g. secure "gold" images, etc.)	
SYST-03	Are employee mobile devices managed by your company's Mobile Device Management (MDM) platform?	

SYST-04	Provide a general summary of your systems management and configuration strategy, including servers, appliances, and mobile devices (company and employee owned).	

Vulnerability Scanning — Vendor Answers

VULN-01	Are your *applications* scanned externally for vulnerabilities?	
VULN-02	What was the date of your applications last external assessment? (mm/dd/yyyy)	
VULN-03	Are your applications scanned for vulnerabilities prior to new releases?	
VULN-04	Are your *systems* scanned externally for vulnerabilities?	
VULN-05	What was the date of your systems last external assessment? (mm/dd/yyyy)	
VULN-06	Describe or provide a reference to the tool(s) used to scan for vulnerabilities in your applications and systems.	
VULN-07	Will you provide results of security scans to the Institution (if requested)?	
VULN-08	Describe or provide a reference to how you monitor for and protect against common web application security vulnerabilities (e.g. SQL injection, XSS, XSRF, etc.).	

VULN-09	Will you allow the institution to perform its own security testing of your systems and/or application provided that testing is performed at a mutually agreed upon time and date?	
HIPAA - Optional based on QUALIFIER response.		**Vendor Answers**
HIPA-01	Do your workforce members receive regular training related to the HIPAA Privacy and Security Rules and the HITECH Act?	
HIPA-02	Do you monitor or receive information regarding changes in HIPAA regulations?	
HIPA-03	Has your organization designated HIPAA Privacy and Security officers as required by the Rules?	
HIPA-04	Do you comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (HITECH)?	
HIPA-05	Do you have an incident response process and reporting in place to investigate any potential incidents and report actual incidents?	
HIPA-06	Do you have a plan to comply with the Breach Notification requirements if there is a breach of data?	
HIPA-07	Have you conducted a risk analysis as required under the Security Rule?	

HIPA-08	Have you identified areas of risks?	
HIPA-09	Have you taken actions to mitigate the identified risks?	
HIPA-10	Does your application require user and system administrator password changes at a frequency no greater than 90 days?	
HIPA-11	Does your application require a user to set their own password after an administrator reset or on first use of the account?	
HIPA-12	Does your application lock-out an account after a number of failed login attempts?	
HIPA-13	Does your application automatically lock or log-out an account after a period of inactivity?	
HIPA-14	Are passwords visible in plain text, whether when stored or entered, including service level accounts (i.e. database accounts, etc.)?	
HIPA-15	If the application is institution-hosted, can all service level and administrative account passwords be changed by the institution?	
HIPA-16	Does your application provide the ability to define user access levels?	
HIPA-17	Does your application support varying levels of access to administrative tasks defined individually per user?	

HIPA-18	Does your application support varying levels of access to records based on user ID?	
HIPA-19	Is there a limit to the number of groups a user can be assigned?	
HIPA-20	Do accounts used for vendor supplied remote support abide by the same authentication policies and access logging as the rest of the system?	
HIPA-21	Does the application log record access including specific user, date/time of access, and originating IP or device?	
HIPA-22	Does the application log administrative activity, such user account access changes and password changes, including specific user, date/time of changes, and originating IP or device?	
HIPA-23	How long does the application keep access/change logs?	
HIPA-24	Can the application logs be archived?	
HIPA-25	Can the application logs be saved externally?	
HIPA-26	Does your data backup and retention policies and practices meet HIPAA requirements?	
HIPA-27	Do you have a disaster recovery plan and emergency mode operation plan?	

HIPA-28	Have the policies/plans mentioned above been tested?	
HIPA-29	Can the application logs be saved externally?	
HIPA-30	Can you provide a HIPAA compliance attestation document?	
HIPA-31	Are you willing to enter into a Business Associate Agreement (BAA)?	
HIPA-32	Have you entered into a BAA with all subcontractors who may have access to protected health information (PHI)?	

PCI DSS		**Vendor Answers**
PCID-01	Does your systems or products store, process, or transmit cardholder (payment/credit/debt card) data?	
PCID-02	Are you compliant with the Payment Card Industry Data Security Standard (PCI DSS)?	
PCID-03	Do you have a current, executed within the past year, Attestation of Compliance (AoC) or Report on Compliance (RoC)?	
PCID-04	Are you classified as a service provider?	
PCID-05	Are you on the list of VISA approved service providers?	
PCID-06	Are you classified as a merchant? If so, what level (1, 2, 3, 4)?	

PCID-07	Describe the architecture employed by the system to verify and authorize credit card transactions.	
PCID-08	What payment processors/gateways does the system support?	
PCID-09	Can the application be installed in a PCI DSS compliant manner ?	
PCID-10	Is the application listed as an approved PA-DSS application?	
PCID-11	Does the systems or products use a third party to collect, store, process, or transmit cardholder (payment/credit/debt card) data?	
PCID-12	Include documentation describing the systems' abilities to comply with the PCI DSS and any features or capabilities of the system that must be added or changed in order to operate in compliance with the standards.	

host institutional data must complete the Higher Education Cloud Vendor Assessment Tool (HECVAT).
st data and metadata. Answers will be reviewed by Institution security analysts upon submittal. This
policy, state, and federal law. This is intended for use by vendors participating in a Third Party Security

tact Name

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Information

iption of the product

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/Engineer Name

Additional Information	Guidance
he completed assessment may be shared among higher education institutions. **Answers to the ion community**. Shared assessment sharing details can be found on the "Sharing Read Me" tab.	
Scope: Higher Education Institutions Only	
Scope: Higher Education Institutions Only	
Scope: Higher Education Institutions Only	

in order from top to bottom; the built-in formatting logic relies on this order. **Step 3:** Submit the nal procedures.

Additional Information	Guidance
ment questions are relevant to each party. To alleviate complexity, a "qualifier" strategy is implemented **g questions will determine the need to answer additional questions below**.	
	Responses to the questions in the HIPAA section are optional.
	You are required to complete the questions in the PCI DSS section.
NOTE: If there is a possibility that any consulting services will be provided, the Consulting section must be completed.	Responses to the questions in the Consulting section are optional.

Additional Information	Guidance

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Higher Education Cloud Vendor Assessment T

HEISC Shared Assessments Working Group

Qualifiers

QUAL-01	Does your product process protected health information (PHI) or any data covered by the Health Insurance Portability and Accountability Act?
QUAL-02	Does the vended product host/support a mobile application? (e.g. app)
QUAL-03	Will institution data be shared with or hosted by any third parties? (e.g. any entity not wholly-owned by your company is considered a third-party)
QUAL-04	Do you have a Business Continuity Plan (BCP)?
QUAL-05	Do you have a Disaster Recovery Plan (DRP)?
QUAL-06	Will data regulated by PCI DSS reside in the vended product?
QUAL-07	Is your company a consulting firm providing only consultation to the Institution?

Documentation

DOCU-01	Have you undergone a SSAE 16 audit?
DOCU-02	Have you completed the Cloud Security Alliance (CSA) self assessment or CAIQ?
DOCU-03	Have you received the Cloud Security Alliance STAR certification?
DOCU-04	Do you conform with a specific industry standard security framework? (e.g. NIST Special Publication 800-53, ISO 27001, etc.)
DOCU-05	Are you compliant with FISMA standards (indicate at what level)?
DOCU-06	Does your organization have a data privacy policy?

Company Overview

COMP-01	Describe your organization's business background and ownership structure, including all parent and subsidiary relationships.
COMP-02	Describe how long your organization has conducted business in this product area.

COMP-03	How many higher education, commercial customers and government customers do you serve in North America? Please provide a higher education customer reference if available.
COMP-04	Please explain in detail any involvement in business-related litigation in the last five years by your organization, its management, or the staff that will be providing the administrative services.
COMP-05	Describe the structure and size of your Security Office and overall information security staff. (e.g. Admin, Engineering, QA/Compliance, etc.)
COMP-06	Describe the structure and size of your Software and System Development teams. (e.g. Customer Support, Implementation, Product Management, etc.)
COMP-07	Use this area to share information about your environment that will assist those who are evaluating you company data security safeguards.

Third Parties

THRD-01	Describe how you perform security assessments of third party companies with which you share data (i.e. hosting providers, cloud services, PaaS, IaaS, SaaS, etc.). Provide a summary of your practices that assures that the third party will be subject to the appropriate standards regarding security, service recoverability, and confidentiality.

THRD-02	Provide a brief description for why each of these third parties will have access to institution data.
THRD-03	What legal agreements (i.e. contracts) do you have in place with these third parties that address liability in the event of a data breach?
THRD-04	Describe or provide references to your third party management strategy or provide additional information that may help analysts better understand your environment and how it relates to third-party solutions.

Consulting - Optional based on QUALIFIER response.

CONS-01	Will the consulting take place on-premises or remotely?
CONS-02	Will the consultant require access to Institution's network resources?
CONS-03	Will the consultant require access to hardware in the Institution's data centers?
CONS-04	Will the consultant require an account within the Institution's domain (@*.edu)?

CONS-05	Has the consultant received training on [sensitive, HIPAA, PCI, etc.] data handling?
CONS-06	Will any data be transferred to the consultant's possession?
CONS-07	How long will it remain in their possession?
CONS-08	Is it encrypted (at rest) while in the consultant's possession?
CONS-09	Will the consultant need remote access to the Institution's network or systems?
CONS-10	What software will be used to facilitate that access?
CONS-11	Can we restrict that access based on source IP address?

Application/Service Security

APPL-01	Does the application/service support being virtualized?
APPL-02	Are the servers hosting institution data currently deployed in a virtualized environment?
APPL-03	Can user access be customized to allow read-only access, update access, or no-access to specific types of records, record attributes, components, or functions?

APPL-04	Describe or provide a reference to how user security administration is performed?
APPL-05	Define the access control roles of employees that will have access to the data and in what capacity.
APPL-06	Do you allow employees to remotely access data (i.e. work from home)?
APPL-07	Define what controls are in place to secure their remote environment and connection to the institution's data.
APPL-08	What operating system(s) is/are leveraged by the system(s)/application(s) that will have access to institution's data?
APPL-09	Have you or any third party you contract with that may have access or allow access to the institution's data experienced a breach?
APPL-10	Describe or provide a reference to additional software/products necessary to implement a functional system on either the backend or user-interface side of the system.

APPL-11	Describe or provide a reference to the overall system and/or application architecture(s), including appropriate diagrams. Include a full description of the data communications architecture for all components of the system.
APPL-12	Are databases used in the system segregated from front-end systems? (e.g. web and application servers)
APPL-13	Describe or provide a reference to all web-enabled features and functionality of the system (i.e. accessed via a web-based interface).
APPL-14	Describe or provide a reference to any OS and/or web-browser combinations that are not currently supported.
APPL-15	Can your system take advantage of mobile and/or GPS enabled mobile devices?
APPL-16	Describe or provide a reference to the facilities available in the system to provide separation of duties between security administration and system administration functions.
APPL-17	Describe or provide a reference that details how administrator access is handled (e.g. provisioning, principle of least privilege, deprovisioning, etc.)
APPL-18	Does the system provide data input validation and error messages?

APPL-19	Do you employ a single-tenant or multi-tenant strategy in the environment hosting Institution's data?
APPL-20	Describe or provide references explaining how tertiary services are redundant (i.e. DNS, ISP, etc...).

Authentication, Authorization, and Accounting

AAAI-01	Can you enforce password/passphrase aging requirements?
AAAI-02	Can you enforce password/passphrase complexity requirements [provided by the institution]?
AAAI-03	What are the minimum and maximum password lengths supported, and what types of characters are supported?
AAAI-04	Describe the current/default/supported password/passphrase reset procedures?
AAAI-05	Describe or provide a reference to the types of authentication, including standards-based single-sign-on (SSO, InCommon), that are supported by the web-based interface?
AAAI-06	Are there any passwords/passphrases "hard coded" into your systems or products?

AAAI-07	Are user account passwords/passphrases visible in administration modules?
AAAI-08	Are user account passwords/passphrases stored encrypted?
AAAI-09	Describe or provide a reference to the algorithm/strategy that is used to encrypt stored passwords/passphrases?
AAAI-10	Does your *application* and/or user-frontend/portal support multi-factor authentication? (e.g. Duo, Google Authenticator, OTP, etc.)
AAAI-11	List all supported multi-factor authentication methods, technologies, and/or products and provide a brief summary of each.
AAAI-12	Does your *application* support integration with other authentication and authorization systems such as Active Directory, Kerberos (what version) or another institution centralized authorization service?
AAAI-13	Will any external authentication or authorization system be utilized by an application with access to the institution's data?
AAAI-14	Does the *system* (servers/infrastructure) support external authentication services (e.g. Active Directory, LDAP) in place of local authentication?
AAAI-15	Does the system operate in a mixed authentication mode (i.e. external and local authentication)?

AAAI-16	Will any external authentication or authorization system be utilized by a system with access to institution data?
AAAI-17	Are audit logs available that include AT LEAST all of the following; login, logout, actions performed, and source IP address?
AAAI-18	Describe or provide a reference to the system capability to log security/authorization changes as well as user and administrator security (physical or electronic) events (e.g., login failures, access denied, changes accepted), and all requirements necessary to implement logging and monitoring on the system. Include information about SIEM/log collector usage.
AAAI-19	Describe or provide a reference to the retention period for those logs, how logs are protected, and whether they are accessible to the customer (and if so, how).

Business Continuity Plan

BCPL-01	Describe or provide a reference to your Business Continuity Plan (BCP).
BCPL-02	Is an owner assigned who is responsible for the maintenance and review of the Business Continuity Plan?
BCPL-03	If possible, can the Institution review your BCP and supporting documentation?
BCPL-04	Is there a defined problem/issue escalation plan in your BCP for impacted clients?

BCPL-05	Is there a documented communication plan in your BCP for impacted clients?
BCPL-06	Are all components of the BCP reviewed at least annually and updated as needed to reflect change?
BCPL-07	Indicate the last time that the BCP was tested and provide a summary of the results.
BCPL-08	Does your organization conduct training and awareness activities to validate its employees understanding of their roles and responsibilities during a crisis?
BCPL-09	Are specific crisis management roles and responsibilities defined and documented?
BCPL-10	Does your organization have an alternative business site or a contracted Business Recovery provider?
BCPL-11	Does your organization conduct an annual test of relocating to this alternate site for business recovery purposes?
BCPL-12	Indicate the priority of service restoration for services utilized by the Institution compared to other applications/services the vendor provides.

Change Management

CHNG-01	Do you have a documented and currently followed change management process (CMP)?

CHNG-02	Indicate all procedures that are implemented in your CMP. a.) An impact analysis of the upgrade is performed. b.) The change is appropriately authorized. c.) Changes are made first in a test environment. d.) The ability to implement the upgrades/changes in the production environment is limited to appropriate IT personnel.
CHNG-03	How and when will the Institution be notified of major changes to your environment that could impact the Institution's security posture?
CHNG-04	Do clients have the option to not participate in or postpone an upgrade to a new release?
CHNG-05	Describe or provide a reference to your solution support strategy in relation to maintaining software currency. (i.e. how many concurrent versions are you willing to run and support?)
CHNG-06	Identify the most current version of the software. Detail the percentage of live customers that are utilizing the proposed version of the software as well as each version of the software currently in use.
CHNG-07	Describe, if applicable, your support for client customizations from one release to another.
CHNG-08	How does your organization ensure that only application software verifiable as authorized, tested, and approved for production, and having met all other requirements and reviews necessary for commissioning, is placed into production?

CHNG-09	Describe or provide a reference to your release schedule for product updates.
CHNG-10	Describe or provide a reference to your technology roadmap, for the next 2 years, for enhancements and bug fixes for the product/service being assessed.
CHNG-11	Describe or provide a reference to your expectation of client involvement with product updates?
CHNG-12	Provide a brief summary of how critical patches are applied to all systems and applications.
CHNG-13	Describe or provide a reference to how security risks are mitigated until patches can be applied.
CHNG-14	Are upgrades or system changes installed during off-peak hours or in a manner that does not impact the customer?
CHNG-15	Do procedures exist to provide that emergency changes are documented and authorized (including after the fact approval)?

Data

DATA-01	Describe the highest level of data classification that will be managed within your system(s) and/or application(s).
DATA-02	Describe or provide a reference to how institution data is physically and logically separated from that of other customers.
DATA-03	Will Institution's data be stored on any devices (database servers, file servers, SAN, NAS, ...) configured with non-RFC 1918/4193 (i.e. publicly routable) IP addresses?
DATA-04	Is sensitive data encrypted in transport?
DATA-05	Is sensitive data encrypted in storage (e.g. disk encryption, at-rest)?
DATA-06	Do you employ or allow any cryptographic modules that do not conform to the Federal Information Processing Standards (FIPS PUB 140-2)?
DATA-07	Describe or provide a reference to the encryption technology and strategy you employ for transmitting sensitive information over TCP/IP networks (e.g., SSH, SSL/TLS, VPN).
DATA-08	List all locations (i.e. city + datacenter name) where the institution's data will be stored?
DATA-09	At the completion of this contract, will data be returned to the institution?

DATA-10	How will data be returned to the institution and in what format?
DATA-11	How long will the institution's data be available within the system at the completion of this contract?
DATA-12	Can the institution extract a full backup of data?
DATA-13	Are ownership rights to all data, inputs, outputs, and metadata retained by the Institution?
DATA-14	Are these rights retained even through a provider acquisition or bankruptcy event?
DATA-15	In the event of imminent bankruptcy, closing of business, or retirement of service, will you provide 90 days for customers to get their data out of the system and migrate applications?
DATA-16	Describe or provide a reference to the backup processes for the servers on which the service and/or data resides.
DATA-17	Are backup copies made according to pre-defined schedules and securely stored and protected?
DATA-18	How long are data backups stored?
DATA-19	Are data backups encrypted?
DATA-20	Summarize the encryption algorithm/strategy you are using to secure the backups.

DATA-21	Describe or provide a reference to your cryptographic key management process (generation, exchange, storage, safeguards, use, vetting, and replacement) of all system components (e.g. database, system, web, etc.).
DATA-22	Do current backups include all operating system software, utilities, security software, application software, and data files necessary for recovery?
DATA-23	Are you performing offsite backups? (i.e. digitally moved off site)
DATA-24	Are physical backups taken off site? (i.e. physically moved off site)
DATA-25	Do backups containing the institution's data ever leave the United States of America either physically or via network routing?
DATA-26	Describe or provide a reference to your media handing process, that is documented and currently implemented, including end-of-life, repurposing, and data sanitization procedures.
DATA-27	Does this process adhere to DoD 5220.22-M and/or NIST SP 800-88 standards?
DATA-28	Do procedures exist to ensure that retention and destruction of data meets established business and regulatory requirements?
DATA-29	Is media used for long-term retention of business data and archival purposes stored in a secure, environmentally protected area?

DATA-30	Will you handle data in a FERPA compliant manner?
DATA-31	Is any institution data visible in system administration modules/tools?

Database

DBAS-01	Does the database support encryption of specified data elements in storage?
DBAS-02	Do you currently use encryption in your database(s)?

Datacenter

DCTR-01	Does your company own the physical data center where the Institution's data will reside?
DCTR-02	Does the hosting provider have a SOC 2 Type 2 report available?
DCTR-03	Are the data centers staffed 24 hours a day, seven days a week (i.e 24x7x365)?
DCTR-04	Do any of your servers reside in a co-located data center?
DCTR-05	Are your servers separated from other companies via a physical barrier, such as a cage or hardened walls?

DCTR-06	Does the physical barrier fully enclose the physical space preventing unauthorized physical contact with any of your devices?
DCTR-07	Select the option that best describes the network segment that servers are connected to.
DCTR-08	Does this data center operate outside of the United States?
DCTR-09	Will any institution data leave the United States?
DCTR-10	List all datacenters and their cities, states (provinces), and countries where the institution's data will be stored (including within the United States).
DCTR-11	Are your primary and secondary data centers geographically diverse?
DCTR-12	If outsourced or co-located, is there a contract in place to prevent data from leaving the United States?
DCTR-13	What Tier Level is your data center (per levels defined by the Uptime Institute)?
DCTR-14	Is the service hosted in a high availability environment?
DCTR-15	Is redundant power available for all datacenters where institution data will reside?

DCTR-16	How often are redundant power strategies tested?
DCTR-17	Describe or provide a reference to the availability of cooling and fire suppression systems in all datacenters where institution data will reside.
DCTR-18	State how many Internet Service Providers (ISPs) provide connectivity to each datacenter where the institution's data will reside.
DCTR-19	Does every datacenter where the Institution's data will reside have multiple telephone company or network provider entrances to the facility?

Disaster Recovery Plan

DRPL-01	Describe or provide a reference to your Disaster Recovery Plan (DRP).
DRPL-02	Is an owner assigned who is responsible for the maintenance and review of the DRP?
DRPL-03	If possible, can the Institution review your DRP and supporting documentation?
DRPL-04	Are any disaster recovery locations outside the United States?
DRPL-05	Does your organization have a Disaster Recovery site or a contracted Disaster Recovery provider?

DRPL-06	What type of availability does your Disaster Recovery site provide?
DRPL-07	Does your organization conduct an annual test of relocating to this site for disaster recovery purposes?
DRPL-08	Is there a defined problem/issue escalation plan in your DRP for impacted clients?
DRPL-09	Is there a documented communication plan in your DRP for impacted clients?
DRPL-10	Describe or provide a reference to how your disaster recovery plan is tested? (i.e. scope of DR tests, end-to-end testing, etc.)
DRPL-11	Indicate the last time that the Disaster Recovery Plan was tested and provide a summary of the results (including actual recovery time).
DRPL-12	Do the documented test results identify your organizations actual recovery time capabilities for technology and facilities?
DRPL-13	Are all components of the DRP reviewed at least annually and updated as needed to reflect change?
DRPL-14	Do you carry cyber-risk insurance to protect against unforeseen service outages, data that is lost or stolen, and security incidents?

Firewalls, IDS, IPS, and Networking

FIDP-01	Are you utilizing a web application firewall (WAF)?
FIDP-02	Are you utilizing a stateful packet inspection (SPI) firewall?
FIDP-03	State and describe who has the authority to change firewall rules?
FIDP-04	Do you have a documented policy for firewall change requests?
FIDP-05	Have you implemented an Intrusion Detection System (network-based)?
FIDP-06	Have you implemented an Intrusion Prevention System (network-based)?
FIDP-07	Do you employ host-based intrusion detection?
FIDP-08	Do you employ host-based intrusion prevention?
FIDP-09	Describe or provide a reference to any other safeguards used to monitor for attacks?
FIDP-10	Do you monitor for intrusions on a 24x7x365 basis?
FIDP-11	Is intrusion monitoring performed internally or by a third-party service?

FIDP-12	Are audit logs available for all changes to the network, firewall, IDS, and/or IPS?

Mobile Applications

MAPP-01	On which mobile operating systems is your software or service supported?
MAPP-02	Describe or provide a reference to the application's architecture and functionality.
MAPP-03	Is the application available from a trusted source (e.g., iTunes App Store, Android Market, BB World)?
MAPP-04	Does the application store, process, or transmit critical data?
MAPP-05	Is Institution data encrypted in transport?
MAPP-06	Is Institution data encrypted in storage? (e.g. disk encryption, at-rest)
MAPP-07	Does the mobile application support Kerberos, CAS, or Active Directory authentication?
MAPP-08	Will any of these systems be implemented on systems hosting the Institution's data?
MAPP-09	Does the application adhere to secure coding practices?

MAPP-10	Has the application been tested for vulnerabilities by a third party?
MAPP-11	State the party that performed the test and the date it was conducted?

Physical Security

PHYS-01	Describe or provide a reference to physical safeguards that are placed on facilities housing the institution's data (e.g., video monitoring, restricted access areas, man traps, card access controls, etc.)?
PHYS-02	Are employees allowed to take home Institution's data in any form?
PHYS-03	Are video monitoring feeds retained?
PHYS-04	Is the video feed monitored by data center staff?
PHYS-05	Are individuals required to sign in/out for installation and removal of equipment?
PHYS-06	What are the equipment removal procedures for the clients?

Policies, Procedures, and Processes

PPPR-01	Briefly describe your security organization. Include the responsible party for your information security program and the size of your security staff?

PPPR-02	Do you have a documented patch management process?
PPPR-03	Can you accommodate encryption requirements using open standards?
PPPR-04	Have your developers been trained in secure coding techniques?
PPPR-05	Was your application developed using secure coding techniques?
PPPR-06	Do you subject your code to Static Code Analysis and/or Static Application Security Testing prior to release? If so, what tool(s) do you use?"
PPPR-07	Describe testing processes that are established and followed (e.g., development of test plans, personnel involved in the testing process, and authorized individual accountable for approval and certification of test results)?
PPPR-08	Are information security principles designed into the product lifecycle?
PPPR-09	Do you have a documented systems development life cycle (SDLC)?
PPPR-10	Describe or provide a reference to your system development life cycle methodology including your environments, version control, and change management (if not already covered in the Change Management section).
PPPR-11	Do you have a formal incident response plan?

PPPR-12	Will you comply with applicable Breach Notification Laws?
PPPR-13	Will you comply with the Institution's IT policies with regards to user privacy and data protection?
PPPR-14	Is your company subject to US laws and regulations?
PPPR-15	Do you perform background screenings or multi-state background checks on all employees prior to their first day of work?
PPPR-16	Do you require new employees to fill out agreements and review policies?
PPPR-17	What agreements are required and policies reviewed? (i.e. confidentiality agreement, etc.)
PPPR-18	Do you have a documented information security policy?
PPPR-19	Do you have an information security awareness program?
PPPR-20	Is the security awareness training mandatory for all employees?
PPPR-21	How frequently are employees required to undergo the security awareness training?

PPPR-22	Is a process documented, and currently followed, that requires a review and update of the access-list for privileged accounts?
PPPR-23	Describe or provide a reference to your internal audit processes and procedures.

Product Evaluation

PROD-01	Do you incorporate customer feedback into security feature requests?
PROD-02	Can you provide an evaluation site to the institution for testing?

Quality Assurance

QLAS-01	Provide a general summary of your Quality Assurance program.
QLAS-02	Do you comply with ISO 9001?
QLAS-03	Will your company provide quality and performance metrics in relation to the scope of services and performance expectations for the services you are offering?
QLAS-04	Have you supplied products and/or services to the Institution (or its Campuses) in the last five years?

QLAS-05	Do you have a program to keep your customers abreast of higher education and/or industry issues?

Systems Management & Configuration

SYST-01	Are systems that support this service managed via a separate management network?
SYST-02	Do you have an implemented system configuration management process? (e.g. secure "gold" images, etc.)
SYST-03	Are employee mobile devices managed by your company's Mobile Device Management (MDM) platform?
SYST-04	Provide a general summary of your systems management and configuration strategy, including servers, appliances, and mobile devices (company and employee owned).

Vulnerability Scanning

VULN-01	Are your *applications* scanned externally for vulnerabilities?
VULN-02	What was the date of your applications last external assessment? (mm/dd/yyyy)
VULN-03	Are your applications scanned for vulnerabilities prior to new releases?

VULN-04	Are your *systems* scanned externally for vulnerabilities?
VULN-05	What was the date of your systems last external assessment? (mm/dd/yyyy)
VULN-06	Describe or provide a reference to the tool(s) used to scan for vulnerabilities in your applications and systems.
VULN-07	Will you provide results of security scans to the Institution (if requested)?
VULN-08	Describe or provide a reference to how you monitor for and protect against common web application security vulnerabilities (e.g. SQL injection, XSS, XSRF, etc.).
VULN-09	Will you allow the institution to perform its own security testing of your systems and/or application provided that testing is performed at a mutually agreed upon time and date?

HIPAA

HIPA-01	Do your workforce members receive regular training related to the HIPAA Privacy and Security Rules and the HITECH Act?
HIPA-02	Do you monitor or receive information regarding changes in HIPAA regulations?

HIPA-03	Has your organization designated HIPAA Privacy and Security officers as required by the Rules?
HIPA-04	Do you comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (HITECH)?
HIPA-05	Do you have an incident response process and reporting in place to investigate any potential incidents and report actual incidents?
HIPA-06	Do you have a plan to comply with the Breach Notification requirements if there is a breach of data?
HIPA-07	Have you conducted a risk analysis as required under the Security Rule?
HIPA-08	Have you identified areas of risks?
HIPA-09	Have you taken actions to mitigate the identified risks?
HIPA-10	Does your application require user and system administrator password changes at a frequency no greater than 90 days?
HIPA-11	Does your application require a user to set their own password after an administrator reset or on first use of the account?
HIPA-12	Does your application lock-out an account after a number of failed login attempts?

HIPA-13	Does your application automatically lock or log-out an account after a period of inactivity?
HIPA-14	Are passwords visible in plain text, whether when stored or entered, including service level accounts (i.e. database accounts, etc.)?
HIPA-15	If the application is institution-hosted, can all service level and administrative account passwords be changed by the institution?
HIPA-16	Does your application provide the ability to define user access levels?
HIPA-17	Does your application support varying levels of access to administrative tasks defined individually per user?
HIPA-18	Does your application support varying levels of access to records based on user ID?
HIPA-19	Is there a limit to the number of groups a user can be assigned?
HIPA-20	Do accounts used for vendor supplied remote support abide by the same authentication policies and access logging as the rest of the system?
HIPA-21	Does the application log record access including specific user, date/time of access, and originating IP or device?

HIPA-22	Does the application log administrative activity, such user account access changes and password changes, including specific user, date/time of changes, and originating IP or device?
HIPA-23	How long does the application keep access/change logs?
HIPA-24	Can the application logs be archived?
HIPA-25	Can the application logs be saved externally?
HIPA-26	Does your data backup and retention policies and practices meet HIPAA requirements?
HIPA-27	Do you have a disaster recovery plan and emergency mode operation plan?
HIPA-28	Have the policies/plans mentioned above been tested?
HIPA-29	Can you provide a HIPAA compliance attestation document?
HIPA-30	Are you willing to enter into a Business Associate Agreement (BAA)?
HIPA-31	Have you entered into a BAA with all subcontractors who may have access to protected health information (PHI)?

PCI DSS

PCID-01	Does your systems or products store, process, or transmit cardholder (payment/credit/debt card) data?
PCID-02	Are you compliant with the Payment Card Industry Data Security Standard (PCI DSS)?
PCID-03	Do you have a current, executed within the past year, Attestation of Compliance (AoC) or Report on Compliance (RoC)?
PCID-04	Are you classified as a service provider?
PCID-05	Are you on the list of VISA approved service providers?
PCID-06	Are you classified as a merchant? If so, what level (1, 2, 3, 4)?
PCID-07	Describe the architecture employed by the system to verify and authorize credit card transactions.
PCID-08	What payment processors/gateways does the system support?
PCID-09	Can the application be installed in a PCI DSS compliant manner ?
PCID-10	Is the application listed as an approved PA-DSS application?

PCID-11	Does the systems or products use a third party to collect, store, process, or transmit cardholder (payment/credit/debt card) data?
PCID-12	Include documentation describing the systems' abilities to comply with the PCI DSS and any features or capabilities of the system that must be added or changed in order to operate in compliance with the standards.

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PR.DS-4		

PR.DS-4		
		PE-2, PE-3, PE-5, PE-11, PE-13, PE-14
PR.DS-4		PE-2, PE-3, PE-5, PE-11, PE-13, PE-14
PR.DS-4		PE-2, PE-3, PE-5, PE-11, PE-13, PE-14
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34

PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9		AC-5, CP-4, CP-10; NIST SP 800-34
PR.IP-9	3.12.2	AC-5, CP-4, CP-10; NIST SP 800-34
	3.6.2	AC-5, CP-4, CP-10; NIST SP 800-34

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
PR.DS-5		
PR.DS-5		
PR.AC-5		
PR.AC-5		
DE.CM-1	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-5
DE.CM-1	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-6
DE.CM-1	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-7
DE.CM-1	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-8
	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-9
DE.CM-1, DE.CM-2, DE.CM-7	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-10
DE.CM-1, DE.CM-2, DE.CM-7	3.6.1, 3.14.6, 3.14.7	IR-2, IR-4, IR-11

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
DE.AE-1, DE.CM-1, PR.PT-4	3.3.1	AU-2
DE.CM-7		
DE.CM-7		
DE.CM-7, PR.DS-2		
DE.CM-7, PR.DS-2	3.1.19	AC-19(5)
DE.CM-7, PR.DS-1		
DE.CM-7		

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
DE.CM-7, DE.CM-8, ID.RA-1		
DE.CM-7, DE.CM-8, ID.RA-1		
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
PR.AC-2, PR.AT-5, PR.IP-5, DE.CM-2	3.8.2, 3.10.1, 3.10.2, 3.10.5, 3.10.6, 3.12.1	MP-4, PE-2, PE-5, PE-6, PE-17
PR.AC-2, PR.AC-4, PR.DS-1, PR.DS-3, PR.DS-5	3.8.1, 3.8.5, 3.8.7	MP-2, MP-5, MP-7
DE.CM-2	3.10.2	PE-6
DE.CM-2	3.10.2	PE-6
PR.DS-3	3.7.3, 3.8.1, 3.8.5, 3.8.7, 3.10.3	MP-2, MP-5, MP-7
PR.DS-3	3.7.3, 3.8.7, 3.10.3	MP-2, MP-5, MP-7, PE-3
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
ID.GV-2	3.9.1, 3.9.2	PM-2, PM-10, SI-5, CA-5, PM-1

PR.IP-12		CA-5, PM-1
		CA-5, PM-1
		CA-5, PM-1
		CA-5, PM-1
DE.CM-8, RS.MI-3		CA-5, PM-1
PR.DS-7	3.12.2	CA-5, PM-1
	3.13.2	CA-5, PM-1
PR.IP-2		CM-3, SA-15, SA-3, SA-8, SC-2, CA-5, PM-1
PR.IP-2		CM-3, SA-15, SA-3, SA-8, SC-2, CA-5, PM-1
PR.IP-9	3.6.1, 3.12.2	CA-5, PM-1, IR-4, IR-5, IR-7, IR-8

ID.GV-3	3.6.2,	CA-5, PM-1, IR-4, IR-5, IR-6, IR-7, IR-8
	3.6.2	CA-2, SA-15, CA-5, PM-1, IR-4, IR-5, IR-6, R-7, IR-8
ID.GV-3		CA-5, PM-1
PR.IP-11	3.9.1	CA-5, PM-1, PS-3
PR.IP-11		CA-5, PM-1
PR.IP-11		CA-5, PM-1
ID.GV-3		CA-5, PM-1
PR.AT-1	3.2.1	AT-2, CA-5, PM-1
PR.AT-1	3.2.1, 3.2.2, 3.2.3	AT-2, AT-3, CA-5, PM-1
PR.AT-1		CA-5, PM-1

PR.AC-4, PR.PT-3	3.1.7	CA-5, PM-1
		CA-5, PM-1, PS-4, PS-5, PE-2, PE-3, PE-5, AC-6, RA-3, SA-8, CA-2, NIST SP 800-37; NIST SP 800-39; NIST SP 800-115; NIST SP 800-137
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
PR.DS-7		
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
PR.PT-4	3.1.3	AC-4
PR.IP-1	3.4.1, 3.4.2, 3.4.3	CM-2, CM-3, CM-6, CM-8
	3.13.13	
PR.IP-1, PR.IP-2	3.1.18, 3.7.1, 3.13.13	CM-2, CM-6, CM-3, AC-19, MA-2
NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2
DE.CM-8		SI-2
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2
DE.CM-8		SI-2
ID.RA-1, DE.CM-8, PR.IP-12	3.11.1, 3.11.2, 3.11.3, 3.14.2	SI-2
DE.CM-8	3.11.1, 3.11.2, 3.11.3	SI-2
NIST Cybersecurity Framework	**NIST SP 800-171r1**	**NIST SP 800-53r4**
ID.GV-3	3.2.2	AT-3
ID.GV-3		

ID.GV-3		
ID.GV-3		
ID.GV-3	3.6.1, 3.14.1	IR-2, IR-4, IR-5, IR-7
ID.GV-3	3.6.2, 3.12.2	IR-6
ID.GV-3		
ID.GV-3		
ID.GV-3		
ID.GV-3	3.5.6	IA-4
ID.GV-3	3.5.9	IA-5(1)
ID.GV-3	3.1.8	AC-7

ID.GV-3	3.1.10, 3.1.11	AC-11, AC-11(1), AC-12
ID.GV-3	3.5.10	IA-5(1)
ID.GV-3		
ID.GV-3	3.1.2	
ID.GV-3	3.1.2, 3.1.5	
ID.GV-3	3.1.2	
ID.GV-3		
ID.GV-3	3.3.1	AU-2, AU-6, AU-12
ID.GV-3	3.3.2	AU-3

ID.GV-3		
ID.GV-3		
ID.GV-3		
ID.GV-3		
ID.GV-3		
ID.GV-3	3.12.2	
ID.GV-3	3.6.3, 3.12.2	
ID.GV-3		
ID.GV-3		
ID.GV-3		

NIST Cybersecurity Framework	NIST SP 800-171r1	NIST SP 800-53r4
ID.GV-3		
ID.GV-3		
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The University of Texas System Office of Employee Benefits
UT Benefits Program

UT SELECT MEDICAL PLAN - ADMINISTRATIVE PERFORMANCE REPORT

PLAN YEAR 2019-2020
September 1, 2019 - August 31, 2020

Third Party Administrator (TPA)

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
ADMIN REPORT TIMELINE						
Date Report Due	20 days after qtr	12/20/2019	3/20/2020	6/20/2020	9/20/2020	
Date Submitted by Vendor	--					
Date Received by OEB	--					

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
CUSTOMER SERVICE CALLS						
Total telephone calls received*	--					
Average Abandonment Rate (%)	5%					
Average Waiting Time (seconds)	<30 sec					
% of calls waiting > 30 seconds	N/A					

* Statistics specific to UT participant calls preferred, but System will accept statistics for total book of business if UT specific call data is not available.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
ID CARDS						
Total ID Cards Mailed*	--					
Average Time to Mail**	<5 days					
% mailed within 5 work days	95%					

* Includes ID Cards mailed to both current and newly enrolled UT SELECT participants.

** Measured from date of request from member or receipt of complete enrollment data from UT System.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
EMERGENCY UPDATE PROCESSING						
Total Update Requests Received*	--					
Avg Time to Process	< 4 hrs					
% of Updates Processed w/i 4 hrs	100%					

* Includes emergency update requests received from UT institutions and OEB.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
CLAIMS PROCESSING						
Total Claims Processed	--					
Amount Paid	--					
Amount Denied	--					
Avg Time to Process Claim*	--					
% Processed within 15 days	85%					
% Processed within 30 days	98%					

** Measured from date received to date processed.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
WRITTEN INQUIRIES						
Total Written Inquiries Received*	--					
% response within 5 business days	95%					

* Written inquiries received from UT members that require a response from TPA.

The University of Texas System Office of Employee Benefits
UT Benefits Program

UT SELECT MEDICAL PLAN - ADMINISTRATIVE PERFORMANCE REPORT

PLAN YEAR 2019-2020
September 1, 2019 - August 31, 2020

Third Party Administrator (TPA)

	Performance Standard	First Quarter 9/19-11/19)	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
COMPLAINTS*						
Claims/Appeals	--					
Customer Service	--					
Plan Design/Benefits	--					
Other	--					
Total Complaints Received	--					
Average Time to Resolve**	<30 days					
% resolved within 15 days	90%					
% resolved within 30 days	--					

* Total number of written and emailed complaints received from UT SELECT participants.

** Measured from date complete information relating to complaint was received by TPA to date resolved.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
FRAUD DETECTION*						
Total amount recovered**	--					

* By no later than Oct. 31, 2019, submit a written description of the TPA's comprehensive fraud detection plan (or amendments to any previously submitted plan), including how the TPA will be using its automated systems to detect and prevent participant and provider fraud, abuse, and other improprieties.

** Report the total number of dollars recovered during the past quarter through the TPA's fraud investigation activity.

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
PROVIDER ADDITIONS/TERMINATIONS*						
Additions:	--					
Primary Care	--					
Specialty Care	--					
Facilities	--					
Other	--					
Total Provider Additions	--					
Terminations:	--					
Primary Care	--					
Specialty Care	--					
Facilities	--					
Other	--					
Total Provider Terminations	--					
Net Gain (Loss) in Providers	--					

* Significant provider changes in a specific area (e.g., city or county) should be reported separately

	Performance Standard	First Quarter 9/19-11/19	Second Quarter 12/19-2/20	Third Quarter 3/20-5/20	Fourth Quarter 6/20-8/20	Total 9/19-8/20
APPOINTMENTS						
Routine Physicals	90% in 30 days					
Illness	90% in 5 days					
Urgent Care	90% in 24 hours					
Emergency Care	Immediate					

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit A
Historical Monthly Health Plan Enrollment

| | UT SELECT | | |
Month	In-Area	Out-of-Area	Total*
Sep–2015	111,713	2,657	114,370
Oct–2015	112,338	2,634	114,972
Nov–2015	112,883	2,610	115,493
Dec–2015	113,294	2,626	115,920
Jan–2016	114,119	2,677	116,796
Feb–2016	114,004	2,633	116,637
Mar–2016	114,432	2,620	117,052
Apr–2016	114,691	2,621	117,312
May–2016	115,005	2,633	117,638
Jun–2016	114,814	2,663	117,477
Jul–2016	114,911	2,667	117,578
Aug–2016	115,539	2,702	118,241
Sep–2016	116,852	2,718	119,570
Oct–2016	117,399	2,686	120,085
Nov–2016	117,805	2,666	120,471
Dec–2016	117,903	2,648	120,551
Jan–2017	118,417	2,672	121,089
Feb–2017	117,962	2,633	120,595
Mar–2017	117,965	2,611	120,576
Apr–2017	117,409	2,606	120,015
May–2017	117,127	2,611	119,738
Jun–2017	116,478	2,633	119,111
Jul–2017	116,267	2,658	118,925
Aug–2017	116,602	2,712	119,314
Sep–2017	117,562	2,797	120,359
Oct–2017	118,105	2,765	120,870
Nov–2017	118,468	2,739	121,207
Dec–2017	118,586	2,734	121,320
Jan–2018	119,253	2,786	122,039
Feb–2018	119,028	2,773	121,801
Mar–2018	119,421	2,763	122,184
Apr–2018	119,671	2,753	122,424
May–2018	119,884	2,747	122,631
Jun–2018	119,602	2,799	122,401
Jul–2018	119,536	2,822	122,358
Aug–2018	120,004	2,846	122,850

* Number of subscribers. Does not include dependents.

UT SELECT

Month	Active Employees				Employees on Leave[1]				Other[2]				Ret	
	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM	SUB	SSP
Sep-2015	52,152	18,054	35,265	57,368	807	463	735	1,023	47	2	2	8	16,051	12,683
Oct-2015	52,565	18,173	35,317	57,706	800	441	740	1,003	50	2	4	8	16,077	12,680
Nov-2015	52,957	18,296	35,541	57,848	794	427	740	980	50	2	4	8	16,089	12,657
Dec-2015	53,256	18,364	35,742	58,033	778	421	713	982	51	2	4	8	16,090	12,636
Jan-2016	53,920	18,379	35,872	58,361	759	401	674	933	45	2	4	8	16,209	12,708
Feb-2016	53,533	18,262	35,990	58,440	745	391	660	932	56	2	4	12	16,387	12,810
Mar-2016	53,852	18,224	36,068	58,728	739	377	644	935	54	2	4	12	16,409	12,817
Apr-2016	53,963	18,216	36,244	58,932	718	364	651	913	58	0	5	12	16,438	12,837
May-2016	54,139	18,217	36,384	59,140	716	358	623	911	58	0	5	12	16,483	12,823
Jun-2016	53,897	18,142	36,414	59,239	693	346	631	878	47	0	5	8	16,513	12,854
Jul-2016	53,936	18,206	36,404	59,198	667	338	626	866	45	0	5	8	16,538	12,864
Aug-2016	54,417	18,309	36,457	59,526	664	331	631	835	44	0	5	8	16,553	12,846
Sep-2016	54,980	18,832	36,762	60,024	715	350	700	850	45	4	0	4	16,712	13,046
Oct-2016	55,369	18,946	36,888	60,253	691	338	681	841	54	4	0	4	16,729	13,031
Nov-2016	55,662	19,020	37,095	60,366	675	324	659	812	54	4	0	4	16,733	13,032
Dec-2016	55,647	19,055	37,245	60,696	648	305	638	765	55	4	0	8	16,734	13,016
Jan-2017	56,023	18,999	37,381	60,772	634	291	610	726	40	4	0	8	16,894	13,136
Feb-2017	55,437	18,867	37,346	60,738	619	283	586	692	51	4	3	4	17,014	13,222
Mar-2017	55,375	18,822	37,459	60,827	606	272	564	669	51	4	3	4	17,048	13,232
Apr-2017	54,993	18,703	37,356	60,675	539	241	483	618	51	4	3	4	17,103	13,266
May-2017	54,842	18,678	37,388	60,604	424	173	374	455	50	4	3	4	17,154	13,319
Jun-2017	54,295	18,535	37,201	60,525	377	146	305	355	50	4	7	4	17,215	13,367
Jul-2017	54,134	18,563	37,056	60,491	359	138	286	340	46	6	7	4	17,245	13,373
Aug-2017	54,468	18,660	37,064	60,601	323	127	262	338	46	6	7	4	17,265	13,371
Sep-2017	54,667	18,866	37,265	60,946	507	289	411	579	50	4	5	4	17,463	13,665
Oct-2017	55,082	18,938	37,482	61,029	494	271	413	555	48	4	5	4	17,481	13,682
Nov-2017	55,297	18,965	37,784	61,223	475	251	382	540	48	4	5	4	17,473	13,651
Dec-2017	55,373	19,018	37,923	61,322	461	239	371	520	48	6	5	0	17,492	13,589
Jan-2018	55,898	19,029	37,944	61,416	458	229	329	489	37	6	5	0	17,621	13,687
Feb-2018	55,496	18,866	37,955	61,436	449	225	310	452	44	6	5	0	17,749	13,826
Mar-2018	55,775	18,851	38,127	61,587	433	220	314	439	45	6	5	0	17,770	13,825
Apr-2018	55,890	18,914	38,240	61,696	418	212	298	392	47	6	5	0	17,800	13,851
May-2018	56,048	18,871	38,372	61,711	389	198	291	379	47	6	2	0	17,832	13,880
Jun-2018	55,797	18,711	38,311	61,667	364	189	252	334	42	6	2	0	17,906	13,946
Jul-2018	55,725	18,758	38,295	61,545	342	174	222	317	42	6	4	3	17,920	13,982
Aug-2018	56,149	18,821	38,319	61,861	315	157	214	300	42	6	4	3	17,925	13,997

[1]Includes employees on leave and active military duty

[2]Includes certain other eligible participants such as graduate fellows, etc.
[3]Includes subscribers and dependents

ɔyee Benefits

ɹge Category

iree		COBRA				Surviving Spouse			Total	
SCH	SFM	SUB	SSP	SCH	SFM	SPO	FAM	CHD	Subscribers	Participants[3]
1,115	1,993	318	120	83	278	739	109	35	114,370	199,450
1,118	1,986	312	118	75	261	739	109	34	114,972	200,318
1,121	1,954	300	104	78	265	739	107	34	115,493	201,095
1,107	1,923	283	104	87	249	736	105	34	115,920	201,708
1,128	1,966	265	90	85	220	738	106	34	116,796	202,907
1,126	1,986	277	94	76	208	737	105	34	116,637	202,867
1,123	1,992	284	94	84	196	743	104	34	117,052	203,519
1,124	1,993	286	100	86	221	741	106	34	117,312	204,042
1,106	1,990	306	96	86	207	743	107	34	117,638	204,544
1,121	1,980	334	98	85	238	753	107	34	117,477	204,417
1,129	2,000	360	104	82	313	757	107	35	117,578	204,588
1,130	2,011	366	92	95	334	764	107	36	118,241	205,561
1,134	1,982	368	97	99	346	760	105	36	119,570	207,951
1,134	1,972	357	96	80	306	763	104	36	120,085	208,677
1,122	1,981	354	90	70	291	767	104	37	120,471	209,256
1,112	1,962	333	80	62	296	768	102	38	120,551	209,569
1,121	1,982	314	82	56	269	759	102	37	121,089	210,240
1,145	1,993	335	70	54	278	764	104	36	120,595	209,645
1,138	1,992	337	78	63	234	769	109	36	120,576	209,692
1,131	1,990	338	82	54	238	770	107	36	120,015	208,785
1,128	1,997	367	90	67	257	762	106	39	119,738	208,285
1,135	2,023	423	90	83	294	769	103	39	119,111	207,345
1,136	2,012	441	104	87	307	775	105	39	118,925	207,054
1,128	2,011	448	104	85	317	773	102	39	119,314	207,549
1,129	2,017	434	120	87	286	763	101	39	120,359	209,697
1,114	1,992	407	106	75	284	766	99	41	120,870	210,372
1,091	1,994	393	114	70	290	770	101	41	121,207	210,966
1,086	1,970	380	96	63	274	772	100	41	121,320	211,149
1,126	1,994	362	94	59	240	781	98	39	122,039	211,941
1,158	2,037	380	100	59	234	782	98	40	121,801	211,707
1,151	2,048	371	96	79	215	779	100	40	122,184	212,276
1,161	2,044	374	96	79	248	780	96	40	122,424	212,687
1,163	2,075	376	96	89	259	780	93	40	122,631	212,997
1,172	2,094	413	115	104	254	783	97	40	122,401	212,599
1,163	2,078	447	130	111	299	786	97	40	122,358	212,486
1,144	2,080	434	106	105	298	787	97	41	122,850	213,205

County	UT SELECT Subscribers**			County
	In–Area	Out-of-Area	Total	
ANDERSON	265		265	KIMBLE
ANDREWS	5		5	KINNEY
ANGELINA	57		57	KLEBERG
ARANSAS	23		23	LA SALLE
ARCHER	1		1	LAMAR
ATASCOSA	57		57	LAMPASAS
AUSTIN	25		25	LAVACA
BANDERA	103		103	LEE
BASTROP	778		778	LEON
BEE	90		90	LIBERTY
BELL	178		178	LIMESTONE
BEXAR	9,923	2	9,925	LIVE OAK
BLANCO	40		40	LLANO
BOSQUE	19		19	LUBBOCK
BOWIE	66		66	MADISON
BRAZORIA	4,262		4,262	MARION
BRAZOS	100		100	MARTIN
BREWSTER	4		4	MASON
BROWN	28		28	MATAGORDA
BURLESON	13		13	MAVERICK
BURNET	113		113	MCCULLOCH
CALDWELL	137		137	MCLENNAN
CALHOUN	6		6	MEDINA
CALLAHAN	1		1	MENARD
CAMERON	1,408		1,408	MIDLAND
CAMP	8		8	MILAM
CASS	20		20	MILLS
CHAMBERS	61		61	MITCHELL
CHEROKEE	126		126	MONTAGUE
CLAY	1		1	MONTGOMERY
COLEMAN	6		6	MOORE
COLLIN	2,727	1	2,728	MORRIS
COLORADO	14		14	MOTLEY
COMAL	323		323	NACOGDOCHES
COMANCHE	8		8	NAVARRO
CONCHO	1		1	NEWTON
COOKE	21		21	NOLAN
CORYELL	164		164	NUECES
COTTLE	2		2	OLDHAM
CRANE	4		4	ORANGE
CROCKETT	1		1	PALO PINTO
CROSBY	1		1	PANOLA
DALLAS	13,041	2	13,043	PARKER
DAWSON	1		1	PECOS
DE WITT	23		23	POLK
DENTON	1,544	1	1,545	POTTER

| County | UT SELECT Subscribers** | | | County |
	In–Area	Out-of-Area	Total	
DIMMIT	2		2	PRESIDIO
DONLEY	1		1	RAINS
DUVAL	2		2	RANDALL
EASTLAND	2		2	REAGAN
ECTOR	431		431	REAL
EDWARDS	1		1	RED RIVER
EL PASO	3,166		3,166	REEVES
ELLIS	485		485	REFUGIO
ERATH	10		10	ROBERTSON
FALLS	13		13	ROCKWALL
FANNIN	46		46	RUNNELS
FAYETTE	68		68	RUSK
FORT BEND	5,513		5,513	SABINE
FRANKLIN	4		4	SAN AUGUSTINE
FREESTONE	28		28	SAN JACINTO
FRIO	17		17	SAN PATRICIO
GAINES	1		1	SAN SABA
GALVESTON	10,862		10,862	SHACKELFORD
GILLESPIE	43		43	SHELBY
GLASSCOCK	1		1	SMITH
GOLIAD	8		8	SOMERVELL
GONZALES	14		14	STARR
GRAY	1		1	STEPHENS
GRAYSON	68		68	STERLING
GREGG	256		256	SUTTON
GRIMES	40		40	TARRANT
GUADALUPE	175		175	TAYLOR
HALE	1		1	TERRY
HAMILTON	17		17	TITUS
HARDIN	48		48	TOM GREEN
HARRIS	23,555	1	23,556	TRAVIS
HARRISON	26		26	TRINITY
HAYS	911		911	TYLER
HENDERSON	156		156	UPSHUR
HIDALGO	2,938		2,938	UVALDE
HILL	16		16	VAL VERDE
HOCKLEY	1		1	VAN ZANDT
HOOD	54		54	VICTORIA
HOPKINS	16		16	WALKER
HOUSTON	95		95	WALLER
HOWARD	1		1	WARD
HUDSPETH	1		1	WASHINGTON
HUNT	45		45	WEBB
HUTCHINSON	1		1	WHARTON
IRION	1		1	WICHITA
JACK	12		12	WILBARGER

| County | UT SELECT Subscribers** | | | County |
	In–Area	Out–of–Area	Total	
JACKSON	5		5	WILLACY
JASPER	35		35	WILLIAMSON
JEFF DAVIS	90		90	WILSON
JEFFERSON	214		214	WISE
JIM WELLS	10		10	WOOD
JOHNSON	167		167	YOUNG
JONES	2		2	ZAPATA
KARNES	26		26	ZAVALA
KAUFMAN	343		343	
KENDALL	308		308	International/
KERR	68		68	Out of State
				Total

*Counties not listed do not have any UT SELECT Subscribers for the reporting period
**Does not include dependents

Exhibit C

Office of Employee Benefits
surance Program
it C
ounty* – September, 2018

UT SELECT Subscribers**		
In–Area	Out–of–Area	Total
5		5
2		2
4		4
4		4
13		13
29		29
15		15
40		40
35		35
125		125
23		23
4		4
42		42
28		28
33		33
3		3
2		2
8		8
26		26
8		8
4		4
124		124
122		122
2		2
191		191
25		25
5		5
1		1
5		5
937		937
1		1
7		7
1		1
57		57
50		50
6		6
2		2
191		191
1		1
66		66
7		7
13		13
60		60
6		6
144		144
5		5

UT CONNECT Subscribers**	
County	Total
COLLIN	211
DALLAS	1,166
DENTON	138
ELLIS	13
HENDERSON	1
JOHNSON	1
KAUFMAN	11
PARKER	2
RAINS	1
ROCKWALL	36
TARRANT	298
Out of State	1
Total	1,879

Exhibit C

Office of Employee Benefits
surance Program
it C
ounty* – September, 2018

UT SELECT Subscribers**				UT CONNECT Subscribers**	
In–Area	Out–of–Area	Total		County	Total
4		4			
11		11			
11		11			
1		1			
3		3			
10		10			
1		1			
1		1			
4		4			
372		372			
2		2			
73		73			
9		9			
4		4			
41		41			
41		41			
16		16			
2		2			
8		8			
2,186		2,186			
4		4			
31		31			
1		1			
1		1			
1		1			
4,870		4,870			
19		19			
2		2			
7		7			
17		17			
19,076	2	19,078			
81		81			
49		49			
83		83			
12		12			
3		3			
98		98			
37		37			
331		331			
41		41			
4		4			
43		43			
61		61			
40		40			
17		17			
1		1			

Exhibit C

Office of Employee Benefits
surance Program
it C
ounty* – September, 2018

UT SELECT Subscribers**				UT CONNECT Subscribers**	
In–Area	Out–of–Area	Total		County	Total
32		32			
2,507		2,507			
61		61			
25		25			
110		110			
1		1			
3		3			
2		2			
		0			
53	2,787	2,840			
119,226	**2,796**	**122,022**			

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit D
Health Plan Enrollment Demographics – September, 2018

Active Employees

Age	Males				Females				Age	SUB
	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM		SUB

UT SELECT In-Area

Age	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM	Age	SUB
<20	25	0	0	0	26	0	0	0	<20	0
20–24	1,406	17	8	1	2,118	32	42	8	20–24	1
25–29	3,703	283	76	118	6,221	334	512	152	25–29	7
30–34	3,501	499	314	759	5,658	509	1,284	793	30–34	13
35–39	2,410	335	616	1,266	4,193	364	1,950	1,332	35–39	9
40–44	1,884	241	762	1,465	3,333	283	1,928	1,590	40–44	6
45–49	1,700	246	748	1,502	3,385	422	1,746	1,435	45–49	4
50–54	1,648	378	648	1,265	3,147	637	1,249	1,023	50–54	10
55–59	1,603	626	402	932	3,422	994	651	620	55–59	13
60–64	1,188	859	222	452	2,574	912	227	178	60–64	7
65–69	533	583	54	128	952	361	31	22	65–69	2
70+	335	473	12	39	277	86	7	1	70+	6
Total	19,936	4,540	3,862	7,927	35,306	4,934	9,627	7,154	Total	78

UT SELECT Out-of-Area

Age	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM	Age	SUB
<20	0	0	0	0	1	0	0	0	<20	0
20–24	33	0	0	0	27	0	0	0	20–24	0
25–29	46	1	0	0	29	1	0	0	25–29	0
30–34	33	3	1	1	29	2	1	2	30–34	0
35–39	10	1	0	2	15	3	1	5	35–39	0
40–44	7	1	1	3	14	1	1	2	40–44	1
45–49	11	2	0	3	10	3	5	4	45–49	0
50–54	2	1	0	4	8	2	1	3	50–54	0
55–59	10	5	2	4	10	2	1	2	55–59	0
60–64	2	3	0	0	4	1	0	1	60–64	0
65–69	4	1	0	0	0	0	0	0	65–69	0
70+	2	3	0	0	2	0	0	0	70+	0
Total	160	21	4	17	149	15	10	19	Total	1

UT CONNECT

Age	SUB	SSP	SCH	SFM	SUB	SSP	SCH	SFM	Age	SUB
<20	0	0	0	0	0	0	0	0	<20	0
20–24	18	0	0	0	35	5	1	0	20–24	0
25–29	35	3	3	4	95	12	18	8	25–29	0
30–34	56	17	13	25	110	18	50	33	30–34	0
35–39	34	11	24	64	76	3	51	40	35–39	0
40–44	38	8	19	42	66	3	47	44	40–44	0
45–49	30	3	20	47	64	12	23	31	45–49	0
50–54	25	3	6	28	45	11	18	14	50–54	0
55–59	23	17	3	21	63	26	13	7	55–59	0
60–64	27	15	1	6	58	19	6	3	60–64	0
65–69	4	9	0	1	11	7	0	0	65–69	0
70+	2	3	0	0	4	1	0	0	70+	0
Total	292	89	89	238	627	117	227	180	Total	0

All Subscribers

<20	25	0	0	0	27	0	0	0	<20	0
20–24	1,457	17	8	1	2,180	37	43	8	20–24	1
25–29	3,784	287	79	122	6,345	347	530	160	25–29	7
30–34	3,590	519	328	785	5,797	529	1,335	828	30–34	13
35–39	2,454	347	640	1,332	4,284	370	2,002	1,377	35–39	9
40–44	1,929	250	782	1,510	3,413	287	1,976	1,636	40–44	7
45–49	1,741	251	768	1,552	3,459	437	1,774	1,470	45–49	4
50–54	1,675	382	654	1,297	3,200	650	1,268	1,040	50–54	10
55–59	1,636	648	407	957	3,495	1,022	665	629	55–59	13
60–64	1,217	877	223	458	2,636	932	233	182	60–64	7
65–69	541	593	54	129	963	368	31	22	65–69	2
70+	339	479	12	39	283	87	7	1	70+	6
Total	20,388	4,650	3,955	8,182	36,082	5,066	9,864	7,353	Total	79

iversity of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit D
th Plan Enrollment Demographics – September, 2018

Employees on Leave

| Males | | | | Females | | | | | | |
SSP	SCH	SFM	SUB	SSP	SCH	SFM	Age	SUB	SSP	SCH
				UT SELECT In–Area						
0	0	0	0	0	0	0	<20	0	0	0
0	0	0	8	1	1	0	20–24	0	0	0
0	0	0	34	5	6	3	25–29	0	0	0
2	2	0	52	5	18	13	30–34	0	0	0
2	0	1	32	7	19	13	35–39	0	0	0
1	2	2	13	5	14	9	40–44	3	0	0
2	2	2	18	1	8	9	45–49	10	0	1
1	1	6	26	7	9	6	50–54	62	12	10
1	1	4	24	7	3	2	55–59	299	92	30
11	1	4	21	7	1	1	60–64	684	317	42
3	0	1	9	4	2	0	65–69	1,119	673	44
2	0	2	2	1	0	0	70+	2,733	2,166	26
25	9	22	239	50	81	56	Total	4,910	3,260	153
				UT SELECT Out–of–Area						
0	0	0	0	0	0	0	<20	0	0	0
0	0	0	0	0	0	0	20–24	0	0	0
0	0	0	0	0	0	0	25–29	0	0	0
0	0	0	0	0	0	0	30–34	0	0	0
0	0	0	0	0	0	0	35–39	0	0	0
0	0	0	0	0	0	0	40–44	0	0	0
0	0	0	0	0	0	0	45–49	0	0	0
0	0	0	1	0	0	0	50–54	1	2	0
0	0	0	1	0	0	0	55–59	22	4	3
0	0	0	0	0	0	0	60–64	48	23	4
0	0	0	0	0	0	0	65–69	87	78	3
0	0	0	0	0	0	0	70+	339	324	7
0	0	0	2	0	0	0	Total	497	431	17
				UT CONNECT						
0	0	0	0	0	0	0	<20	0	0	0
0	0	0	0	0	0	0	20–24	0	0	0
0	0	0	0	0	0	0	25–29	0	0	0
0	0	0	0	0	0	0	30–34	0	0	0
0	0	0	0	0	0	0	35–39	0	0	0
0	0	0	0	0	0	0	40–44	0	0	0
0	0	0	0	0	0	0	45–49	0	0	0
0	0	0	0	0	0	0	50–54	0	0	0
0	0	0	1	0	0	0	55–59	2	0	0
0	0	0	0	0	0	0	60–64	1	3	0
0	0	0	0	0	0	0	65–69	0	0	0
0	0	0	0	0	0	0	70+	0	0	0
0	0	0	1	0	0	0	Total	3	3	0

All Subscribers

							Age			
0	0	0	0	0	0	0	<20	0	0	0
0	0	0	8	1	1	0	20–24	0	0	0
0	0	0	34	5	6	3	25–29	0	0	0
2	2	0	52	5	18	13	30–34	0	0	0
2	0	1	32	7	19	13	35–39	0	0	0
1	2	2	13	5	14	9	40–44	3	0	0
2	2	2	18	1	8	9	45–49	10	0	1
1	1	6	27	7	9	6	50–54	63	14	10
1	1	4	26	7	3	2	55–59	323	96	33
11	1	4	21	7	1	1	60–64	733	343	46
3	0	1	9	4	2	0	65–69	1,206	751	47
2	0	2	2	1	0	0	70+	3,072	2,490	33
25	9	22	242	50	81	56	Total	5,410	3,694	170

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit D
Health Plan Enrollment Demographics – September, 2018

Retired Employees/Surviving Spouses

Males SFM	SPO	FAM	CHD	SUB	SSP	SCH	Females SFM	SPO	FAM	CHD
UT SELECT In-Area										
0	0	0	2	0	0	0	0	0	0	0
0	0	0	3	0	0	0	0	0	0	4
0	0	0	5	0	0	0	0	0	0	3
0	0	0	0	0	1	0	0	0	0	0
0	0	0	0	0	0	0	0	1	2	0
0	1	0	1	4	1	1	0	0	0	0
1	0	1	0	15	1	1	4	0	3	0
28	2	0	2	110	31	31	25	3	4	0
59	8	1	2	677	207	109	87	9	5	0
88	14	0	1	1,823	647	88	72	30	6	1
78	14	1	1	2,905	998	48	28	48	2	0
71	75	1	0	6,078	1,343	31	16	487	3	0
325	**114**	**4**	**17**	**11,612**	**3,229**	**309**	**232**	**578**	**25**	**8**
UT SELECT Out-of-Area										
0	0	0	0	0	0	0	0	0	0	0
0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	2	0	0	0	1	1	0
6	0	0	1	31	11	1	2	6	2	0
10	0	1	1	94	31	2	2	6	4	0
10	0	0	1	205	58	3	0	7	0	0
10	4	0	0	702	123	2	0	65	0	0
36	**4**	**1**	**4**	**1,034**	**223**	**8**	**4**	**85**	**7**	**0**
UT CONNECT										
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	4	1	0	0	0	0	0
0	0	0	0	6	2	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**10**	**3**	**0**	**0**	**0**	**0**	**0**

All Subscribers

0	0	0	2	0	0	0	0	0	0	0
0	0	0	4	0	0	0	0	0	0	4
0	0	0	5	0	0	0	0	0	0	3
0	0	0	0	0	1	0	0	0	0	0
0	0	0	0	0	0	0	0	1	2	0
0	1	0	1	4	1	1	0	0	0	0
1	0	1	0	15	1	1	4	0	3	0
28	2	0	2	112	31	31	25	4	5	0
65	8	1	3	712	219	110	89	15	7	0
98	14	1	2	1,923	680	90	74	36	10	1
88	14	1	2	3,110	1,056	51	28	55	2	0
81	79	1	0	6,780	1,466	33	16	552	3	0
361	118	5	21	12,656	3,455	317	236	663	32	8

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit D
Health Plan Enrollment Demographics – September, 2018

COBRA

Age	SUB	SSP	SCH	Males SFM	SPO	FAM	CHD	SUB	SSP	SCH

UT SELECT In-Area

Age	SUB	SSP	SCH	SFM	SPO	FAM	CHD	SUB	SSP	SCH
<20	0	0	0	0	0	0	0	0	0	0
20–24	0	0	0	0	0	0	0	2	0	0
25–29	54	0	0	2	0	0	0	60	0	0
30–34	17	1	3	5	0	0	0	26	2	1
35–39	17	0	1	7	0	0	0	8	1	4
40–44	7	0	1	10	0	0	0	16	2	6
45–49	13	0	1	6	0	0	0	24	4	2
50–54	9	2	0	9	0	0	0	25	2	6
55–59	13	9	3	2	0	0	0	35	8	3
60–64	16	5	1	2	0	0	0	51	6	1
65–69	2	0	0	0	0	0	0	0	1	0
70+	0	1	0	2	0	0	0	0	0	0
Total	148	18	10	45	0	0	0	247	26	23

UT SELECT Out-of-Area

Age	SUB	SSP	SCH	SFM	SPO	FAM	CHD	SUB	SSP	SCH
<20	0	0	0	0	0	0	0	0	0	0
20–24	0	0	0	0	0	0	0	0	0	0
25–29	3	0	0	0	0	0	0	5	0	0
30–34	3	0	0	2	0	0	0	4	0	0
35–39	2	0	0	1	0	0	0	2	0	0
40–44	1	2	1	1	0	0	0	2	0	0
45–49	0	0	1	0	0	0	0	3	0	0
50–54	2	0	0	0	0	0	0	1	0	1
55–59	0	0	0	0	0	0	0	1	0	0
60–64	2	1	1	0	0	0	0	1	0	0
65–69	0	0	0	0	0	0	0	1	0	0
70+	0	0	0	0	0	0	0	0	0	0
Total	13	3	3	4	0	0	0	20	0	1

UT CONNECT

Age	SUB	SSP	SCH	SFM	SPO	FAM	CHD	SUB	SSP	SCH
<20	0	0	0	0	0	0	0	0	0	0
20–24	0	0	0	0	0	0	0	0	0	0
25–29	0	0	0	0	0	0	0	0	0	0
30–34	0	0	0	0	0	0	0	0	0	0
35–39	0	0	0	0	0	0	0	0	0	0
40–44	0	0	0	0	0	0	0	0	0	0
45–49	0	0	0	0	0	0	0	0	0	0
50–54	0	0	0	0	0	0	0	0	0	0
55–59	0	0	0	0	0	0	0	0	0	0
60–64	0	0	0	0	0	0	0	0	0	0
65–69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

All Subscribers

<20	0	0	0	0	0	0	0	0	0	0
20–24	0	0	0	0	0	0	0	2	0	0
25–29	57	0	0	2	0	0	0	65	0	0
30–34	20	1	3	7	0	0	0	30	2	1
35–39	19	0	1	8	0	0	0	10	1	4
40–44	8	2	2	11	0	0	0	18	2	6
45–49	13	0	2	6	0	0	0	27	4	2
50–54	11	2	0	9	0	0	0	26	2	7
55–59	13	9	3	2	0	0	0	36	8	3
60–64	18	6	2	2	0	0	0	52	6	1
65–69	2	0	0	0	0	0	0	1	1	0
70+	0	1	0	2	0	0	0	0	0	0
Total	161	21	13	49	0	0	0	267	26	24

| Females | | | | Age | Males | | | | | |
SFM	SPO	FAM	CHD		SUB	SSP	SCH	SFM	SPO	FAM
0	0	0	0	<20	25	0	0	0	0	0
0	0	0	0	20–24	1,407	17	8	1	0	0
0	0	0	0	25–29	3,764	283	76	120	0	0
7	0	0	0	30–34	3,531	502	319	764	0	0
5	0	0	0	35–39	2,436	337	617	1,274	0	0
6	0	0	0	40–44	1,900	242	765	1,477	1	0
8	0	0	0	45–49	1,727	248	752	1,511	0	1
4	0	0	0	50–54	1,729	393	659	1,308	2	0
1	0	0	0	55–59	1,928	728	436	997	8	1
1	0	0	0	60–64	1,895	1,192	266	546	14	0
0	0	0	0	65–69	1,656	1,259	98	207	14	1
0	0	0	0	70+	3,074	2,642	38	114	75	1
32	0	0	0	Total	25,072	7,843	4,034	8,319	114	4

UT

| Females | | | | Age | Males | | | | | |
SFM	SPO	FAM	CHD		SUB	SSP	SCH	SFM	SPO	FAM
0	0	0	0	<20	0	0	0	0	0	0
0	0	0	0	20–24	33	0	0	0	0	0
1	0	0	0	25–29	49	1	0	0	0	0
0	0	0	0	30–34	36	3	1	3	0	0
0	0	0	0	35–39	12	1	0	3	0	0
1	0	0	0	40–44	9	3	2	4	0	0
1	0	0	0	45–49	11	2	1	3	0	0
0	0	0	0	50–54	5	3	0	4	0	0
0	0	0	0	55–59	32	9	5	10	0	0
0	0	0	0	60–64	52	27	5	10	0	1
0	0	0	0	65–69	91	79	3	10	0	0
0	0	0	0	70+	341	327	7	10	4	0
3	0	0	0	Total	671	455	24	57	4	1

| Females | | | | Age | Males | | | | | |
SFM	SPO	FAM	CHD		SUB	SSP	SCH	SFM	SPO	FAM
0	0	0	0	<20	0	0	0	0	0	0
0	0	0	0	20–24	18	0	0	0	0	0
0	0	0	0	25–29	35	3	3	4	0	0
0	0	0	0	30–34	56	17	13	25	0	0
0	0	0	0	35–39	34	11	24	64	0	0
0	0	0	0	40–44	38	8	19	42	0	0
0	0	0	0	45–49	30	3	20	47	0	0
0	0	0	0	50–54	25	3	6	28	0	0
0	0	0	0	55–59	25	17	3	21	0	0
0	0	0	0	60–64	28	18	1	6	0	0
0	0	0	0	65–69	4	9	0	1	0	0
0	0	0	0	70+	2	3	0	0	0	0
0	0	0	0	Total	295	92	89	238	0	0

0	0	0	0	<20	25	0	0	0	0	0
0	0	0	0	20–24	1,458	17	8	1	0	0
1	0	0	0	25–29	3,848	287	79	124	0	0
7	0	0	0	30–34	3,623	522	333	792	0	0
5	0	0	0	35–39	2,482	349	641	1,341	0	0
7	0	0	0	40–44	1,947	253	786	1,523	1	0
9	0	0	0	45–49	1,768	253	773	1,561	0	1
4	0	0	0	50–54	1,759	399	665	1,340	2	0
1	0	0	0	55–59	1,985	754	444	1,028	8	1
1	0	0	0	60–64	1,975	1,237	272	562	14	1
0	0	0	0	65–69	1,751	1,347	101	218	14	1
0	0	0	0	70+	3,417	2,972	45	124	79	1
35	0	0	0	Total	26,038	8,390	4,147	8,614	118	5

tem Office of Employee Benefits
up Insurance Program
Exhibit D
Demographics – September, 2018

COBRA and Retirees/Surviving Spouses Combined

				Females			
CHD	SUB	SSP	SCH	SFM	SPO	FAM	CHD

UT SELECT In-Area

CHD	SUB	SSP	SCH	SFM	SPO	FAM	CHD
2	26	0	0	0	0	0	0
3	2,128	33	43	8	0	0	4
5	6,315	339	518	155	0	0	3
0	5,736	517	1,303	813	0	0	0
0	4,233	372	1,973	1,350	1	2	0
1	3,366	291	1,949	1,605	0	0	0
0	3,442	428	1,757	1,456	0	3	0
2	3,308	677	1,295	1,058	3	4	0
2	4,158	1,216	766	710	9	5	0
1	4,469	1,572	317	252	30	6	1
1	3,866	1,364	81	50	48	2	0
0	6,357	1,430	38	17	487	3	0
17	47,404	8,239	10,040	7,474	578	25	8

SELECT Out-of-Area

CHD	SUB	SSP	SCH	SFM	SPO	FAM	CHD
0	1	0	0	0	0	0	0
1	27	0	0	0	0	0	0
0	34	1	0	1	0	0	0
0	33	2	1	2	0	0	0
0	17	3	1	5	0	0	0
0	16	1	1	3	0	0	0
0	13	3	5	5	0	0	0
0	12	2	2	3	1	1	0
1	43	13	2	4	6	2	0
1	99	32	2	3	6	4	0
1	206	58	3	0	7	0	0
0	704	123	2	0	65	0	0
4	1,205	238	19	26	85	7	0

UT CONNECT

CHD	SUB	SSP	SCH	SFM	SPO	FAM	CHD
0	0	0	0	0	0	0	0
0	35	5	1	0	0	0	0
0	95	12	18	8	0	0	0
0	110	18	50	33	0	0	0
0	76	3	51	40	0	0	0
0	66	3	47	44	0	0	0
0	64	12	23	31	0	0	0
0	45	11	18	14	0	0	0
0	68	27	13	7	0	0	0
0	64	21	6	3	0	0	0
0	11	7	0	0	0	0	0
0	4	1	0	0	0	0	0
0	638	120	227	180	0	0	0

All Subscribers

2	27	0	0	0	0	0	0
4	2,190	38	44	8	0	0	4
5	6,444	352	536	164	0	0	3
0	5,879	537	1,354	848	0	0	0
0	4,326	378	2,025	1,395	1	2	0
1	3,448	295	1,997	1,652	0	0	0
0	3,519	443	1,785	1,492	0	3	0
2	3,365	690	1,315	1,075	4	5	0
3	4,269	1,256	781	721	15	7	0
2	4,632	1,625	325	258	36	10	1
2	4,083	1,429	84	50	55	2	0
0	7,065	1,554	40	17	552	3	0
21	49,247	8,597	10,286	7,680	663	32	8

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit E
Health Plan Contribution Rate History

Member Only Monthly Contribution Rates[1]

Health Plan	FY2016	FY2017	FY2018	FY2019
UT SELECT	$ 563.91	$ 594.08	$ 594.08	$ 594.08

Footnotes:
 (1) Rates for other coverage categories are a function of the member only rate as described in the explanation for this exhibit.

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit F
Administrative Fee Rate History

Monthly Administrative Fee Rate per Certificate

Health Plan	FY2016	FY2017	FY2018	FY2019
UT SELECT	$ 22.04	$ 22.70	$ 23.38	$ 24.08

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit G
Number of UT SELECT Medical Claims Processed

Month	Total Claims Processed
Sep-15	221,171
Oct-15	243,032
Nov-15	226,357
Dec-15	240,940
Jan-16	219,909
Feb-16	228,668
Mar-16	264,600
Apr-16	241,617
May-16	251,416
Jun-16	246,229
Jul-16	228,184
Aug-16	262,416
Sep-16	258,772
Oct-16	271,008
Nov-16	264,675
Dec-16	250,537
Jan-17	250,562
Feb-17	225,564
Mar-17	289,900
Apr-17	253,776
May-17	285,292
Jun-17	270,165
Jul-17	265,134
Aug-17	265,165
Sep-17	221,675
Oct-17	262,115
Nov-17	257,959
Dec-17	249,513
Jan-18	264,053
Feb-18	253,978
Mar-18	253,978
Apr-18	274,809
May-18	279,370
Jun-18	261,561
Jul-18	275,648
Aug-18	290,142

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit H
UT SELECT Customer Service Inquiries Report

Month	Telephone Inquiries	Written Inquiries	VRU Inquiries	Total Inquiries
Sep–15	11,881	523	2,542	14,946
Oct–15	11,210	540	4,486	16,236
Nov–15	9,823	395	4,024	14,242
Dec–15	9,376	390	4,359	14,125
Jan–16	10,901	354	5,794	17,049
Feb–16	10,552	461	5,120	16,133
Mar–16	10,710	425	5,315	16,450
Apr–16	10,009	440	5,169	15,618
May–16	10,273	410	4,295	14,978
Jun–16	10,747	416	4,966	16,129
Jul–16	10,697	462	4,403	15,562
Aug–16	12,372	499	5,363	18,234
Sep–16	12,029	511	4,483	17,023
Oct–16	11,500	462	4,530	16,492
Nov–16	10,285	403	3,980	14,668
Dec–16	9,918	311	5,787	16,016
Jan–17	12,491	458	9,593	22,542
Feb–17	12,491	458	9,593	22,542
Mar–17	12,334	469	8,351	21,154
Apr–17	12,334	425	8,351	21,110
May–17	11,160	474	7,554	19,188
Jun–17	11,153	474	7,075	18,702
Jul–17	10,808	474	5,747	17,029
Aug–17	11,064	435	5,747	17,246
Sep–17	11,832	338	7,246	19,416
Oct–17	12,423	355	7,354	20,132
Nov–17	12,423	286	7,354	20,063
Dec–17	12,423	264	7,354	20,041
Jan–18	12,198	358	8,819	21,375
Feb–18	10,526	312	7,181	18,019
Mar–18	11,110	320	7,660	19,090
Apr–18	10,690	289	7,660	18,639
May–18	10,690	280	7,660	18,630
Jun–18	10,435	289	9,901	20,625
Jul–18	12,625	464	9,693	22,782
Aug–18	7,364	105	46	7,515

Incurral						Payment Month	
Month	Sep–14	Oct–14	Nov–14	Dec–14	Jan–15	Feb–15	Mar–15

Inpatient Facility Claims

Sep–14	1,251,264	9,191,015	3,534,617	1,488,563	267,221	68,739	634,235
Oct–14	–	1,917,396	5,911,294	4,316,531	1,066,713	219,975	35,978
Nov–14	–	–	1,258,960	8,585,199	3,248,789	619,985	1,135,779
Dec–14	–	–	–	2,146,227	12,141,756	2,252,290	1,319,857
Jan–15	–	–	–	–	1,723,788	8,375,855	4,213,532
Feb–15	–	–	–	–	–	861,362	8,515,823
Mar–15	–	–	–	–	–	–	1,750,918
Apr–15	–	–	–	–	–	–	–
May–15	–	–	–	–	–	–	–
Jun–15	–	–	–	–	–	–	–
Jul–15	–	–	–	–	–	–	–
Aug–15	–	–	–	–	–	–	–
Sep–15	–	–	–	–	–	–	–
Oct–15	–	–	–	–	–	–	–
Nov–15	–	–	–	–	–	–	–
Dec–15	–	–	–	–	–	–	–
Jan–16	–	–	–	–	–	–	–
Feb–16	–	–	–	–	–	–	–
Mar–16	–	–	–	–	–	–	–
Apr–16	–	–	–	–	–	–	–
May–16	–	–	–	–	–	–	–
Jun–16	–	–	–	–	–	–	–
Jul–16	–	–	–	–	–	–	–
Aug–16	–	–	–	–	–	–	–
Sep–16	–	–	–	–	–	–	–
Oct–16	–	–	–	–	–	–	–
Nov–16	–	–	–	–	–	–	–
Dec–16	–	–	–	–	–	–	–
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–

Exhibit I

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Incurral Month	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
Inpatient Facility Claims							
Sep–14	170,776	(6,522)	(22,409)	(8,766)	45,692	2,375	1,456
Oct–14	35,296	1,329	(1,495)	(19,321)	3,214	33,855	(6,989)
Nov–14	474,382	97,063	45,219	(867)	15,998	(70,112)	(10,925)
Dec–14	1,524,478	177,591	220,255	(10,730)	55,981	(7,436)	124,024
Jan–15	925,517	624,634	1,779,325	432,287	25,443	31,639	10,633
Feb–15	2,558,320	942,986	931,289	207,598	2,161	(299,829)	4,498
Mar–15	11,739,472	1,356,611	2,279,339	805,999	89,007	944,244	17,474
Apr–15	3,567,355	7,674,348	2,105,366	1,641,738	960,731	418,595	9,045
May–15	–	1,520,219	9,571,125	3,653,567	698,184	1,237,294	29,712
Jun–15	–	–	1,581,242	9,063,718	4,253,885	1,186,702	417,630
Jul–15	–	–	–	1,568,739	10,043,665	3,704,834	1,924,929
Aug–15	–	–	–	–	1,840,900	9,746,670	3,022,274
Sep–15	–	–	–	–	–	1,121,225	8,744,338
Oct–15	–	–	–	–	–	–	1,602,793
Nov–15	–	–	–	–	–	–	–
Dec–15	–	–	–	–	–	–	–
Jan–16	–	–	–	–	–	–	–
Feb–16	–	–	–	–	–	–	–
Mar–16	–	–	–	–	–	–	–
Apr–16	–	–	–	–	–	–	–
May–16	–	–	–	–	–	–	–
Jun–16	–	–	–	–	–	–	–
Jul–16	–	–	–	–	–	–	–
Aug–16	–	–	–	–	–	–	–
Sep–16	–	–	–	–	–	–	–
Oct–16	–	–	–	–	–	–	–
Nov–16	–	–	–	–	–	–	–
Dec–16	–	–	–	–	–	–	–
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

				Payment Month			
Incurral Month	Nov–15	Dec–15	Jan–16	Feb–16	Mar–16	Apr–16	May–16
Inpatient Facility Claims							
Sep–14	(11,152)	(9,063)	(136,628)	0	(55,693)	2,501	(458)
Oct–14	42,399	(3,355)	17,716	24,326	–	(13,415)	–
Nov–14	2,617	(11,043)	(53,381)	–	(1,611)	(4,056)	7,144
Dec–14	(9,772)	45,523	143,331	(5,266)	(42,468)	(5,744)	(9,406)
Jan–15	14,655	97,460	12,144	10,157	(3,725)	(697)	(5,339)
Feb–15	5,727	33,923	3,113	8,686	(6,390)	33,697	(49,787)
Mar–15	(7,604)	(6,480)	14,352	18,299	12,940	(10,725)	–
Apr–15	4,048	74,741	95,549	(8,428)	(40,940)	144	(6,045)
May–15	61,063	305,726	1,364	(17,695)	972,516	6,355	(38,654)
Jun–15	225,439	704,955	700,250	328,359	14,603	(20,690)	(12,047)
Jul–15	190,693	644,643	11,776	39,555	8,555	11,276	63,573
Aug–15	338,727	372,807	38,282	188,959	(2,224)	(20,264)	17,281
Sep–15	3,901,823	575,209	1,307,821	232,470	281,998	32,144	41,146
Oct–15	9,511,689	5,163,891	545,596	483,411	494,210	906,373	156,695
Nov–15	853,614	9,027,789	3,736,495	1,539,853	931,128	46,793	71,506
Dec–15	–	1,840,303	11,256,554	2,750,890	2,256,413	477,985	199,091
Jan–16	–	–	2,068,813	7,652,290	4,906,036	491,655	851,854
Feb–16	–	–	–	1,045,280	9,303,921	5,320,728	1,938,889
Mar–16	–	–	–	–	1,749,889	9,229,602	4,448,908
Apr–16	–	–	–	–	–	1,190,828	10,045,056
May–16	–	–	–	–	–	–	1,446,006
Jun–16	–	–	–	–	–	–	–
Jul–16	–	–	–	–	–	–	–
Aug–16	–	–	–	–	–	–	–
Sep–16	–	–	–	–	–	–	–
Oct–16	–	–	–	–	–	–	–
Nov–16	–	–	–	–	–	–	–
Dec–16	–	–	–	–	–	–	–
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–

Exhibit I

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Inpatient Facility Claims							
Sep–14	9,359	458	(8,583)	(106)	–	1,994	125
Oct–14	10,472	–	–	(573)	4	2,245	–
Nov–14	(1,101)	–	–	(1,216)	(4,445)	313	67,871
Dec–14	(663)	424,923	0	(5,172)	(1,299)	(17,343)	(158)
Jan–15	1,575	148	(44)	2,187	–	7,327	(81)
Feb–15	–	–	–	(2,120)	(2,118)	704	–
Mar–15	(16,879)	3,899	(4,653)	(1,467)	(0)	16,965	472
Apr–15	–	1,628	(1,666)	(4,190)	(1,110)	2,429	–
May–15	(54,070)	5,436	408	(20,039)	(1,085)	2,572	(9,485)
Jun–15	(930)	43	(9,925)	(2,804)	(6,355)	3,736	(1,883)
Jul–15	11,615	20,143	(6,851)	(684)	1,132	7,589	–
Aug–15	(19,180)	(2,239)	(7,058)	3,833	(18,556)	3,967	(0)
Sep–15	23,876	158,466	(2,248)	9,652	4,130	2,459	(207,246)
Oct–15	181,565	448,191	130,865	(53,028)	(10,080)	9,555	36,716
Nov–15	2,048	18,488	24,840	(4,050)	(11,794)	7,697	(21,042)
Dec–15	233,680	539,629	14,850	12,645	23,673	63,811	28,656
Jan–16	560,324	34,801	102,345	(47,247)	(11,553)	8,525	400
Feb–16	1,405,197	758,346	36,970	92,250	72,804	(12,424)	11,500
Mar–16	701,702	91,063	33,550	(50,985)	24,839	(18,926)	(18,980)
Apr–16	6,431,785	1,059,637	483,338	740,126	58,244	34,708	36,564
May–16	10,522,318	3,373,272	2,706,531	(46,235)	852,148	38,747	1,311,367
Jun–16	2,952,119	10,188,970	3,297,861	1,600,167	256,552	525,634	1,617,865
Jul–16	–	2,817,801	10,629,078	3,593,022	435,596	550,718	457,899
Aug–16	–	–	3,040,497	12,810,083	3,470,958	404,172	580,656
Sep–16	–	–	–	1,969,555	9,870,419	3,941,599	1,613,030
Oct–16	–	–	–	–	2,012,039	9,169,881	4,193,773
Nov–16	–	–	–	–	–	1,100,537	11,332,355
Dec–16	–	–	–	–	–	–	1,810,916
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month						
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Inpatient Facility Claims							
Sep-14	–	5,211	–	–	–	–	105
Oct-14	54,389	(25,218)	24,301	–	278	–	88
Nov-14	–	–	–	–	–	6,726	1,989
Dec-14	(3,019)	(1,216)	–	–	–	–	–
Jan-15	(11,830)	(12,267)	–	–	–	–	–
Feb-15	(221)	(3,934)	(7,388)	–	4,278	–	–
Mar-15	(27,837)	–	–	–	2,207	–	–
Apr-15	(375)	1,860	–	(0)	(8,568)	(95)	(485)
May-15	526	(1,260)	(7,283)	(701)	(1,042)	(5,398)	–
Jun-15	420	12,281	(11,064)	–	20	–	51,196
Jul-15	43	(1,903)	106,673	(3,081)	179	–	–
Aug-15	(5,395)	(2,860)	–	(0)	1,953	(0)	3,414
Sep-15	7,101	5,204	0	(12,033)	(7,134)	(4,390)	(996)
Oct-15	(12,131)	(1,651)	29,593	(8,672)	(21,055)	627	(98,098)
Nov-15	12,453	(9,898)	(2,075)	772	(4,837)	(413)	(10,846)
Dec-15	(35,773)	136,294	409,159	9,769	(3,012)	0	22
Jan-16	5,149	(1,073)	9,978	(972)	(1)	3,623	5,159
Feb-16	(11,812)	(6,251)	55,654	3,158	3,581	(17,364)	24,747
Mar-16	(535)	(11,807)	14,486	(82,823)	(1,443)	(7,862)	(5,876)
Apr-16	1,162	61,538	30,417	(24,778)	(17,709)	(21,514)	6,562
May-16	61,757	(9,611)	(3,355)	6,360	1,285	6,611	3,824
Jun-16	(4,363)	621	30,771	15,304	(18,277)	(190,611)	(9,853)
Jul-16	412,583	128,151	(5,538)	(32,268)	(1,225)	15,236	50,114
Aug-16	298,410	247,029	969,519	22,845	257,362	10,900	17,693
Sep-16	354,104	432,675	575,911	17,501	(90,781)	38,696	(30,188)
Oct-16	1,286,234	327,239	857,440	18	41,406	133,260	91,182
Nov-16	2,414,359	477,004	374,336	964,513	6,844	(85,387)	129,631
Dec-16	11,696,446	1,554,508	1,156,453	456,559	43,868	428,513	16,240
Jan-17	2,044,629	6,470,633	9,613,326	934,122	349,188	485,668	52,826
Feb-17	–	560,362	11,666,860	2,156,872	1,158,889	523,845	47,435
Mar-17	–	–	2,934,745	12,565,971	3,620,368	503,370	439,033
Apr-17	–	–	–	1,691,052	9,762,296	4,097,660	304,865

Incurral Month	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Paymen Feb-18
Inpatient Facility Claims							
Sep-14	1,157	–	–	1,162	–	–	–
Oct-14	774	967	–	–	–	–	–
Nov-14	1,492	–	–	–	(10,169)	–	–
Dec-14	603	–	–	–	–	–	–
Jan-15	–	–	–	–	–	–	1,260
Feb-15	13,839	–	–	–	–	–	–
Mar-15	20	(1,400)	–	–	–	–	–
Apr-15	(132)	9,491	191,196	–	(10,537)	–	–
May-15	(500)	1,512	86	–	–	–	–
Jun-15	79	38,386	–	–	5,313	–	–
Jul-15	3,201	(2,996)	0	–	(5,466)	–	–
Aug-15	839	(40,897)	–	–	–	38,572	–
Sep-15	6,905	–	–	(1,936)	–	209	(11,916)
Oct-15	5,478	(4,820)	(7,731)	–	9,468	6,324	–
Nov-15	6,880	1,122	192	(9,583)	9,927	769	(1,784)
Dec-15	20,352	(602)	(1,495)	(29,619)	(122)	–	3,049
Jan-16	(12,904)	(15,166)	11,780	25,429	2,100	331	2,339
Feb-16	44,127	(3,119)	(3,524)	(49,942)	(19,999)	(518)	2,587
Mar-16	(7,684)	29,549	(6,865)	500	(733)	–	10,793
Apr-16	(27,337)	(722)	(1,856)	(11,967)	(1,970)	–	(36,950)
May-16	7,880	(55,122)	(15,351)	8,069	–	(6,064)	(56)
Jun-16	24,912	810	(2,778)	(26,052)	(73,242)	1,284	7,574
Jul-16	4,688	(13,788)	11,676	160	(2,093)	(4,247)	–
Aug-16	20,171	(8,128)	29,941	(35,121)	(1,529)	(4,405)	(39,518)
Sep-16	5,814	3,063	23,707	1,279	(1,941)	147	1,863
Oct-16	334,854	56,469	3,077	(32,886)	(9,003)	7,223	(37,375)
Nov-16	66,194	127,215	232,390	(4,009)	(2,692)	(14,671)	(52,864)
Dec-16	103,571	60,366	25,985	(20,673)	2,195	37,373	(12,370)
Jan-17	60,721	(584)	164,451	133,217	(3,511)	6,031	12,432
Feb-17	297,419	57,168	15,579	14,076	(34,968)	213,386	(812)
Mar-17	164,741	996,128	28,410	44,623	130,750	(24,733)	17,699
Apr-17	340,196	159,643	658,852	39,738	212,238	17,100	197,680

Exhibit I

Office of Employee Benefits
Insurance Program
Exhibit I
Claims Lag Report

Incurral Month	Payment Month Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Inpatient Facility Claims							
Sep-14	(408)	–	–	–	–	–	16,418,236
Oct-14	–	–	–	–	–	–	13,649,174
Nov-14	–	–	–	–	–	–	15,400,600
Dec-14	–	(680)	–	(6,732)	–	–	20,449,736
Jan-15	–	–	–	–	–	–	18,255,585
Feb-15	–	–	–	743	–	–	13,756,959
Mar-15	2,276	(422)	–	(20,209)	–	–	18,956,818
Apr-15	1,207	–	464	(11,422)	–	–	16,665,942
May-15	1,044	4,650	2,362	(46,567)	–	(2,215)	17,869,726
Jun-15	–	300	4,200	3,171	(54)	(2,341)	18,527,836
Jul-15	2,340	1,021	1,636	(11,886)	–	–	18,334,942
Aug-15	6,540	2,215	–	(2,012)	–	2,574	15,509,121
Sep-15	2,250	4,769	1,982	1,393	–	(12,268)	16,206,403
Oct-15	1,464	7,545	1,420	(3,934)	–	–	19,512,267
Nov-15	–	(32)	480	(5,330)	–	–	16,211,163
Dec-15	–	1,606	828	–	750	13,915	20,223,302
Jan-16	–	2,640	4,762	3,417	84	7,639	16,672,557
Feb-16	(0)	4,174	3,989	992	84	8,076	20,012,101
Mar-16	4,400	(5,470)	3,195	1,082	738	3,156	16,127,462
Apr-16	(4,400)	(9,120)	1,713	–	39	3,107	20,026,498
May-16	–	1,650	3,267	1,320	(1,236)	(1,489)	20,213,892
Jun-16	–	(2,901)	2,137	5,185	84	4,546	20,204,318
Jul-16	(6,259)	6,097	3,155	20,542	30	3,283	19,074,409
Aug-16	3,070	12,849	13,514	9,879	83,815	4,037	22,218,698
Sep-16	41,310	660	12,654	(110,735)	1,712	3,365	18,675,417
Oct-16	(4,605)	(13,347)	1,908	74,241	812	24,231	18,518,070
Nov-16	7,248	(52,700)	104,727	105,112	(10,686)	187,994	17,407,453
Dec-16	19,335	820,121	1,440	3,101	(3,096)	24,580	18,225,431
Jan-17	84	71,727	1,645	200,555	23,274	89,496	20,709,929
Feb-17	3,143	(5,739)	472	6,093	(4,479)	(108,295)	16,567,306
Mar-17	(4,725)	(9,151)	(110)	4,117	(199)	4,506	21,415,543
Apr-17	7,944	3,590	(3,300)	32,279	3,408	9,590	17,534,832

Exhibit I

Incurral Month

Inpatient Facility Claims

Sep–14
Oct–14
Nov–14
Dec–14
Jan–15
Feb–15
Mar–15
Apr–15
May–15
Jun–15
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Apr–17

Exhibit I

University of Texas System Office of Emplc
Uniform Group Insurance Progra
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month						
	Sep–14	Oct–14	Nov–14	Dec–14	Jan–15	Feb–15	Mar–15
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	1,251,264	11,108,412	10,704,871	16,536,520	18,448,267	12,398,208	17,606,121

Outpatient Facility Claims

	Sep–14	Oct–14	Nov–14	Dec–14	Jan–15	Feb–15	Mar–15
Sep–14	6,151,369	11,601,412	1,523,626	480,962	210,639	63,943	51,549
Oct–14	–	8,323,794	10,190,630	2,835,169	662,677	162,381	103,871
Nov–14	–	–	5,093,179	10,542,364	2,451,356	435,789	150,859
Dec–14	–	–	–	7,421,192	10,850,244	1,409,592	432,766
Jan–15	–	–	–	–	7,329,959	10,649,301	2,134,675
Feb–15	–	–	–	–	–	6,341,568	10,703,813
Mar–15	–	–	–	–	–	–	8,896,780
Apr–15	–	–	–	–	–	–	–
May–15	–	–	–	–	–	–	–
Jun–15	–	–	–	–	–	–	–
Jul–15	–	–	–	–	–	–	–
Aug–15	–	–	–	–	–	–	–

Exhibit I

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Incurral Month	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	20,995,595	12,388,258	18,489,257	17,333,961	18,034,862	18,050,057	15,890,891

Outpatient Facility Claims

	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
Sep–14	30,520	15,563	38,228	3,955	4,828	(2,972)	(3,584)
Oct–14	93,614	30,943	48,512	464	16,841	31,212	(3,773)
Nov–14	136,948	40,710	29,321	(28,571)	37,917	651	30,970
Dec–14	148,007	55,813	22,962	43,825	64,328	(8,403)	24,969
Jan–15	442,813	62,597	65,493	37,823	21,249	(2,053)	9,140
Feb–15	1,705,825	346,151	160,565	119,090	65,728	16,475	74,203
Mar–15	11,861,112	1,261,247	517,459	321,553	79,960	73,410	(30,917)
Apr–15	9,430,843	9,968,350	1,756,388	648,467	247,373	110,939	27,216
May–15	–	8,255,787	11,394,658	1,501,372	338,500	152,516	87,372
Jun–15	–	–	8,182,911	11,972,163	1,896,586	355,079	132,198
Jul–15	–	–	–	8,748,131	11,537,905	2,254,330	683,988
Aug–15	–	–	–	–	8,221,816	11,225,433	2,892,451

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month		Payment Month					
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
May-17	–	–	–	–	–	–	–
Jun-17	–	–	–	–	–	–	–
Jul-17	–	–	–	–	–	–	–
Aug-17	–	–	–	–	–	–	–
Sep-17	–	–	–	–	–	–	–
Oct-17	–	–	–	–	–	–	–
Nov-17	–	–	–	–	–	–	–
Dec-17	–	–	–	–	–	–	–
Jan-18	–	–	–	–	–	–	–
Feb-18	–	–	–	–	–	–	–
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	15,123,967	18,857,028	19,763,147	14,291,148	20,779,158	17,674,489	19,165,415

Outpatient Facility Claims

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sep-14	24,113	3,417	(2,618)	(3,500)	(2,772)	(1,506)	–
Oct-14	(6,708)	(2,445)	(3,827)	(3,880)	(1,721)	(13,342)	132
Nov-14	4,653	11,616	3,993	1,703	(116)	299	(2,545)
Dec-14	5,315	(564)	1,204	4,387	(53)	(1,465)	1,144
Jan-15	10,673	13,760	432	(5,835)	1,558	2,140	10,239
Feb-15	20,032	18,840	(5,848)	15,521	(14,928)	(8,093)	(3,719)
Mar-15	60,006	810	1,147	(17,039)	762	(7,899)	266
Apr-15	(120,661)	23,749	86,667	6,604	(63,509)	5,517	(2,437)
May-15	25,135	72,089	26,718	30,118	240	(793)	4,471
Jun-15	111,078	3,143	25,750	(33,154)	(17,084)	11,240	13,404
Jul-15	231,307	72,914	48,255	18,716	10,340	(6,871)	12,868
Aug-15	830,526	306,412	79,335	114,411	39,487	(5,846)	20,310

Exhibit I

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	22,954,813	19,943,101	20,460,104	20,593,601	17,014,140	15,859,190	22,841,290

Outpatient Facility Claims

	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Sep–14	(4,099)	1,509	838	520	(81)	(157)	0
Oct–14	(761)	(1,703)	698	(155)	6	(346)	–
Nov–14	(873)	(44)	1,087	28,749	(1,663)	(636)	–
Dec–14	6,745	(4,562)	(989)	3,218	(2,190)	4,821	(12)
Jan–15	13,651	10,245	(1,174)	(23,354)	(951)	19,447	(4,288)
Feb–15	2,155	13,423	1,724	3,369	(3,398)	248	81
Mar–15	449	11,185	(258)	12,223	(4,547)	15,185	(9,820)
Apr–15	2,931	5,923	464	(8,794)	(5,659)	10,191	2,976
May–15	11,493	43,268	(2,766)	(19,031)	(19,796)	(5,293)	(293)
Jun–15	7,089	20,714	3,799	(9,724)	(29,514)	55	7,562
Jul–15	180,683	38,444	(3,826)	5,844	13,305	273	(2,180)
Aug–15	6,655	33,559	783	(1,508)	(9,097)	1,942	(7,722)

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
			Payment Month				
May–17	–	–	–	–	2,657,191	11,507,400	2,933,276
Jun–17	–	–	–	–	–	2,751,961	10,436,304
Jul–17	–	–	–	–	–	–	3,061,026
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	18,536,474	10,331,660	28,822,919	18,679,489	17,736,110	20,181,063	17,520,389

Outpatient Facility Claims

Incurral Month	Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
Sep–14	–	(2,153)	441	–	3,529	417	275
Oct–14	(56,563)	464	115	–	107	–	1,319
Nov–14	(590)	(1,457)	(2,122)	–	25	(198)	(497)
Dec–14	133	9,184	(9,470)	3,927	(91)	(2,060)	373
Jan–15	(11,146)	(2,264)	(1,953)	555	–	(143)	(668)
Feb–15	(7,012)	(1,302)	(3,490)	(5,257)	(1,783)	–	3,173
Mar–15	(7,563)	–	(2,956)	164	–	(2,746)	807
Apr–15	(3,328)	–	114	–	(360)	(10,013)	(2,877)
May–15	(1,078)	(530)	(119)	(735)	13,432	1,362	(902)
Jun–15	(986)	(2,805)	(521)	538	2,567	(1,261)	(4,025)
Jul–15	1,052	(2,155)	(643)	35	4,083	(4,237)	1,025
Aug–15	(1,765)	2,959	(13,222)	(3,347)	280	(4,242)	(7,054)

Incurral Month	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Paymen Feb-18
May-17	1,174,259	1,525,884	923,952	263,210	64,438	702,599	(39,959)
Jun-17	2,711,184	1,010,947	406,253	123,912	124,723	438,353	(79,839)
Jul-17	10,027,806	1,332,771	443,660	571,434	184,114	457,029	89,933
Aug-17	4,634,711	7,689,787	3,615,029	897,675	469,138	364,806	46,797
Sep-17	–	1,585,301	8,449,257	4,345,383	1,723,478	195,669	330,300
Oct-17	–	–	1,038,129	7,982,228	6,092,112	1,762,552	678,718
Nov-17	–	–	–	1,233,291	8,877,739	6,085,376	588,026
Dec-17	–	–	–	–	546,509	10,909,552	3,592,940
Jan-18	–	–	–	–	–	1,421,769	8,401,074
Feb-18	–	–	–	–	–	–	1,170,444
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	20,036,309	14,539,235	16,234,003	15,463,597	18,276,266	22,611,817	14,842,067

Outpatient Facility Claims

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sep-14	(269)	–	(200)	629	(291)	–	(2,041)
Oct-14	(347)	51	(121)	(11,583)	(488)	–	–
Nov-14	389	4,876	(4)	76	(13,064)	–	–
Dec-14	(495)	420	(238)	642	(4,247)	–	–
Jan-15	(55)	408	29	1,264	–	(296)	–
Feb-15	318	72	(209)	1,178	–	313	125
Mar-15	–	(562)	(237)	14	(19,101)	260	674
Apr-15	(2,692)	273	–	0	(1,524)	–	1,509
May-15	1,273	1,179	201	137	–	–	397
Jun-15	(5,172)	–	151	(2,027)	(7,123)	(799)	(1,372)
Jul-15	(222)	–	(763)	(612)	(12,915)	–	476
Aug-15	(2,511)	(167)	1,135	89	(146)	–	457

Exhibit I

Office of Employee Benefits
Insurance Program
Exhibit I
Claims Lag Report

Incurral Month	t Month Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
May-17	35,547	47,019	(27,725)	(3,343)	15,505	77,005	21,856,258
Jun-17	(142,494)	27,589	(7,779)	4,690	(760)	4,150	17,809,195
Jul-17	(46,938)	1,496,765	449,750	40,645	(4,322)	230,774	18,334,447
Aug-17	96,909	(23,974)	(14,218)	92,255	887,112	130,313	18,886,342
Sep-17	54,124	53,906	77,086	(9,889)	17,370	(281)	16,821,702
Oct-17	382,654	62,783	(25,514)	180	9,818	107,729	18,091,389
Nov-17	870,615	251,477	695,343	479,131	174,876	4,838	19,260,711
Dec-17	1,733,072	818,099	667,980	234,512	496,905	80,368	19,079,937
Jan-18	6,384,170	1,910,271	955,055	681,402	2,807,082	437,053	22,997,877
Feb-18	8,059,748	4,485,169	510,553	776,582	183,423	612,111	15,798,031
Mar-18	1,890,323	7,597,699	4,647,646	2,232,669	326,915	654,409	17,349,661
Apr-18	–	1,281,092	8,243,104	5,081,161	1,176,415	1,540,230	17,322,002
May-18	–	–	1,308,275	9,437,569	5,375,188	2,845,864	18,966,895
Jun-18	–	–	–	1,023,580	11,746,002	4,398,038	17,167,620
Jul-18	–	–	–	–	1,732,135	8,983,996	10,716,130
Aug-18	–	–	–	–	–	2,522,060	2,522,060
Total	19,400,986	18,853,948	17,648,096	20,325,536	25,038,743	22,896,143	852,531,987

Outpatient Facility Claims

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Sep-14	–	(1,667)	11	–	(34)	–	20,184,348
Oct-14	–	(53)	–	–	–	(1,789)	22,393,397
Nov-14	–	–	(436)	37,769	–	(26,777)	18,965,703
Dec-14	(2,790)	97	(72)	290	–	185	20,478,085
Jan-15	(434)	–	(72)	340	–	–	20,783,108
Feb-15	(17)	–	(907)	(519)	(365)	(495)	19,556,650
Mar-15	(426)	–	–	(1,684)	(2,089)	(0)	23,007,627
Apr-15	–	(4,354)	–	–	(3,487)	(816)	22,105,984
May-15	(194)	(140)	(445)	–	–	(3,492)	21,906,109
Jun-15	(6,919)	(4,112)	(595)	–	–	(384)	22,618,450
Jul-15	911	(280)	(421)	12,605	(150)	(3,202)	23,839,013
Aug-15	(3,841)	–	19	0	(363)	–	23,717,227

Exhibit I

Incurral Month

May–17
Jun–17
Jul–17
Aug–17
Sep–17
Oct–17
Nov–17
Dec–17
Jan–18
Feb–18
Mar–18
Apr–18
May–18
Jun–18
Jul–18
Aug–18

Total

Outpatient Facility Claims

Sep–14
Oct–14
Nov–14
Dec–14
Jan–15
Feb–15
Mar–15
Apr–15
May–15
Jun–15
Jul–15
Aug–15

Incurral Month	Payment Month						
	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Sep-15	–	–	–	–	–	–	–
Oct-15	–	–	–	–	–	–	–
Nov-15	–	–	–	–	–	–	–
Dec-15	–	–	–	–	–	–	–
Jan-16	–	–	–	–	–	–	–
Feb-16	–	–	–	–	–	–	–
Mar-16	–	–	–	–	–	–	–
Apr-16	–	–	–	–	–	–	–
May-16	–	–	–	–	–	–	–
Jun-16	–	–	–	–	–	–	–
Jul-16	–	–	–	–	–	–	–
Aug-16	–	–	–	–	–	–	–
Sep-16	–	–	–	–	–	–	–
Oct-16	–	–	–	–	–	–	–
Nov-16	–	–	–	–	–	–	–
Dec-16	–	–	–	–	–	–	–
Jan-17	–	–	–	–	–	–	–
Feb-17	–	–	–	–	–	–	–
Mar-17	–	–	–	–	–	–	–
Apr-17	–	–	–	–	–	–	–
May-17	–	–	–	–	–	–	–
Jun-17	–	–	–	–	–	–	–
Jul-17	–	–	–	–	–	–	–
Aug-17	–	–	–	–	–	–	–
Sep-17	–	–	–	–	–	–	–
Oct-17	–	–	–	–	–	–	–
Nov-17	–	–	–	–	–	–	–
Dec-17	–	–	–	–	–	–	–
Jan-18	–	–	–	–	–	–	–
Feb-18	–	–	–	–	–	–	–
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–

Exhibit I

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Incurral Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Sep-15	–	–	–	–	–	6,580,682	11,215,816
Oct-15	–	–	–	–	–	–	6,260,621
Nov-15	–	–	–	–	–	–	–
Dec-15	–	–	–	–	–	–	–
Jan-16	–	–	–	–	–	–	–
Feb-16	–	–	–	–	–	–	–
Mar-16	–	–	–	–	–	–	–
Apr-16	–	–	–	–	–	–	–
May-16	–	–	–	–	–	–	–
Jun-16	–	–	–	–	–	–	–
Jul-16	–	–	–	–	–	–	–
Aug-16	–	–	–	–	–	–	–
Sep-16	–	–	–	–	–	–	–
Oct-16	–	–	–	–	–	–	–
Nov-16	–	–	–	–	–	–	–
Dec-16	–	–	–	–	–	–	–
Jan-17	–	–	–	–	–	–	–
Feb-17	–	–	–	–	–	–	–
Mar-17	–	–	–	–	–	–	–
Apr-17	–	–	–	–	–	–	–
May-17	–	–	–	–	–	–	–
Jun-17	–	–	–	–	–	–	–
Jul-17	–	–	–	–	–	–	–
Aug-17	–	–	–	–	–	–	–
Sep-17	–	–	–	–	–	–	–
Oct-17	–	–	–	–	–	–	–
Nov-17	–	–	–	–	–	–	–
Dec-17	–	–	–	–	–	–	–
Jan-18	–	–	–	–	–	–	–
Feb-18	–	–	–	–	–	–	–
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Nov-15	Dec-15	Jan-16	Payment Month Feb-16	Mar-16	Apr-16	May-16
Sep-15	2,046,894	735,580	165,113	111,208	138,793	67,939	31,890
Oct-15	10,739,398	3,216,123	750,522	352,175	231,704	55,864	102,800
Nov-15	5,806,521	10,478,941	2,990,531	668,536	257,214	112,979	215,476
Dec-15	–	6,697,606	11,519,796	1,944,397	958,997	288,337	147,607
Jan-16	–	–	7,202,779	10,732,028	3,496,657	673,012	463,425
Feb-16	–	–	–	6,537,519	12,503,187	3,204,523	634,366
Mar-16	–	–	–	–	7,610,331	11,919,196	2,665,745
Apr-16	–	–	–	–	–	7,808,748	11,629,121
May-16	–	–	–	–	–	–	8,202,092
Jun-16	–	–	–	–	–	–	–
Jul-16	–	–	–	–	–	–	–
Aug-16	–	–	–	–	–	–	–
Sep-16	–	–	–	–	–	–	–
Oct-16	–	–	–	–	–	–	–
Nov-16	–	–	–	–	–	–	–
Dec-16	–	–	–	–	–	–	–
Jan-17	–	–	–	–	–	–	–
Feb-17	–	–	–	–	–	–	–
Mar-17	–	–	–	–	–	–	–
Apr-17	–	–	–	–	–	–	–
May-17	–	–	–	–	–	–	–
Jun-17	–	–	–	–	–	–	–
Jul-17	–	–	–	–	–	–	–
Aug-17	–	–	–	–	–	–	–
Sep-17	–	–	–	–	–	–	–
Oct-17	–	–	–	–	–	–	–
Nov-17	–	–	–	–	–	–	–
Dec-17	–	–	–	–	–	–	–
Jan-18	–	–	–	–	–	–	–
Feb-18	–	–	–	–	–	–	–
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–

Exhibit I

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Sep–15	23,848	26,364	26,704	3,182	(34,924)	2,145	11,983
Oct–15	95,966	23,156	9,056	(7,155)	5,927	(3,103)	1,166
Nov–15	63,244	69,216	2,422	8,641	5,483	(11,321)	2,894
Dec–15	187,540	37,160	12,025	6,457	4,361	9,054	3,651
Jan–16	235,235	146,367	(6,544)	(305)	8,494	11,817	4,410
Feb–16	314,569	283,822	64,001	75,835	15,227	(12,976)	31,658
Mar–16	757,215	251,277	298,867	105,670	136,333	2,363	58,497
Apr–16	2,373,710	583,374	432,464	94,263	123,238	69,778	54,331
May–16	12,023,025	1,802,179	936,925	281,463	188,391	126,405	52,065
Jun–16	9,649,128	11,613,650	1,921,015	753,306	201,865	38,632	157,640
Jul–16	–	8,389,956	11,815,942	1,820,410	449,255	190,335	130,069
Aug–16	–	–	11,458,159	12,815,009	1,501,265	605,763	368,314
Sep–16	–	–	–	8,878,348	10,968,619	1,364,406	639,865
Oct–16	–	–	–	–	9,310,228	11,007,896	1,827,090
Nov–16	–	–	–	–	–	8,763,877	11,591,871
Dec–16	–	–	–	–	–	–	9,516,586
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month						
	Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
Sep–15	969	(3,855)	3,639	(1,696)	(35)	(2,799)	(5,649)
Oct–15	(21,808)	15,485	(14,019)	(3,904)	1,064	(7,042)	(59)
Nov–15	51,550	(6,724)	(6,212)	683	(3,831)	(4,091)	–
Dec–15	54,245	(8,949)	(1,428)	(888)	(7,863)	(3,050)	(8,728)
Jan–16	(43,594)	(44,608)	(42,384)	1,850	6,898	(3,243)	90
Feb–16	7,939	(82,274)	11,061	1,147	(8,243)	(46,874)	8,684
Mar–16	24,082	(18,667)	32,428	2,127	(8,120)	(29,808)	(2,304)
Apr–16	28,520	(1,986)	37,818	(35,579)	2,664	(4,933)	7,356
May–16	36,368	3,417	43,377	32,348	(8,823)	(38,320)	(6,954)
Jun–16	64,815	43,909	1,561	277	23,591	5,598	58,501
Jul–16	111,731	90,355	51,003	20,892	71,770	(24,513)	(2,469)
Aug–16	265,343	153,316	72,183	67,695	16,224	(6,870)	(6,838)
Sep–16	244,849	336,944	212,706	5,008	21,511	19,137	65,161
Oct–16	633,856	580,635	202,337	132,386	122,568	36,416	33,195
Nov–16	1,734,546	693,654	556,253	183,844	80,976	86,144	30,785
Dec–16	11,728,587	1,310,391	927,924	348,339	257,047	59,524	48,749
Jan–17	10,318,914	8,498,769	3,867,467	735,750	313,959	175,513	122,373
Feb–17	–	7,748,189	12,569,946	1,501,342	563,535	371,548	79,660
Mar–17	–	–	10,976,102	12,172,031	1,508,176	734,818	247,014
Apr–17	–	–	–	8,558,603	11,963,613	1,373,841	541,033
May–17	–	–	–	–	10,743,273	11,657,687	1,372,521
Jun–17	–	–	–	–	–	10,733,204	11,122,178
Jul–17	–	–	–	–	–	–	10,348,703
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–

Incurral Month	Aug–17	Sep–17	Oct–17	Nov–17	Dec–17	Jan–18	Paymen Feb–18
Sep–15	(1,916)	(523)	(2,977)	860	284	751	(1,455)
Oct–15	(789)	(215)	(176)	(1,785)	–	1,418	–
Nov–15	1,237	114	(455)	(6,568)	–	–	–
Dec–15	(687)	688	(2,925)	139	(3,697)	51	(14,580)
Jan–16	(5,108)	(876)	4,427	(1,077)	(6,703)	82	–
Feb–16	7,017	(600)	2,863	(595)	(304)	13,982	(1,014)
Mar–16	290	(370)	(5,903)	757	(2,506)	10,197	(666)
Apr–16	6,844	(1,453)	1,397	3,599	(3,088)	(6,108)	12,184
May–16	9,455	17,580	(14,918)	3,381	(5,810)	(5,634)	2,745
Jun–16	4,663	8,028	330	1,233	2,571	(804)	(2,239)
Jul–16	(11,498)	32,363	1,282	183	(2,601)	(2,407)	2,286
Aug–16	30,930	4,311	17,483	(1,245)	(5,112)	10,363	6,424
Sep–16	18,661	(376)	(3,670)	(5,133)	(1,093)	3,589	16,288
Oct–16	18,663	5,868	22,850	9,647	3,856	6,213	(13,149)
Nov–16	13,246	3,358	(2,918)	(440)	2,152	(2,540)	(15,623)
Dec–16	1,268	(14,899)	26,636	20,945	(17,876)	(5,214)	(6,848)
Jan–17	140,536	101,449	72,219	28,225	(2,121)	36,877	399
Feb–17	212,261	32,871	89,134	32,346	73,818	15,908	11,295
Mar–17	145,893	105,545	141,978	34,105	(11,301)	23,430	32,714
Apr–17	242,841	165,186	195,425	73,359	25,402	35,741	22,998
May–17	640,521	224,641	303,496	157,096	95,897	93,218	32,631
Jun–17	1,965,026	477,469	409,194	176,033	208,032	233,440	134,538
Jul–17	10,979,297	764,460	674,325	417,153	75,867	587,243	58,897
Aug–17	12,975,783	9,204,262	1,437,105	845,428	385,374	487,517	111,530
Sep–17	–	7,284,539	9,869,543	1,513,782	1,217,394	582,766	130,561
Oct–17	–	–	8,565,981	9,682,908	3,736,373	885,492	436,520
Nov–17	–	–	–	8,173,846	11,653,914	2,655,709	575,488
Dec–17	–	–	–	–	7,590,388	13,065,545	1,441,996
Jan–18	–	–	–	–	–	10,658,769	9,864,896
Feb–18	–	–	–	–	–	–	10,835,313
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–

Exhibit I

Office of Employee Benefits
Insurance Program
Exhibit I
Claims Lag Report

Incurral Month	Paid Month Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Sep-15	(393)	(2,650)	5,771	(1,240)	(1,239)	(9,561)	21,129,506
Oct-15	(1,929)	(959)	(5,333)	(3,529)	–	–	21,790,643
Nov-15	(6,915)	(987)	(6,138)	(2,375)	(109)	(5,905)	20,674,051
Dec-15	(1,122)	38	234	(188)	(9,101)	(68)	21,809,107
Jan-16	–	(2,153)	(367)	–	(765)	(7,350)	22,822,492
Feb-16	(6,492)	(37)	113	–	(3,322)	(3,303)	23,551,480
Mar-16	(2,212)	(80)	(4,312)	165	–	(886)	23,799,707
Apr-16	(632)	(4,334)	352	38	–	(2,053)	23,209,634
May-16	(7,497)	(4,263)	733	(2,726)	1,245	(947)	23,667,299
Jun-16	–	8,553	(2,543)	112	402	(911)	24,552,882
Jul-16	4,670	(6,633)	1,034	(4,510)	4,664	–	23,133,571
Aug-16	(7,633)	(7,033)	1,245	(2,480)	(74)	(501)	27,356,243
Sep-16	9,646	(2,755)	188	220	70	(222)	22,791,969
Oct-16	8,436	(7,351)	–	(5,654)	33,879	30,850	24,000,714
Nov-16	(27,698)	(16,191)	1,044	2,581	(2,159)	(875)	23,675,888
Dec-16	(4,375)	22,601	(2,810)	776	(534)	(2,411)	24,214,407
Jan-17	(664)	(6,737)	6,372	71	(7,568)	(3,473)	24,398,329
Feb-17	(10,136)	(3,419)	46,666	(562)	(821)	(20,834)	23,312,746
Mar-17	5,781	26,431	(6,484)	3,462	636	(1,943)	26,138,387
Apr-17	70,291	(27,585)	(29,416)	2,652	6,829	830	23,221,642
May-17	44,753	11,676	5,785	15,864	932	4,355	25,404,345
Jun-17	30,137	34,774	19,621	17,546	4,616	(785)	25,565,024
Jul-17	40,309	(2,000)	24,928	4,773	(6,196)	2,185	23,969,945
Aug-17	166,899	22,934	34,952	17,431	8,232	31,526	25,728,972
Sep-17	260,133	7,844	34,116	55,311	29,409	20,242	21,005,641
Oct-17	389,544	141,490	228,618	45,927	11,079	(779)	24,123,153
Nov-17	661,233	309,110	65,684	31,044	67,299	(6,295)	24,187,032
Dec-17	914,285	329,443	207,234	77,877	88,390	30,735	23,745,894
Jan-18	2,079,299	851,547	508,398	515,018	97,203	110,741	24,685,870
Feb-18	8,887,382	1,618,079	627,352	513,366	147,370	243,133	22,871,995
Mar-18	12,411,683	9,685,380	2,224,158	543,345	808,385	699,883	26,372,833
Apr-18	–	11,712,040	9,304,319	1,577,535	1,105,223	1,262,763	24,961,881
May-18	–	–	12,950,104	9,302,498	2,430,449	1,761,316	26,444,367
Jun-18	–	–	–	11,139,403	10,636,453	2,029,018	23,804,874

Exhibit I

Incurral Month
Sep-15
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Jun-18

Incurral Month						Payment Month	
	Sep–14	Oct–14	Nov–14	Dec–14	Jan–15	Feb–15	Mar–15
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	6,151,369	19,925,205	16,807,435	21,279,687	21,504,875	19,062,574	22,474,313

Professional & Other Medical Expense

	Sep–14	Oct–14	Nov–14	Dec–14	Jan–15	Feb–15	Mar–15
Sep–14	10,574,503	9,494,275	1,161,903	639,979	265,354	173,183	153,198
Oct–14	–	12,787,891	8,942,105	2,172,802	700,025	281,099	109,450
Nov–14	–	–	9,238,766	8,911,357	1,680,917	518,260	244,338
Dec–14	–	–	–	11,987,974	9,283,208	1,208,939	542,537
Jan–15	–	–	–	–	12,436,002	9,420,314	2,131,359
Feb–15	–	–	–	–	–	10,606,377	9,572,189
Mar–15	–	–	–	–	–	–	12,124,299
Apr–15	–	–	–	–	–	–	–
May–15	–	–	–	–	–	–	–
Jun–15	–	–	–	–	–	–	–
Jul–15	–	–	–	–	–	–	–
Aug–15	–	–	–	–	–	–	–
Sep–15	–	–	–	–	–	–	–
Oct–15	–	–	–	–	–	–	–
Nov–15	–	–	–	–	–	–	–
Dec–15	–	–	–	–	–	–	–
Jan–16	–	–	–	–	–	–	–
Feb–16	–	–	–	–	–	–	–
Mar–16	–	–	–	–	–	–	–
Apr–16	–	–	–	–	–	–	–
May–16	–	–	–	–	–	–	–
Jun–16	–	–	–	–	–	–	–
Jul–16	–	–	–	–	–	–	–
Aug–16	–	–	–	–	–	–	–
Sep–16	–	–	–	–	–	–	–
Oct–16	–	–	–	–	–	–	–

Exhibit I

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Incurral Month	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	23,849,682	20,037,160	22,216,499	23,368,272	22,533,032	20,787,299	21,400,673

Professional & Other Medical Expense

	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
Sep–14	115,087	35,826	78,467	30,264	19,471	132,401	9,195
Oct–14	140,240	53,783	107,803	31,027	24,937	37,033	172,821
Nov–14	137,486	100,999	82,447	32,848	18,312	23,019	21,181
Dec–14	218,143	143,271	127,190	72,283	38,536	19,553	11,221
Jan–15	603,217	249,564	159,858	101,081	55,674	46,721	15,362
Feb–15	1,837,086	485,319	270,548	169,496	119,497	53,250	43,851
Mar–15	10,192,814	1,706,954	622,300	248,847	163,421	87,852	94,429
Apr–15	13,257,541	9,432,147	1,677,680	585,949	209,002	149,838	81,687
May–15	–	12,389,716	8,917,805	1,913,045	483,771	194,714	121,684
Jun–15	–	–	12,794,020	9,814,851	1,707,752	506,540	334,995
Jul–15	–	–	–	13,095,085	9,566,782	1,617,498	642,846
Aug–15	–	–	–	–	12,922,146	9,551,371	1,730,041
Sep–15	–	–	–	–	–	11,763,144	9,833,870
Oct–15	–	–	–	–	–	–	12,723,844
Nov–15	–	–	–	–	–	–	–
Dec–15	–	–	–	–	–	–	–
Jan–16	–	–	–	–	–	–	–
Feb–16	–	–	–	–	–	–	–
Mar–16	–	–	–	–	–	–	–
Apr–16	–	–	–	–	–	–	–
May–16	–	–	–	–	–	–	–
Jun–16	–	–	–	–	–	–	–
Jul–16	–	–	–	–	–	–	–
Aug–16	–	–	–	–	–	–	–
Sep–16	–	–	–	–	–	–	–
Oct–16	–	–	–	–	–	–	–

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month				Payment Month			
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	19,788,281	21,651,991	22,889,949	20,473,915	25,149,087	24,103,977	24,146,654

Professional & Other Medical Expense

Incurral Month	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sep-14	11,730	13,991	2,710	2,289	3,183	(2,557)	785
Oct-14	10,815	(3,501)	1,456	22	(738)	732	(691)
Nov-14	38,790	3,796	(5,209)	1,817	(124)	(1,014)	1,038
Dec-14	26,644	66,826	7,137	3,341	1,511	(2,849)	(2,784)
Jan-15	51,918	37,974	102,893	8,056	733	1,965	(1,177)
Feb-15	36,390	44,024	71,590	48,763	(3,838)	13,035	(121)
Mar-15	62,138	81,179	25,992	28,069	56,750	9,554	16,293
Apr-15	72,002	66,222	42,478	42,530	40,450	107,206	15,309
May-15	130,155	38,601	74,680	43,315	8,155	14,058	50,407
Jun-15	156,066	108,545	57,835	63,332	26,853	25,975	83,001
Jul-15	335,534	162,137	92,426	73,382	35,677	22,116	23,679
Aug-15	711,054	327,582	188,726	128,665	39,238	45,655	73,701
Sep-15	1,625,053	760,647	275,086	212,707	100,562	55,865	49,208
Oct-15	9,891,556	2,303,373	719,362	246,548	172,636	97,558	76,121
Nov-15	10,740,292	9,621,803	1,644,884	608,030	379,840	137,509	157,507
Dec-15	–	12,709,089	9,043,107	1,572,794	780,344	297,728	199,635
Jan-16	–	–	12,272,080	10,091,846	2,313,521	662,762	388,059
Feb-16	–	–	–	12,575,329	10,664,402	2,101,971	775,870
Mar-16	–	–	–	–	13,688,964	10,509,104	2,167,732
Apr-16	–	–	–	–	–	12,500,191	10,570,916
May-16	–	–	–	–	–	–	13,049,524
Jun-16	–	–	–	–	–	–	–
Jul-16	–	–	–	–	–	–	–
Aug-16	–	–	–	–	–	–	–
Sep-16	–	–	–	–	–	–	–
Oct-16	–	–	–	–	–	–	–

Exhibit I

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	25,949,597	23,398,483	26,971,417	24,826,481	22,820,177	22,210,803	24,438,397

Professional & Other Medical Expense

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Sep–14	(5,812)	2,216	43	(2,360)	(557)	(993)	(265)
Oct–14	640	23	4,340	(467)	(1,496)	6,983	(2,677)
Nov–14	(601)	1,002	11,642	(599)	(6,103)	1,146	(1,926)
Dec–14	(1,207)	(447)	6,476	(337)	(561)	(2,690)	151
Jan–15	(2,363)	4,425	5,789	(4,237)	2,204	47	(290)
Feb–15	(4,031)	(1,270)	6,025	1,782	976	245	(1,702)
Mar–15	(4,616)	(2,918)	2,970	298	455	1,851	196
Apr–15	13,370	(13,850)	1,378	(585)	633	(2,218)	(4,398)
May–15	25,621	39	8,306	(5,706)	8,450	595	5,814
Jun–15	59,733	1,297	10,058	3,429	2,105	(10,514)	(6,305)
Jul–15	52,318	27,304	37,671	897	2,400	16,110	70
Aug–15	11,102	16,165	20,674	9,829	339	1,182	5,525
Sep–15	20,199	2,712	30,914	18,792	(429)	848	4,852
Oct–15	45,862	17,473	28,657	19,378	11,367	5,940	12,534
Nov–15	61,755	24,495	23,666	11,245	11,615	17,506	(430)
Dec–15	91,458	166,498	106,866	26,230	20,225	(8,745)	19,368
Jan–16	183,927	136,808	66,277	25,681	33,937	14,835	26,269
Feb–16	372,104	218,074	141,257	37,396	28,776	37,002	13,757
Mar–16	822,200	374,454	206,168	164,750	70,840	14,319	58,591
Apr–16	2,053,011	661,294	395,483	127,168	91,913	78,490	50,755
May–16	10,264,607	1,774,078	677,176	260,631	128,455	95,876	76,855
Jun–16	13,531,904	10,578,687	1,889,106	754,136	314,407	216,028	173,666
Jul–16	–	12,405,269	10,760,387	1,441,361	626,297	284,084	205,181
Aug–16	–	–	17,255,083	9,864,817	1,527,013	646,060	421,445
Sep–16	–	–	–	14,170,329	9,421,506	1,226,941	623,184
Oct–16	–	–	–	–	14,458,498	8,872,915	1,885,884

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month						
	Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	25,152,068	19,307,943	29,467,935	23,718,137	25,681,742	25,058,765	24,043,949

Professional & Other Medical Expense

Incurral Month	Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
Sep–14	(1,417)	(590)	(437)	(217)	(1,108)	2,364	542
Oct–14	(1,469)	(4,028)	(1,179)	(374)	(126)	560	276
Nov–14	(139)	212	(3,557)	53	(166)	296	(286)
Dec–14	(489)	980	(1,110)	517	1,535	1,672	(391)
Jan–15	(1,206)	(307)	(3,171)	(1,379)	1,531	6,796	2,373
Feb–15	(861)	(1,080)	(2,043)	(2,190)	(686)	(3,615)	1,199
Mar–15	(1,082)	(438)	(427)	(1,370)	24	(1,756)	(120)
Apr–15	(4,659)	719	(8,125)	(2,567)	19,152	204	(234)
May–15	(130)	4,538	(201)	834	4,417	(885)	1,892
Jun–15	(10,747)	801	453	210	(6,903)	900	3,385
Jul–15	(1,192)	723	2,118	1,078	(3,704)	(2,460)	(717)
Aug–15	(2,811)	1,097	222	322	(676)	(4,428)	4,072
Sep–15	(11,384)	2,852	2,821	5,432	(6,901)	374	11,892
Oct–15	(531)	3,013	764	(1,199)	(1,966)	(1,344)	5,911
Nov–15	2,694	2,959	1,178	3,340	(3,033)	1,861	6,992
Dec–15	2,117	2,358	1,768	8,219	(5,792)	(1,021)	1,608
Jan–16	6,416	(6,793)	2,436	(6,775)	(2,512)	(911)	(117)
Feb–16	4,994	18,124	12,960	(6,680)	(10,042)	2,625	94
Mar–16	30,808	31,776	44,645	(5,723)	(12,672)	(2,031)	(1,420)
Apr–16	24,319	28,974	21,698	24,055	(12,951)	1,524	600
May–16	43,902	25,558	28,164	5,881	19,970	6,267	8,841
Jun–16	44,138	59,909	51,562	15,765	214,863	22,838	4,480
Jul–16	50,145	80,624	49,314	16,009	60,343	22,682	44,097
Aug–16	590,538	133,062	112,297	33,422	80,362	38,746	38,943
Sep–16	354,511	238,171	114,277	71,543	43,363	47,818	29,720
Oct–16	685,873	423,242	234,294	111,225	69,804	2,354	41,130

Incurral Month	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Paymen Feb-18
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	27,384,650	18,419,973	21,801,470	21,147,988	24,950,212	29,385,074	23,674,352

Professional & Other Medical Expense

Incurral Month	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sep-14	(1,911)	(653)	(853)	(639)	(493)	(239)	(13)
Oct-14	653	87	(130)	(193)	904	(3,071)	1,850
Nov-14	(3,387)	128	(2,043)	43	1,704	(837)	(6,221)
Dec-14	(2,515)	708	(105)	668	(823)	(2,015)	(333)
Jan-15	(13,018)	477	(80)	85	(257)	(3,388)	(3,372)
Feb-15	(3,178)	(459)	(97)	(352)	(362)	(358)	(6,278)
Mar-15	(12,986)	(356)	1	(509)	(5,137)	117	538
Apr-15	15,047	(2,047)	744	(7)	(177)	(448)	1,936
May-15	23,077	337	(257)	503	(497)	4,704	3,955
Jun-15	(91)	(257)	(1,486)	25	(546)	(3,659)	514
Jul-15	(1,330)	(1,706)	1,459	(96)	(837)	(244)	2,666
Aug-15	1,961	(308)	(3,505)	(506)	(334)	(307)	810
Sep-15	4,836	1,153	(785)	104	(331)	8	(306)
Oct-15	2,339	(729)	(716)	22,622	(946)	2	350
Nov-15	(904)	(560)	(8,062)	3,419	(1,338)	(941)	(211)
Dec-15	(2,637)	(391)	(911)	3,918	9,650	2,080	(1,081)
Jan-16	(4,024)	561	(1,268)	504	(3,171)	(441)	(1,382)
Feb-16	(503)	(1,263)	(1,093)	(1,508)	(654)	(3,302)	(430)
Mar-16	5,769	854	(9,246)	3,235	2,799	(1,852)	260
Apr-16	4,847	1,650	(1,146)	191	65	(759)	4,990
May-16	1,612	(6,212)	6,542	(2,640)	(1,317)	(1,358)	1,819
Jun-16	(7,179)	(1,875)	(229)	297	(2,839)	454	(409)
Jul-16	17,930	7,329	(9,137)	1,582	3,632	(180)	2,616
Aug-16	43,134	(2,946)	8,951	1,368	1,041	8,346	(567)
Sep-16	34,730	13,985	(524)	7,615	(841)	20	(4,637)
Oct-16	53,029	18,037	15,389	8,127	(2,740)	(774)	2,968

Exhibit I

Office of Employee Benefits
Insurance Program
Exhibit I
Claims Lag Report

Incurral Month	Payment Month Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Jul-18	–	–	–	–	12,777,104	10,276,324	23,053,428
Aug-18	–	–	–	–	–	13,858,262	13,858,262
Total	25,893,072	24,676,266	26,238,697	23,892,552	28,221,494	30,256,291	1,108,589,913

Professional & Other Medical Expense

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Sep-14	(1)	(123)	(389)	0	161	(114)	22,901,381
Oct-14	(168)	(6,208)	(121)	100	(174)	(88)	25,563,556
Nov-14	133	(500)	(0)	–	(65)	(25)	21,038,927
Dec-14	(2,576)	(577)	(54)	4,480	(253)	(10)	23,753,375
Jan-15	(1,126)	(307)	(1,170)	361	(115)	172	25,409,988
Feb-15	(1,412)	(233)	(273)	(844)	(752)	26	23,345,633
Mar-15	(73)	(763)	1,424	(308)	(1,675)	69	25,494,300
Apr-15	(4,151)	(284)	(628)	(957)	(750)	(1,872)	25,785,267
May-15	(5,187)	1,180	1,382	1,238	(1,603)	(1,691)	24,460,830
Jun-15	(2,421)	277	(673)	(391)	(1,449)	(188)	25,717,321
Jul-15	(3,979)	134	1,851	(1,373)	(1,692)	(1,053)	25,793,577
Aug-15	(1,159)	190	561	(2,733)	(2,846)	(2,306)	25,770,313
Sep-15	503	(1,470)	(1,201)	(1,468)	(4,406)	(597)	24,755,153
Oct-15	3,767	(426)	(779)	(1,824)	(5,567)	(507)	26,394,443
Nov-15	1,403	(333)	297	(2,293)	(3,521)	302	23,442,965
Dec-15	(792)	4,246	(951)	(2,019)	(6,171)	2,370	25,041,163
Jan-16	(1,284)	82	(2,461)	(2,515)	(2,422)	1,419	26,191,344
Feb-16	424	(1,880)	(1,147)	(2,580)	(530)	2,486	26,976,034
Mar-16	3,178	(1,934)	(2,870)	(6,651)	(4,626)	1,874	28,153,294
Apr-16	1,809	(4,976)	(569)	6,432	(1,279)	(11,302)	26,617,392
May-16	47	(1,490)	(415)	(1,568)	(608)	1,906	26,462,105
Jun-16	(508)	(1,335)	1,562	(2,067)	(3,190)	(2,626)	27,851,544
Jul-16	2,292	552	(1,210)	(1,565)	(1,798)	(2,530)	26,065,307
Aug-16	354	43,699	(313)	(1,760)	(643)	(129)	30,842,322
Sep-16	2,892	(6,543)	(4,087)	(2,634)	(3,429)	7,618	26,385,527
Oct-16	(244)	(193)	9,061	(216)	(1,217)	(1,053)	26,885,392

Exhibit I

**Incurral
Month**

Jul–18
Aug–18

Total

Professional & Other Medical Expense

Sep–14
Oct–14
Nov–14
Dec–14
Jan–15
Feb–15
Mar–15
Apr–15
May–15
Jun–15
Jul–15
Aug–15
Sep–15
Oct–15
Nov–15
Dec–15
Jan–16
Feb–16
Mar–16
Apr–16
May–16
Jun–16
Jul–16
Aug–16
Sep–16
Oct–16

Exhibit I

University of Texas System Office of Emplo
Uniform Group Insurance Progra
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Payment Month Feb-15	Mar-15
Nov-16	–	–	–	–	–	–	–
Dec-16	–	–	–	–	–	–	–
Jan-17	–	–	–	–	–	–	–
Feb-17	–	–	–	–	–	–	–
Mar-17	–	–	–	–	–	–	–
Apr-17	–	–	–	–	–	–	–
May-17	–	–	–	–	–	–	–
Jun-17	–	–	–	–	–	–	–
Jul-17	–	–	–	–	–	–	–
Aug-17	–	–	–	–	–	–	–
Sep-17	–	–	–	–	–	–	–
Oct-17	–	–	–	–	–	–	–
Nov-17	–	–	–	–	–	–	–
Dec-17	–	–	–	–	–	–	–
Jan-18	–	–	–	–	–	–	–
Feb-18	–	–	–	–	–	–	–
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	10,574,503	22,282,166	19,342,774	23,712,111	24,365,506	22,208,172	24,877,369

Exhibit I

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Incurral Month	Apr–15	May–15	Jun–15	Jul–15	Aug–15	Sep–15	Oct–15
Nov–16	–	–	–	–	–	–	–
Dec–16	–	–	–	–	–	–	–
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	26,501,613	24,597,581	24,838,117	26,094,776	25,329,301	24,182,935	25,837,026

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month						
	Nov–15	Dec–15	Jan–16	Feb–16	Mar–16	Apr–16	May–16
Nov–16	–	–	–	–	–	–	–
Dec–16	–	–	–	–	–	–	–
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	23,900,137	26,342,289	24,617,231	25,750,835	28,308,120	26,596,561	27,694,012

Exhibit I

Incurral Month	Jun–16	Jul–16	Aug–16	Sep–16	Oct–16	Nov–16	Dec–16
Nov–16	–	–	–	–	–	13,376,351	8,483,270
Dec–16	–	–	–	–	–	–	13,245,943
Jan–17	–	–	–	–	–	–	–
Feb–17	–	–	–	–	–	–	–
Mar–17	–	–	–	–	–	–	–
Apr–17	–	–	–	–	–	–	–
May–17	–	–	–	–	–	–	–
Jun–17	–	–	–	–	–	–	–
Jul–17	–	–	–	–	–	–	–
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	27,591,180	26,393,829	31,696,411	26,923,857	26,753,266	24,890,195	25,295,318

Exhibit I

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit I
UT SELECT Claims Lag Report

Incurral Month	Payment Month Jan–17	Feb–17	Mar–17	Apr–17	May–17	Jun–17	Jul–17
Nov–16	1,793,982	610,578	404,803	178,187	82,349	46,682	51,856
Dec–16	8,527,155	1,708,682	940,260	352,878	294,844	63,658	63,564
Jan–17	14,972,919	8,597,809	3,093,544	681,868	372,261	172,664	99,283
Feb–17	–	12,111,752	10,448,101	1,674,552	728,347	249,675	137,479
Mar–17	–	–	15,387,825	9,655,094	1,972,415	627,697	275,258
Apr–17	–	–	–	13,386,331	9,543,890	1,568,306	549,115
May–17	–	–	–	–	15,434,716	9,955,420	1,725,550
Jun–17	–	–	–	–	–	15,038,851	8,913,715
Jul–17	–	–	–	–	–	–	13,680,229
Aug–17	–	–	–	–	–	–	–
Sep–17	–	–	–	–	–	–	–
Oct–17	–	–	–	–	–	–	–
Nov–17	–	–	–	–	–	–	–
Dec–17	–	–	–	–	–	–	–
Jan–18	–	–	–	–	–	–	–
Feb–18	–	–	–	–	–	–	–
Mar–18	–	–	–	–	–	–	–
Apr–18	–	–	–	–	–	–	–
May–18	–	–	–	–	–	–	–
Jun–18	–	–	–	–	–	–	–
Jul–18	–	–	–	–	–	–	–
Aug–18	–	–	–	–	–	–	–
Total	27,096,395	24,075,275	30,935,253	26,198,343	28,874,951	27,864,382	25,700,809

Incurral Month	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Paymen Feb-18
Nov-16	72,011	24,564	17,640	14,417	1,923	(560)	(591)
Dec-16	86,214	20,226	35,551	16,872	13,763	3,086	21,179
Jan-17	80,677	27,993	38,417	28,116	23,290	11,580	5,725
Feb-17	106,515	62,267	62,113	11,044	6,990	8,118	19,914
Mar-17	171,669	107,969	113,578	51,423	43,021	30,657	19,319
Apr-17	292,209	106,262	107,250	60,748	49,561	32,577	39,290
May-17	664,826	233,541	163,564	84,544	63,765	34,051	23,454
Jun-17	2,038,943	475,677	293,322	152,872	89,774	70,455	66,297
Jul-17	8,285,721	1,577,208	682,362	294,474	176,852	161,533	60,224
Aug-17	16,864,532	7,592,214	2,049,899	679,174	306,636	203,213	110,521
Sep-17	–	13,460,324	8,848,817	1,895,584	820,329	312,265	197,544
Oct-17	–	–	14,096,874	8,898,768	2,747,478	877,000	403,134
Nov-17	–	–	–	12,958,203	9,483,651	2,370,779	669,093
Dec-17	–	–	–	–	11,915,978	10,087,667	1,873,220
Jan-18	–	–	–	–	–	14,904,364	10,499,935
Feb-18	–	–	–	–	–	–	13,578,015
Mar-18	–	–	–	–	–	–	–
Apr-18	–	–	–	–	–	–	–
May-18	–	–	–	–	–	–	–
Jun-18	–	–	–	–	–	–	–
Jul-18	–	–	–	–	–	–	–
Aug-18	–	–	–	–	–	–	–
Total	28,818,619	23,713,786	26,500,800	25,194,094	25,739,166	29,098,343	27,586,303

Exhibit I

Office of Employee Benefits
Insurance Program
bit I
ims Lag Report

Incurral Month	t Month Mar–18	Apr–18	May–18	Jun–18	Jul–18	Aug–18	Total
Nov–16	2,529	3,397	4,576	5,862	(1,528)	1,952	25,174,251
Dec–16	4,825	3,316	5,256	6,169	(1,713)	(1,195)	25,410,534
Jan–17	3,191	4,288	12,882	6,252	(604)	4,256	28,236,410
Feb–17	18,892	(3,495)	11,312	5,735	(3,474)	(2,455)	25,653,383
Mar–17	17,641	9,671	14,672	12,178	(955)	(688)	28,508,443
Apr–17	23,565	3,185	8,913	(872)	13,806	(3,131)	25,781,006
May–17	48,633	29,375	30,537	660	30,063	2,512	28,525,210
Jun–17	34,774	25,266	31,171	32,098	51,840	11,683	27,326,738
Jul–17	67,417	20,949	19,459	38,288	97,227	9,098	25,171,041
Aug–17	429,735	36,968	34,992	48,235	44,010	27,951	28,428,080
Sep–17	152,461	43,415	50,503	59,027	45,296	71,484	25,957,049
Oct–17	306,194	109,195	92,149	128,169	42,581	68,704	27,770,245
Nov–17	374,841	223,595	121,526	131,889	73,272	120,051	26,526,900
Dec–17	733,606	411,244	149,496	123,207	121,517	100,231	25,516,165
Jan–18	2,487,559	810,425	437,645	286,578	179,757	186,157	29,792,419
Feb–18	9,395,412	2,117,870	666,767	316,808	263,811	263,741	26,602,425
Mar–18	15,126,628	9,281,819	1,896,142	664,677	473,305	494,474	27,937,046
Apr–18	–	14,869,722	9,421,600	2,221,615	845,081	882,115	28,240,133
May–18	–	–	15,118,421	10,309,041	2,338,861	1,613,359	29,379,682
Jun–18	–	–	–	14,578,319	9,260,084	2,518,197	26,356,600
Jul–18	–	–	–	–	15,520,458	9,134,765	24,655,223
Aug–18	–	–	–	–	–	17,938,696	17,938,696
Total	29,219,624	28,020,989	28,124,848	28,950,780	29,342,073	33,434,110	1,251,986,134

Exhibit I

Incurral Month
Nov–16
Dec–16
Jan–17
Feb–17
Mar–17
Apr–17
May–17
Jun–17
Jul–17
Aug–17
Sep–17
Oct–17
Nov–17
Dec–17
Jan–18
Feb–18
Mar–18
Apr–18
May–18
Jun–18
Jul–18
Aug–18
Total

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area Participants – Active Employees and Dependents

Month	Certs	Inpatient Facility Experience				Outpatient Facility Experience				Professional & Otl	
		Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	Visits	Services
Sep-14	86,900	994	4,134	35,672,314	13,997,099	16,920	308,685	49,201,545	17,505,714	143,819	864,021
Oct-14	87,270	933	3,885	33,589,921	11,927,020	18,478	315,325	51,794,998	19,148,574	165,949	843,984
Nov-14	87,538	923	3,841	36,618,778	13,450,699	15,386	273,443	44,773,389	16,465,458	128,886	787,603
Dec-14	87,977	1,071	4,704	46,618,362	18,362,961	16,885	302,779	48,948,165	17,962,964	140,131	789,518
Jan-15	88,335	1,005	4,511	37,116,160	15,053,352	16,999	312,840	49,932,549	18,066,117	145,131	866,659
Feb-15	87,909	877	3,596	31,861,309	11,659,198	16,217	322,383	47,979,243	16,938,236	135,031	774,614
Mar-15	88,231	1,057	4,745	43,445,902	16,593,007	18,070	341,991	53,782,954	19,892,203	148,543	820,456
Apr-15	88,588	1,071	4,511	40,079,686	13,747,680	18,147	336,970	52,665,247	18,875,943	150,901	835,996
May-15	88,723	1,027	4,565	41,282,975	15,702,080	17,015	326,319	52,242,666	18,869,184	139,082	892,788
Jun-15	88,155	1,068	5,112	44,356,339	16,421,125	17,383	325,592	52,005,493	19,095,882	143,370	922,683
Jul-15	88,406	980	4,418	39,708,277	15,975,725	18,282	345,683	57,442,421	20,556,128	145,571	956,221
Aug-15	88,845	995	3,747	36,791,538	12,991,564	17,972	337,111	55,923,825	20,454,802	145,136	882,091
Sep-15	89,827	1,079	4,305	39,845,993	13,478,349	17,440	339,866	55,125,130	18,372,596	145,980	997,241
Oct-15	90,584	1,106	4,642	46,094,283	17,162,992	18,975	332,105	57,422,771	19,078,417	168,031	1,011,861
Nov-15	91,130	957	4,078	39,350,809	14,550,978	16,838	299,804	53,338,203	17,979,732	139,721	876,531
Dec-15	91,554	1,046	4,468	43,485,112	17,164,982	17,447	352,376	56,212,523	19,158,938	143,408	890,031
Jan-16	92,079	1,021	4,146	38,284,135	13,797,164	17,634	321,898	56,239,577	19,935,940	144,831	921,382
Feb-16	91,759	1,055	4,680	42,498,058	17,595,209	18,767	341,067	57,413,480	20,135,762	153,196	1,065,214
Mar-16	92,197	1,045	3,910	37,082,866	13,186,690	19,478	358,483	60,456,032	20,825,557	165,390	1,042,697
Apr-16	92,379	1,050	4,381	45,172,944	17,635,966	18,588	357,515	56,487,206	20,243,133	155,673	1,059,138
May-16	92,645	1,130	4,541	43,656,718	17,684,820	18,797	334,616	58,078,957	20,493,295	152,154	1,022,806
Jun-16	92,561	1,140	4,763	49,763,841	17,882,943	19,073	348,490	61,382,598	21,207,444	152,604	973,708
Jul-16	92,429	1,049	4,320	43,923,531	16,495,583	17,923	345,026	58,839,033	20,267,755	142,486	1,021,022
Aug-16	92,992	1,168	5,290	50,578,399	19,517,420	20,771	384,854	66,392,895	23,951,205	167,794	1,197,059
Sep-16	94,033	1,070	4,624	42,261,101	16,136,888	19,042	347,942	60,346,359	19,744,844	176,727	1,456,715
Oct-16	94,630	1,033	4,079	39,122,972	14,856,964	19,685	347,038	60,905,437	20,698,926	190,595	1,219,836
Nov-16	95,069	1,107	4,402	41,476,234	14,930,853	18,971	346,173	58,573,696	20,409,760	163,050	1,129,121
Dec-16	95,188	1,183	4,501	43,029,344	15,483,024	18,750	374,716	65,795,048	21,217,939	150,507	1,005,166
Jan-17	95,348	1,160	4,695	47,840,203	17,547,118	19,662	381,388	63,102,284	20,652,526	165,739	1,096,844
Feb-17	94,794	1,003	4,059	41,246,095	14,388,184	19,340	348,163	59,140,464	20,053,925	156,584	971,661
Mar-17	94,751	1,178	4,571	46,770,535	18,488,864	21,922	407,479	70,202,777	22,655,974	171,485	1,120,916
Apr-17	94,128	1,065	4,263	40,296,100	15,235,485	19,175	341,894	60,938,481	19,806,484	167,963	994,928
May-17	93,784	1,269	5,117	51,918,585	19,309,094	20,632	374,102	68,019,643	21,898,091	179,964	1,095,020
Jun-17	93,005	1,086	4,190	41,224,854	14,854,775	20,154	378,379	65,691,664	21,643,763	162,656	1,019,145
Jul-17	92,667	1,070	4,097	41,190,581	15,713,112	18,384	353,767	62,454,651	20,646,560	147,375	994,814

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area Participants – Active Employees and Dependents

Month	Certs	Inpatient Facility Experience					Outpatient Facility Experience					Professional & Otl	
		Adms	Days	Charges	Payments		Visits	Services	Charges	Payments		Visits	Services
Aug-17	92,898	1,208	4,392	43,980,555	16,629,554		19,423	366,316	67,472,587	21,981,735		160,134	1,145,850
Sep-17	93,867	1,078	3,871	39,300,937	14,046,380		18,343	327,796	59,232,550	18,188,631		154,211	1,380,709
Oct-17	94,272	1,149	4,071	43,720,582	15,857,550		20,715	348,570	65,179,904	21,007,766		182,035	1,651,539
Nov-17	94,549	1,105	3,964	44,265,294	15,709,283		20,165	364,230	66,549,632	21,272,202		160,426	1,419,913
Dec-17	94,860	1,074	3,735	42,962,671	16,070,522		19,312	360,782	67,098,961	20,950,101		149,025	1,295,893
Jan-18	95,172	1,118	4,561	50,680,233	19,605,437		20,857	384,649	67,776,084	21,284,883		171,078	1,392,654
Feb-18	94,808	1,061	3,593	35,617,062	12,750,072		19,543	350,134	63,202,726	19,665,230		159,599	1,298,932
Mar-18	95,195	1,132	3,920	40,850,844	15,260,810		21,056	411,648	72,349,550	22,999,650		166,784	1,328,632
Apr-18	95,377	1,041	3,547	39,772,514	14,785,966		20,232	380,042	66,382,466	21,841,175		183,085	1,276,643
May-18	95,539	1,186	4,231	47,520,159	17,093,528		21,170	421,186	72,653,868	22,944,129		178,854	1,219,499
Jun-18	95,060	1,101	3,772	39,809,495	14,538,138		19,184	365,269	64,502,005	20,655,328		157,330	946,678
Jul-18	94,870	866	2,587	26,796,873	9,537,749		18,592	353,660	61,432,921	20,112,055		151,657	828,976
Aug-18	95,421	235	616	6,459,241	2,166,171		11,244	228,146	37,957,686	12,537,535		118,644	607,890

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area Participants – Retirees and Dependents

her Medical Experience				Inpatient Facility Experience					Outpatient Facility Experience			
Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	
58,826,216	19,501,704	Sep-14	21,100	408	2,848	23,691,788	2,247,252	10,548	236,815	29,631,532	2,451,202
63,588,795	21,802,631	Oct-14	21,088	456	3,506	25,637,411	1,642,894	11,428	247,912	30,990,719	2,877,287
54,793,759	18,025,610	Nov-14	21,081	407	3,165	21,163,487	1,742,635	9,464	194,890	27,092,931	2,327,533
60,404,608	20,330,155	Dec-14	21,052	469	3,623	22,279,173	2,010,473	10,221	221,842	28,647,376	2,263,415
60,179,795	20,709,422	Jan-15	21,207	506	3,854	27,647,805	2,896,345	10,234	232,421	29,608,873	2,484,471
56,663,276	19,402,805	Feb-15	21,451	426	3,436	25,674,962	1,959,889	10,218	208,970	29,141,462	2,481,916
62,519,646	21,352,260	Mar-15	21,507	499	3,773	29,237,037	2,142,150	11,204	253,671	34,462,830	2,952,253
63,591,722	21,709,795	Apr-15	21,526	501	3,489	28,884,337	2,808,648	11,518	256,926	33,446,414	2,998,952
59,439,275	20,603,975	May-15	21,525	481	3,820	24,407,253	2,063,595	10,518	231,203	30,952,195	2,701,749
62,814,291	21,738,291	Jun-15	21,667	469	3,370	23,716,688	2,029,787	11,539	254,315	33,683,134	3,101,642
64,332,246	21,886,009	Jul-15	21,686	491	3,617	24,315,265	2,204,285	11,306	242,040	33,381,467	3,031,949
65,387,950	21,880,795	Aug-15	21,677	477	3,871	26,853,844	2,381,692	10,733	238,491	32,972,815	3,017,089
63,910,121	21,074,660	Sep-15	21,929	482	3,630	28,384,059	2,617,612	11,049	219,820	32,356,876	2,605,613
66,399,039	22,598,900	Oct-15	21,952	470	3,658	27,136,132	2,190,966	11,439	236,682	33,797,778	2,445,234
60,835,981	20,193,715	Nov-15	21,958	381	3,188	22,126,227	1,580,151	10,265	215,116	30,540,497	2,517,428
65,119,945	21,580,050	Dec-15	21,930	451	3,514	25,353,590	2,719,383	10,692	238,823	32,939,092	2,466,714
64,046,388	21,427,703	Jan-16	22,106	523	3,850	30,758,150	2,442,824	11,268	233,630	35,026,219	2,703,290
67,481,229	22,573,665	Feb-16	22,334	520	3,803	32,387,413	2,262,403	11,519	237,341	35,167,732	3,116,669
71,368,769	23,870,290	Mar-16	22,369	483	3,610	29,205,660	2,796,020	11,964	243,735	36,558,709	2,816,946
66,977,123	22,758,785	Apr-16	22,412	493	3,634	30,243,288	2,271,608	10,883	223,409	33,889,030	2,770,135
67,384,118	22,570,973	May-16	22,447	478	3,661	24,814,155	2,314,985	11,162	237,135	35,896,023	2,905,107
70,887,768	23,705,340	Jun-16	22,427	483	3,713	28,109,241	2,125,407	11,777	228,333	35,790,866	3,083,796
66,538,000	22,375,963	Jul-16	22,542	468	3,779	28,526,615	2,454,140	10,736	224,186	34,252,236	2,652,649
77,695,763	26,526,322	Aug-16	22,553	508	4,014	29,498,955	2,476,516	12,256	310,572	41,391,684	3,122,856
70,427,869	22,579,444	Sep-16	22,796	411	3,262	22,992,458	2,350,238	11,860	240,554	36,574,540	2,875,852
69,829,265	22,839,729	Oct-16	22,825	450	3,308	30,265,356	3,453,596	11,766	225,863	36,693,332	3,119,825
67,130,779	21,454,946	Nov-16	22,818	467	3,511	27,341,086	2,215,073	11,045	231,341	36,872,114	3,043,896
68,859,662	21,958,907	Dec-16	22,796	497	3,407	28,022,628	2,687,741	10,514	231,580	36,378,098	2,805,502
71,696,816	22,961,670	Jan-17	23,032	540	3,753	32,972,681	2,644,672	11,648	257,334	38,754,423	3,527,386
66,869,058	21,448,472	Feb-17	23,212	495	3,417	29,065,412	2,086,409	11,262	245,481	36,744,388	3,031,418
77,051,192	24,176,362	Mar-17	23,271	530	3,709	33,106,997	2,752,350	13,006	269,771	41,472,734	3,269,751
68,654,822	21,890,872	Apr-17	23,312	473	3,492	27,386,076	2,215,338	11,433	243,898	38,797,595	3,224,831
75,239,812	24,351,826	May-17	23,395	507	3,536	31,134,464	2,259,179	12,409	250,625	40,647,624	3,301,081
71,595,534	23,244,995	Jun-17	23,521	481	3,389	31,543,767	2,722,123	11,871	251,366	40,569,130	3,728,235
67,733,882	21,486,112	Jul-17	23,544	488	3,419	29,456,273	2,413,694	11,345	213,425	36,591,753	3,091,114

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area Participants – Retirees and Dependents

her Medical Experience				Inpatient Facility Experience				Outpatient Facility Experience			
Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services	Charges	Payments
74,896,407	24,316,611	Aug-17	23,523	452	3,270	26,640,617	1,910,839	11,488	218,677	39,417,643	3,496,170
69,283,750	22,268,190	Sep-17	23,768	454	3,521	27,584,947	2,672,514	11,208	230,119	38,149,721	2,510,643
74,924,333	23,872,801	Oct-17	23,871	502	3,439	33,008,906	2,138,714	12,625	241,897	38,585,785	2,934,600
71,440,368	22,663,731	Nov-17	23,941	458	3,118	29,051,342	2,959,565	11,953	243,569	39,472,782	2,637,241
70,973,493	21,944,122	Dec-17	23,784	517	3,597	30,148,037	2,360,830	10,950	233,393	37,660,858	2,580,752
75,315,484	24,201,202	Jan-18	24,014	606	4,099	35,294,886	3,047,325	12,122	279,451	43,586,847	3,175,078
69,215,614	22,212,574	Feb-18	24,254	488	3,405	32,000,479	2,773,125	11,652	271,282	39,852,429	2,959,143
75,614,312	23,774,745	Mar-18	24,275	497	3,311	26,980,797	1,891,677	12,424	292,045	43,603,927	3,085,735
74,324,824	24,075,162	Apr-18	24,314	522	3,224	32,761,442	2,384,398	12,444	295,879	43,821,707	2,917,032
78,500,614	25,136,600	May-18	24,366	484	3,358	30,939,319	1,766,988	13,004	310,976	44,881,794	3,248,941
69,424,538	22,560,665	Jun-18	24,502	455	2,904	31,924,907	2,346,770	12,000	277,475	41,079,635	2,843,031
65,554,886	21,247,275	Jul-18	24,518	355	2,079	21,194,997	1,136,186	10,158	248,128	36,677,538	2,720,307
47,323,547	16,229,207	Aug-18	24,525	62	187	3,994,967	303,463	2,404	49,072	8,282,031	1,185,664

Exhibit J
University of Texas System Offi
Uniform Group Insura
Exhibit J
UT SELECT Utilizatio
In–Area Participants – Active Employe

| Professional & Other Medical Experience | | | | | | Inpatient Facility Experience | | | | Outpatient | |
Visits	Services	Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services
50,602	419,019	23,933,886	3,160,506	Sep–14	108,000	1,402	6,982	59,364,102	16,244,350	27,468	545,500
56,384	369,213	27,028,345	3,515,178	Oct–14	108,358	1,389	7,391	59,227,332	13,569,913	29,906	563,237
45,329	319,319	21,157,991	2,786,784	Nov–14	108,619	1,330	7,006	57,782,264	15,193,334	24,850	468,333
49,721	420,465	23,388,074	3,178,403	Dec–14	109,029	1,540	8,327	68,897,535	20,373,435	27,106	524,621
53,696	416,073	25,463,497	4,325,685	Jan–15	109,542	1,511	8,365	64,763,965	17,949,697	27,233	545,261
50,336	349,132	24,742,664	3,657,510	Feb–15	109,360	1,303	7,032	57,536,271	13,619,088	26,435	531,353
56,022	403,060	28,205,064	3,874,097	Mar–15	109,738	1,556	8,518	72,682,938	18,735,157	29,274	595,662
57,878	437,048	28,489,726	3,793,292	Apr–15	110,114	1,572	8,000	68,964,023	16,556,328	29,665	593,896
52,886	366,741	26,376,635	3,565,983	May–15	110,248	1,508	8,385	65,690,227	17,765,675	27,533	557,522
55,659	464,748	27,747,853	3,729,792	Jun–15	109,822	1,537	8,482	68,073,027	18,450,912	28,922	579,907
54,710	427,732	28,034,965	3,651,037	Jul–15	110,092	1,471	8,035	64,023,542	18,180,010	29,588	587,723
53,109	407,356	27,373,501	3,648,605	Aug–15	110,522	1,472	7,618	63,645,382	15,373,257	28,705	575,602
55,567	441,406	27,804,830	3,492,447	Sep–15	111,756	1,561	7,935	68,230,052	16,095,961	28,489	559,686
57,022	408,920	29,351,340	3,564,962	Oct–15	112,536	1,576	8,300	73,230,414	19,353,957	30,414	568,787
51,952	393,692	25,599,559	3,048,337	Nov–15	113,088	1,338	7,266	61,477,036	16,131,129	27,103	514,920
52,926	391,466	26,360,346	3,253,113	Dec–15	113,484	1,497	7,982	68,838,702	19,884,365	28,139	591,199
55,386	462,203	27,973,159	4,409,953	Jan–16	114,185	1,544	7,996	69,042,285	16,239,988	28,902	555,528
58,376	479,599	30,786,189	4,106,158	Feb–16	114,093	1,575	8,483	74,885,471	19,857,612	30,286	578,408
59,104	465,583	30,373,976	3,990,510	Mar–16	114,566	1,528	7,520	66,288,526	15,982,710	31,442	602,218
55,482	422,234	28,422,034	3,541,960	Apr–16	114,791	1,543	8,015	75,416,232	19,907,574	29,471	580,924
56,254	464,816	29,084,453	3,578,754	May–16	115,092	1,608	8,202	68,470,873	19,999,805	29,959	571,751
57,407	400,278	30,126,037	3,839,010	Jun–16	114,987	1,623	8,476	77,873,082	20,008,350	30,850	576,823
52,887	447,712	28,056,270	3,367,984	Jul–16	114,971	1,517	8,099	72,450,146	18,949,722	28,659	569,212
60,335	463,492	32,330,833	3,954,595	Aug–16	115,545	1,676	9,304	80,077,354	21,993,935	33,027	695,426
59,365	489,826	30,129,872	3,558,217	Sep–16	116,829	1,481	7,886	65,253,559	18,487,126	30,902	588,496
60,570	455,528	30,491,355	3,772,695	Oct–16	117,455	1,483	7,387	69,388,328	18,310,561	31,451	572,901
56,558	421,370	29,910,673	3,452,540	Nov–16	117,887	1,574	7,913	68,817,320	17,145,926	30,016	577,514
52,440	381,220	27,567,480	3,225,783	Dec–16	117,984	1,680	7,908	71,051,972	18,170,765	29,264	606,296
60,759	470,626	31,511,827	4,839,199	Jan–17	118,380	1,700	8,448	80,812,885	20,191,790	31,310	638,722
57,620	430,195	30,750,635	3,921,488	Feb–17	118,006	1,498	7,476	70,311,507	16,474,592	30,602	593,644
63,326	504,039	34,201,215	4,052,684	Mar–17	118,022	1,708	8,280	79,877,532	21,241,214	34,928	677,250
58,649	440,248	31,383,856	3,620,882	Apr–17	117,440	1,538	7,755	67,682,176	17,450,823	30,608	585,792
65,031	461,523	34,440,591	3,859,077	May–17	117,179	1,776	8,653	83,053,049	21,568,273	33,041	624,727
60,694	418,755	34,262,219	3,766,308	Jun–17	116,526	1,567	7,579	72,768,621	17,576,898	32,025	629,745
57,286	418,331	30,925,360	3,413,613	Jul–17	116,211	1,558	7,516	70,646,855	18,126,806	29,729	567,192

Exhibit J
University of Texas System Offic
Uniform Group Insura
Exhibit J
UT SELECT Utilization
In-Area Participants – Active Employe

Professional & Other Medical Experience						Inpatient Facility Experience					Outpatient	
Visits	Services	Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services
60,841	411,097	33,708,728	3,805,007	Aug–17	116,421	1,660	7,662	70,621,173	18,540,393	30,911	584,993
57,835	606,353	31,689,972	3,456,238	Sep–17	117,635	1,532	7,392	66,885,884	16,718,893	29,551	557,915
62,654	576,020	34,723,317	3,659,754	Oct–17	118,143	1,651	7,510	76,729,488	17,996,264	33,340	590,467
58,362	499,996	32,877,560	3,562,317	Nov–17	118,490	1,563	7,082	73,316,636	18,668,848	32,118	607,799
54,595	415,382	31,028,349	3,285,623	Dec–17	118,644	1,591	7,332	73,110,708	18,431,352	30,262	594,175
61,868	504,938	35,472,331	5,147,031	Jan–18	119,186	1,724	8,660	85,975,119	22,652,763	32,979	664,100
58,622	557,234	34,107,588	4,082,921	Feb–18	119,062	1,549	6,998	67,617,541	15,523,198	31,195	621,416
61,580	545,045	33,781,008	3,849,052	Mar–18	119,470	1,629	7,231	67,831,641	17,152,487	33,480	703,693
64,010	507,882	35,334,836	3,886,851	Apr–18	119,691	1,563	6,771	72,533,956	17,170,364	32,676	675,921
65,306	534,761	36,380,939	3,956,225	May–18	119,905	1,670	7,589	78,459,478	18,860,517	34,174	732,162
59,209	375,934	32,472,506	3,510,098	Jun–18	119,562	1,556	6,676	71,734,402	16,884,908	31,184	642,744
53,683	284,172	28,927,570	3,161,351	Jul–18	119,388	1,221	4,666	47,991,870	10,673,935	28,750	601,788
19,557	91,037	9,395,632	1,574,008	Aug–18	119,946	297	803	10,454,209	2,469,634	13,648	277,218

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Out-of-Area

Facility Experience		Professional & Other Medical Experience						Inpatient Facility Experience			
Charges	Payments	Visits	Services	Charges	Payments	Month	Certs	Adms	Days	Charges	Payments
78,833,077	19,956,916	194,421	1,283,040	82,760,102	22,662,210	Sep-14	425	3	7	60,520	48,015
82,785,717	22,025,862	222,333	1,213,197	90,617,140	25,317,809	Oct-14	395	3	5	35,801	10,621
71,866,320	18,792,991	174,215	1,106,922	75,951,750	20,812,394	Nov-14	364	4	5	31,194	15,299
77,595,541	20,226,379	189,852	1,209,983	83,792,681	23,508,558	Dec-14	348	0	0	0	0
79,541,422	20,550,588	198,827	1,282,732	85,643,292	25,035,107	Jan-15	371	2	6	162,703	153,633
77,120,705	19,420,152	185,367	1,123,746	81,405,940	23,060,315	Feb-15	351	2	6	35,523	23,569
88,245,784	22,844,456	204,565	1,223,516	90,724,710	25,226,357	Mar-15	341	0	0	0	0
86,111,661	21,874,895	208,779	1,273,044	92,081,448	25,503,087	Apr-15	345	3	9	93,660	50,588
83,194,861	21,570,933	191,968	1,259,529	85,815,911	24,169,958	May-15	342	1	8	13,200	4,170
85,688,627	22,197,524	199,029	1,387,431	90,562,143	25,468,084	Jun-15	349	4	2	36,130	28,324
90,823,887	23,588,077	200,281	1,383,953	92,367,211	25,537,046	Jul-15	388	3	1	28,607	28,077
88,896,640	23,471,891	198,245	1,289,447	92,761,451	25,529,400	Aug-15	428	1	5	43,889	21,892
87,482,006	20,978,209	201,547	1,438,647	91,714,951	24,567,107	Sep-15	412	4	9	88,961	51,529
91,220,550	21,523,651	225,053	1,420,781	95,750,379	26,163,862	Oct-15	397	3	8	71,256	40,766
83,878,700	20,497,160	191,673	1,270,223	86,435,540	23,242,052	Nov-15	366	0	0	0	0
89,151,615	21,625,653	196,334	1,281,497	91,480,290	24,833,164	Dec-15	373	5	40	325,724	206,870
91,265,796	22,639,230	200,217	1,383,585	92,019,547	25,837,656	Jan-16	419	7	39	415,478	314,696
92,581,212	23,252,431	211,572	1,544,813	98,267,418	26,679,822	Feb-16	367	3	21	121,283	88,625
97,014,740	23,642,502	224,494	1,508,280	101,742,745	27,860,800	Mar-16	335	7	44	185,477	85,874
90,376,236	23,013,268	211,155	1,481,372	95,399,157	26,300,745	Apr-16	347	3	25	196,636	52,825
93,974,980	23,398,402	208,408	1,487,622	96,468,571	26,149,727	May-16	344	2	45	217,286	114,554
97,173,464	24,291,240	210,011	1,373,986	101,013,806	27,544,351	Jun-16	344	3	17	63,229	50,267
93,091,269	22,920,404	195,373	1,468,734	94,594,271	25,743,947	Jul-16	400	5	15	47,242	19,529
107,784,579	27,074,062	228,129	1,660,551	110,026,596	30,480,917	Aug-16	416	2	11	55,657	45,639
96,920,899	22,620,695	236,092	1,946,541	100,557,742	26,137,660	Sep-16	453	8	17	125,685	67,489
97,598,770	23,818,750	251,165	1,675,364	100,320,620	26,612,424	Oct-16	437	8	9	240,156	131,099
95,445,810	23,453,656	219,608	1,550,491	97,041,451	24,907,486	Nov-16	407	3	3	130,645	129,765
102,173,146	24,023,441	202,947	1,386,386	96,427,142	25,184,690	Dec-16	395	0	0	0	0
101,856,707	24,179,911	226,498	1,567,470	103,208,643	27,800,869	Jan-17	416	6	42	630,219	397,808
95,884,852	23,085,343	214,204	1,401,856	97,619,693	25,369,960	Feb-17	380	4	9	56,673	30,849
111,675,511	25,925,725	234,811	1,624,955	111,252,407	28,229,046	Mar-17	350	2	3	58,869	43,782
99,736,076	23,031,315	226,612	1,435,176	100,038,678	25,511,754	Apr-17	340	1	3	32,661	15,091
108,667,267	25,199,172	244,995	1,556,543	109,680,404	28,210,903	May-17	335	2	8	46,044	44,050
106,260,794	25,371,997	223,350	1,437,900	105,857,753	27,011,303	Jun-17	370	4	27	152,880	93,033
99,046,404	23,737,675	204,661	1,413,145	98,659,242	24,899,725	Jul-17	408	11	41	192,983	102,456

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n Experience
es, Retirees and Dependents

Facility Experience		Professional & Other Medical Experience						Inpatient Facility Experience			
Charges	Payments	Visits	Services	Charges	Payments	Month	Certs	Adms	Days	Charges	Payments
106,890,230	25,477,905	220,975	1,556,947	108,605,135	28,121,618	Aug-17	416	6	10	62,083	43,129
97,382,272	20,699,275	212,046	1,987,062	100,973,722	25,724,429	Sep-17	420	2	1	10,214	8,956
103,765,688	23,942,366	244,689	2,227,559	109,647,650	27,532,555	Oct-17	422	1	5	44,827	23,914
106,022,414	23,909,444	218,788	1,919,909	104,317,928	26,226,047	Nov-17	423	1	3	180,968	31,066
104,759,819	23,530,853	203,620	1,711,275	102,001,842	25,229,745	Dec-17	353	2	4	6,513	5,608
111,362,931	24,459,961	232,946	1,897,592	110,787,815	29,348,233	Jan-18	394	2	5	41,672	25,461
103,055,155	22,624,373	218,221	1,856,166	103,323,202	26,295,495	Feb-18	384	0	0	0	0
115,953,477	26,085,384	228,364	1,873,677	109,395,320	27,623,798	Mar-18	367	1	5	186,625	58,267
110,204,173	24,758,207	247,095	1,784,525	109,659,660	27,962,013	Apr-18	375	0	0	0	0
117,535,662	26,193,071	244,160	1,754,260	114,881,554	29,092,825	May-18	369	1	1	1,227	780
105,581,640	23,498,359	216,539	1,322,612	101,897,044	26,070,763	Jun-18	430	3	36	156,452	40,924
98,110,459	22,832,361	205,340	1,113,148	94,482,456	24,408,626	Jul-18	470	0	0	0	0
46,239,717	13,723,198	138,201	698,927	56,719,179	17,803,215	Aug-18	476	2	3	9,053	6,503

y of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
a Participants – Active Employees and Dependents

| Outpatient Facility Experience | | | | Professional & Other Medical Experience | | | | | | Inpatient F | |
Visits	Services	Charges	Payments	Visits	Services	Charges	Payments	Month	Certs	Adms	Days
47	1,086	144,388	17,547	236	2,717	136,891	49,362	Sep-14	1,958	48	340
51	372	136,234	39,363	310	1,657	114,668	38,241	Oct-14	1,964	39	278
39	545	114,831	8,672	263	2,489	107,178	38,597	Nov-14	1,974	28	187
34	603	143,075	110,986	272	3,134	132,949	50,103	Dec-14	1,978	39	234
29	635	81,599	51,018	340	1,260	145,054	55,302	Jan-15	1,986	44	231
21	182	32,009	27,313	273	850	100,416	46,882	Feb-15	1,998	36	258
10	169	23,557	15,005	235	1,252	68,852	28,659	Mar-15	2,012	41	294
18	239	34,372	26,981	269	1,160	100,693	41,359	Apr-15	2,017	36	275
38	433	132,592	98,843	321	1,398	112,207	42,468	May-15	2,024	33	212
29	564	160,378	90,864	265	1,246	91,367	38,858	Jun-15	2,031	31	245
27	202	48,259	34,379	249	1,710	91,068	34,476	Jul-15	2,050	43	259
20	523	86,072	52,271	277	1,174	100,789	40,424	Aug-15	2,065	29	250
28	286	85,095	31,081	333	1,767	117,862	30,228	Sep-15	2,083	26	159
44	917	186,044	121,387	319	920	89,577	27,708	Oct-15	2,090	37	320
23	69	26,693	12,354	305	705	73,772	20,546	Nov-15	2,093	32	209
21	113	29,981	13,077	335	2,594	98,415	31,700	Dec-15	2,101	37	222
42	314	118,202	61,125	365	1,940	159,303	54,758	Jan-16	2,107	60	417
40	823	129,553	100,373	400	2,307	184,404	66,842	Feb-16	2,116	39	340
36	936	66,645	37,236	442	2,390	142,056	62,143	Mar-16	2,122	40	307
41	247	85,963	46,238	508	2,654	227,976	85,682	Apr-16	2,129	32	213
52	809	167,112	107,943	440	2,085	186,597	83,488	May-16	2,140	41	312
54	1,229	108,259	75,144	418	4,905	159,960	64,332	Jun-16	2,138	47	375
55	1,185	117,440	66,292	414	2,587	285,022	123,692	Jul-16	2,149	38	316
50	448	79,126	49,242	450	3,806	259,808	116,234	Aug-16	2,162	52	428
33	324	86,031	24,558	440	3,644	174,509	46,295	Sep-16	2,171	47	389
34	360	54,202	32,629	476	5,049	186,301	64,552	Oct-16	2,172	38	372
45	4,689	94,525	63,987	354	5,132	147,185	58,593	Nov-16	2,179	43	325
48	3,011	94,628	61,352	310	3,573	128,785	42,363	Dec-16	2,179	36	292
43	3,958	125,305	51,351	471	3,361	246,747	70,112	Jan-17	2,180	52	310
70	1,606	199,373	82,353	418	1,214	149,091	48,717	Feb-17	2,178	32	216
50	375	74,382	37,377	356	1,440	113,029	37,607	Mar-17	2,178	47	417
56	1,107	161,854	56,950	371	1,618	197,446	48,619	Apr-17	2,189	49	349
45	1,466	210,701	81,870	370	2,982	268,200	62,555	May-17	2,190	35	286
44	961	74,488	40,328	363	3,234	123,496	53,331	Jun-17	2,193	32	276
62	1,042	191,596	82,361	409	2,819	146,643	53,743	Jul-17	2,213	45	367

y of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
a Participants – Active Employees and Dependents

Outpatient Facility Experience				Professional & Other Medical Experience						Inpatient F	
Visits	Services	Charges	Payments	Visits	Services	Charges	Payments	Month	Certs	Adms	Days
72	1,892	212,106	82,137	451	2,571	147,185	55,774	Aug-17	2,227	47	301
45	294	90,285	46,407	373	2,117	115,493	33,436	Sep-17	2,250	27	136
50	632	94,516	43,363	490	2,531	140,631	38,699	Oct-17	2,260	39	178
40	530	251,670	111,643	400	1,806	138,219	44,182	Nov-17	2,267	56	336
61	433	184,083	95,763	385	2,067	142,841	46,960	Dec-17	2,271	54	349
50	1,011	114,583	63,321	447	1,750	161,830	58,488	Jan-18	2,272	52	468
50	569	159,495	94,415	386	1,075	120,518	42,576	Feb-18	2,283	46	434
41	1,427	307,225	132,668	360	1,071	132,532	45,576	Mar-18	2,287	42	319
39	642	91,441	46,779	342	888	87,269	31,534	Apr-18	2,295	38	256
27	667	182,006	70,855	353	954	104,495	42,799	May-18	2,302	39	253
42	1,254	210,626	107,030	424	1,177	142,484	52,822	Jun-18	2,305	48	296
38	230	51,520	20,704	419	1,446	142,990	49,804	Jul-18	2,312	28	134
25	96	71,628	44,116	250	1,213	167,649	66,793	Aug-18	2,329	3	8

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
Out-of-Area Participants – Retirees and Dependents

Facility Experience		Outpatient Facility Experience				Professional & Other Medical Experience				Month	Certs
Charges	Payments	Visits	Services	Charges	Payments	Visits	Services	Charges	Payments		
2,314,636	125,871	880	17,812	2,229,565	209,885	4,383	44,604	1,657,221	189,809	Sep-14	2,383
1,519,262	68,640	964	16,105	2,230,892	328,173	4,496	28,780	1,739,993	207,507	Oct-14	2,359
1,028,861	191,967	856	16,960	1,921,927	164,040	3,716	23,043	1,514,722	187,936	Nov-14	2,338
1,554,266	76,302	798	13,166	1,370,654	140,719	3,820	34,846	1,566,499	194,714	Dec-14	2,326
2,185,830	152,254	850	16,465	2,254,656	181,502	4,016	23,520	1,804,126	319,579	Jan-15	2,357
1,708,535	114,303	782	12,841	1,634,364	109,185	3,922	24,082	1,634,108	238,435	Feb-15	2,349
1,872,426	221,661	889	18,376	2,136,212	148,166	4,381	26,010	1,863,483	239,285	Mar-15	2,353
1,121,648	58,910	913	11,460	1,833,593	204,108	4,271	22,844	1,863,574	240,821	Apr-15	2,362
1,393,543	99,881	948	10,356	1,837,512	236,333	4,133	21,369	1,819,557	248,404	May-15	2,366
1,548,604	48,601	876	12,803	1,920,929	330,062	4,211	24,534	1,820,486	210,379	Jun-15	2,380
1,401,150	126,856	890	11,680	2,198,863	216,557	4,309	23,217	1,764,922	222,055	Jul-15	2,438
1,460,117	113,972	855	14,628	1,795,379	193,065	4,060	22,843	1,756,259	200,489	Aug-15	2,493
1,346,129	58,914	886	11,445	1,454,448	120,216	4,535	23,756	1,739,430	157,817	Sep-15	2,495
2,176,621	117,544	861	12,962	1,929,182	145,604	4,741	26,378	1,903,820	202,873	Oct-15	2,487
1,799,365	80,035	873	12,343	2,232,160	164,538	4,467	21,792	1,743,961	180,366	Nov-15	2,459
1,371,887	132,067	910	16,344	1,959,528	170,377	4,255	30,386	1,710,524	176,300	Dec-15	2,474
2,106,063	117,873	846	14,132	1,856,133	122,136	4,692	44,033	1,901,292	298,930	Jan-16	2,526
1,334,599	65,864	817	16,326	2,154,782	198,677	4,406	34,552	1,701,943	229,370	Feb-16	2,483
1,808,692	58,878	876	11,528	1,775,930	119,969	4,697	25,203	1,904,902	230,351	Mar-16	2,457
1,310,253	66,099	902	13,428	2,030,223	150,128	4,636	28,037	1,945,070	230,965	Apr-16	2,476
2,012,956	99,533	1,030	18,474	2,223,375	160,954	4,863	28,189	2,018,922	228,890	May-16	2,484
2,630,045	145,701	1,058	17,932	2,374,822	186,498	5,040	59,345	2,099,298	242,861	Jun-16	2,482
1,145,904	105,159	951	14,887	2,074,720	146,876	4,281	39,544	1,800,050	197,668	Jul-16	2,549
2,559,169	179,124	899	11,578	1,899,506	232,940	4,949	30,584	2,194,177	245,171	Aug-16	2,578
1,704,606	120,803	932	11,076	1,692,395	146,716	4,908	27,250	1,924,169	201,572	Sep-16	2,624
1,643,510	76,410	966	14,651	2,085,002	149,335	4,743	28,648	2,000,656	208,416	Oct-16	2,609
1,993,170	131,762	867	14,289	1,868,847	158,245	4,623	23,451	1,983,894	208,172	Nov-16	2,586
1,818,267	54,666	854	12,929	1,984,295	129,614	4,473	22,906	1,933,381	183,482	Dec-16	2,574
3,039,835	120,332	917	13,986	1,954,788	167,067	5,109	31,964	2,122,495	365,428	Jan-17	2,596
1,277,322	61,865	829	13,539	1,970,300	145,050	4,667	69,659	1,949,357	234,707	Feb-17	2,558
2,265,304	130,547	993	15,335	2,203,619	175,285	5,066	30,483	2,099,377	241,791	Mar-17	2,528
2,019,847	68,918	916	15,469	1,982,869	133,377	4,873	67,371	2,001,279	220,633	Apr-17	2,529
1,658,670	243,935	963	12,207	1,725,619	123,303	5,196	70,290	2,091,245	251,752	May-17	2,525
1,628,404	139,265	984	18,717	2,281,669	152,698	4,956	71,653	2,309,494	262,104	Jun-17	2,563
2,790,809	105,184	956	16,645	2,113,945	149,909	4,790	29,409	2,158,101	217,573	Jul-17	2,621

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
Out-of-Area Participants – Retirees and Dependents

Facility Experience		Outpatient Facility Experience				Professional & Other Medical Experience					
Charges	Payments	Visits	Services	Charges	Payments	Visits	Services	Charges	Payments	Month	Certs
2,749,796	302,820	1,017	39,578	2,631,542	168,930	5,331	75,612	2,473,439	250,688	Aug–17	2,643
1,171,147	93,853	980	18,355	2,347,004	259,960	4,638	23,261	2,027,156	199,184	Sep–17	2,671
2,365,180	71,211	923	16,458	2,356,858	137,424	4,817	29,159	2,183,783	198,992	Oct–17	2,682
2,932,091	560,796	996	13,478	2,277,401	165,945	5,106	31,390	2,577,709	256,671	Nov–17	2,690
2,974,956	642,977	968	13,714	2,018,567	119,277	4,727	27,536	2,269,852	239,460	Dec–17	2,624
4,188,036	319,654	1,094	29,620	2,953,909	162,588	5,694	37,310	2,651,560	385,698	Jan–18	2,666
2,116,279	274,833	947	17,172	2,131,442	153,207	5,074	30,171	2,228,085	264,355	Feb–18	2,667
1,873,685	138,906	1,077	16,722	2,402,125	154,780	5,159	33,491	2,440,149	267,673	Mar–18	2,654
1,503,633	151,638	1,087	16,012	2,695,773	156,895	5,209	31,481	2,419,199	246,586	Apr–18	2,670
1,736,172	105,598	1,047	17,410	2,897,979	180,441	5,189	33,032	2,279,702	244,058	May–18	2,671
3,086,453	241,788	1,102	21,181	2,808,300	199,485	4,868	19,867	2,476,909	233,015	Jun–18	2,735
1,514,347	42,195	972	20,008	2,507,202	200,363	4,611	20,812	2,002,686	196,793	Jul–18	2,782
76,239	45,923	179	2,451	454,727	90,947	1,236	6,442	570,804	68,687	Aug–18	2,805

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
Out-of-Area Participants – Active Employees, Retirees and Dependents

Inpatient Facility Experience				Outpatient Facility Experience				Professional & Other Medical Experience			
Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	Visits	Services	Charges	Payments
51	347	2,375,156	173,885	927	18,898	2,373,953	227,432	4,619	47,321	1,794,112	239,172
42	283	1,555,063	79,261	1,015	16,477	2,367,126	367,536	4,806	30,437	1,854,660	245,748
32	192	1,060,055	207,266	895	17,505	2,036,758	172,712	3,979	25,532	1,621,900	226,533
39	234	1,554,266	76,302	832	13,769	1,513,729	251,706	4,092	37,980	1,699,447	244,817
46	237	2,348,533	305,888	879	17,100	2,336,255	232,520	4,356	24,780	1,949,181	374,880
38	264	1,744,058	137,872	803	13,023	1,666,373	136,498	4,195	24,932	1,734,523	285,318
41	294	1,872,426	221,661	899	18,545	2,159,769	163,172	4,616	27,262	1,932,334	267,943
39	284	1,215,309	109,498	931	11,699	1,867,966	231,089	4,540	24,004	1,964,267	282,180
34	220	1,406,743	104,051	986	10,789	1,970,105	335,176	4,454	22,767	1,931,764	290,872
35	247	1,584,734	76,925	905	13,367	2,081,308	420,926	4,476	25,780	1,911,852	249,237
46	260	1,429,757	154,933	917	11,882	2,247,122	250,936	4,558	24,927	1,855,990	256,531
30	255	1,504,006	135,864	875	15,151	1,881,451	245,336	4,337	24,017	1,857,047	240,913
30	168	1,435,089	110,442	914	11,731	1,539,544	151,297	4,868	25,523	1,857,292	188,046
40	328	2,247,876	158,310	905	13,879	2,115,226	266,991	5,060	27,298	1,993,397	230,581
32	209	1,799,365	80,035	896	12,412	2,258,853	176,891	4,772	22,497	1,817,733	200,912
42	262	1,697,611	338,937	931	16,457	1,989,509	183,455	4,590	32,980	1,808,939	208,000
67	456	2,521,542	432,568	888	14,446	1,974,335	183,262	5,057	45,973	2,060,594	353,687
42	361	1,455,882	154,490	857	17,149	2,284,334	299,050	4,806	36,859	1,886,347	296,212
47	351	1,994,169	144,752	912	12,464	1,842,575	157,205	5,139	27,593	2,046,958	292,494
35	238	1,506,889	118,924	943	13,675	2,116,186	196,366	5,144	30,691	2,173,046	316,647
43	357	2,230,241	214,087	1,082	19,283	2,390,487	268,897	5,303	30,274	2,205,519	312,378
50	392	2,693,274	195,968	1,112	19,161	2,483,081	261,642	5,458	64,250	2,259,258	307,193
43	331	1,193,146	124,687	1,006	16,072	2,192,160	213,168	4,695	42,131	2,085,072	321,360
54	439	2,614,826	224,763	949	12,026	1,978,632	282,181	5,399	34,390	2,453,985	361,405
55	406	1,830,291	188,292	965	11,400	1,778,426	171,273	5,348	30,894	2,098,679	247,867
46	381	1,883,667	207,510	1,000	15,011	2,139,203	181,964	5,219	33,697	2,186,957	272,968
46	328	2,123,815	261,527	912	18,978	1,963,372	222,232	4,977	28,583	2,131,079	266,765
36	292	1,818,267	54,666	902	15,940	2,078,923	190,967	4,783	26,479	2,062,166	225,844
58	352	3,670,053	518,139	960	17,944	2,080,093	218,418	5,580	35,325	2,369,242	435,540
36	225	1,333,995	92,714	899	15,145	2,169,673	227,403	5,085	70,873	2,098,449	283,423
49	420	2,324,173	174,329	1,043	15,710	2,278,001	212,662	5,422	31,923	2,212,406	279,397
50	352	2,052,508	84,009	972	16,576	2,144,722	190,327	5,244	68,989	2,198,725	269,252
37	294	1,704,715	287,985	1,008	13,673	1,936,320	205,174	5,566	73,272	2,359,445	314,307
36	303	1,781,284	232,297	1,028	19,678	2,356,157	193,026	5,319	74,887	2,432,990	315,436
56	408	2,983,792	207,640	1,018	17,687	2,305,541	232,270	5,199	32,228	2,304,744	271,315

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
Out–of–Area Participants – Active Employees, Retirees and Dependents

Inpatient Facility Experience				Outpatient Facility Experience				Professional & Other Medical Experience			
Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	Visits	Services	Charges	Payments
53	311	2,811,879	345,948	1,089	41,470	2,843,648	251,067	5,782	78,183	2,620,624	306,462
29	137	1,181,361	102,809	1,025	18,649	2,437,289	306,367	5,011	25,378	2,142,649	232,620
40	183	2,410,007	95,125	973	17,090	2,451,373	180,787	5,307	31,690	2,324,414	237,690
57	339	3,113,058	591,862	1,036	14,008	2,529,071	277,588	5,506	33,196	2,715,928	300,853
56	353	2,981,470	648,585	1,029	14,147	2,202,649	215,040	5,112	29,603	2,412,693	286,420
54	473	4,229,708	345,115	1,144	30,631	3,068,492	225,909	6,141	39,060	2,813,390	444,186
46	434	2,116,279	274,833	997	17,741	2,290,937	247,621	5,460	31,246	2,348,603	306,931
43	324	2,060,310	197,173	1,118	18,149	2,709,350	287,448	5,519	34,562	2,572,681	313,248
38	256	1,503,633	151,638	1,126	16,654	2,787,215	203,674	5,551	32,369	2,506,468	278,119
40	254	1,737,399	106,379	1,074	18,077	3,079,984	251,296	5,542	33,986	2,384,198	286,857
51	332	3,242,904	282,712	1,144	22,435	3,018,926	306,515	5,292	21,044	2,619,394	285,837
28	134	1,514,347	42,195	1,010	20,238	2,558,722	221,067	5,030	22,258	2,145,675	246,597
5	11	85,292	52,426	204	2,547	526,356	135,064	1,486	7,655	738,453	135,481

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area and Out-of-Area Participants Combined – Active Employees and Dependents

Month	Certs	Inpatient Facility Experience				Outpatient Facility Experience				Professional & Ot	
		Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	Visits	Services
Sep-14	87,325	997	4,141	35,732,834	14,045,113	16,967	309,771	49,345,933	17,523,262	144,055	866,738
Oct-14	87,665	936	3,890	33,625,722	11,937,641	18,529	315,697	51,931,232	19,187,938	166,259	845,641
Nov-14	87,902	927	3,846	36,649,972	13,465,998	15,425	273,988	44,888,220	16,474,130	129,149	790,092
Dec-14	88,325	1,071	4,704	46,618,362	18,362,961	16,919	303,382	49,091,240	18,073,950	140,403	792,652
Jan-15	88,706	1,007	4,517	37,278,863	15,206,986	17,028	313,475	50,014,148	18,117,135	145,471	867,919
Feb-15	88,260	879	3,602	31,896,832	11,682,767	16,238	322,565	48,011,252	16,965,549	135,304	775,464
Mar-15	88,572	1,057	4,745	43,445,902	16,593,007	18,080	342,160	53,806,511	19,907,208	148,778	821,708
Apr-15	88,933	1,074	4,520	40,173,347	13,798,268	18,165	337,209	52,699,620	18,902,924	151,170	837,156
May-15	89,065	1,028	4,573	41,296,175	15,706,250	17,053	326,752	52,375,258	18,968,027	139,403	894,186
Jun-15	88,504	1,072	5,114	44,392,469	16,449,449	17,412	326,156	52,165,872	19,186,745	143,635	923,929
Jul-15	88,794	983	4,419	39,736,884	16,003,802	18,309	345,885	57,490,680	20,590,507	145,820	957,931
Aug-15	89,273	996	3,752	36,835,427	13,013,456	17,992	337,634	56,009,897	20,507,074	145,413	883,265
Sep-15	90,239	1,083	4,314	39,934,953	13,529,878	17,468	340,152	55,210,225	18,403,677	146,313	999,008
Oct-15	90,981	1,109	4,650	46,165,538	17,203,758	19,019	333,022	57,608,815	19,199,805	168,350	1,012,781
Nov-15	91,496	957	4,078	39,350,809	14,550,978	16,861	299,873	53,364,896	17,992,086	140,026	877,236
Dec-15	91,927	1,051	4,508	43,810,836	17,371,852	17,468	352,489	56,242,504	19,172,016	143,743	892,625
Jan-16	92,498	1,028	4,185	38,699,613	14,111,860	17,676	322,212	56,357,779	19,997,065	145,196	923,322
Feb-16	92,126	1,058	4,701	42,619,341	17,683,834	18,807	341,890	57,543,033	20,236,135	153,596	1,067,521
Mar-16	92,532	1,052	3,954	37,268,343	13,272,564	19,514	359,419	60,522,676	20,862,793	165,832	1,045,087
Apr-16	92,726	1,053	4,406	45,369,580	17,688,791	18,629	357,762	56,573,169	20,289,370	156,181	1,061,792
May-16	92,989	1,132	4,586	43,874,004	17,799,374	18,849	335,425	58,246,068	20,601,238	152,594	1,024,891
Jun-16	92,904	1,143	4,780	49,827,071	17,933,211	19,127	349,719	61,490,857	21,282,587	153,022	978,613
Jul-16	92,829	1,054	4,335	43,970,773	16,515,111	17,978	346,211	58,956,472	20,334,047	142,900	1,023,609
Aug-16	93,408	1,170	5,301	50,634,056	19,563,058	20,821	385,302	66,472,021	24,000,447	168,244	1,200,865
Sep-16	94,486	1,078	4,641	42,386,786	16,204,376	19,075	348,266	60,432,390	19,769,401	177,167	1,460,359
Oct-16	95,067	1,041	4,088	39,363,128	14,988,064	19,719	347,398	60,959,639	20,731,554	191,071	1,224,885
Nov-16	95,476	1,110	4,405	41,606,878	15,060,617	19,016	350,862	58,668,221	20,473,747	163,404	1,134,253
Dec-16	95,583	1,183	4,501	43,029,344	15,483,024	18,798	377,727	65,889,676	21,279,291	150,817	1,008,739
Jan-17	95,764	1,166	4,737	48,470,422	17,944,926	19,705	385,346	63,227,589	20,703,877	166,210	1,100,205
Feb-17	95,174	1,007	4,068	41,302,768	14,419,032	19,410	349,769	59,339,837	20,136,278	157,002	972,875
Mar-17	95,101	1,180	4,574	46,829,404	18,532,646	21,972	407,854	70,277,159	22,693,351	171,841	1,122,356
Apr-17	94,468	1,066	4,266	40,328,761	15,250,576	19,231	343,001	61,100,334	19,863,434	168,334	996,546
May-17	94,119	1,271	5,125	51,964,629	19,353,144	20,677	375,568	68,230,344	21,979,961	180,334	1,098,002
Jun-17	93,375	1,090	4,217	41,377,734	14,947,808	20,198	379,340	65,766,152	21,684,091	163,019	1,022,379
Jul-17	93,075	1,081	4,138	41,383,564	15,815,568	18,446	354,809	62,646,247	20,728,922	147,784	997,633

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area and Out-of-Area Participants Combined – Active Employees and Dependents

Month	Certs	Inpatient Facility Experience					Outpatient Facility Experience					Professional & O[t]	
		Adms	Days	Charges	Payments	Visits	Services	Charges	Payments	Visits	Services
Aug–17	93,314	1,214	4,402	44,042,639	16,672,683	19,495	368,208	67,684,693	22,063,873	160,585	1,148,421
Sep–17	94,287	1,080	3,872	39,311,151	14,055,336	18,388	328,090	59,322,836	18,235,038	154,584	1,382,826
Oct–17	94,694	1,150	4,076	43,765,409	15,881,464	20,765	349,202	65,274,419	21,051,129	182,525	1,654,070
Nov–17	94,972	1,106	3,967	44,446,262	15,740,349	20,205	364,760	66,801,302	21,383,845	160,826	1,421,719
Dec–17	95,213	1,076	3,739	42,969,184	16,076,130	19,373	361,215	67,283,044	21,045,865	149,410	1,297,960
Jan–18	95,566	1,120	4,566	50,721,905	19,630,898	20,907	385,660	67,890,667	21,348,204	171,525	1,394,404
Feb–18	95,192	1,061	3,593	35,617,062	12,750,072	19,593	350,703	63,362,222	19,759,645	159,985	1,300,007
Mar–18	95,562	1,133	3,925	41,037,468	15,319,077	21,097	413,075	72,656,775	23,132,318	167,144	1,329,703
Apr–18	95,752	1,041	3,547	39,772,514	14,785,966	20,271	380,684	66,473,907	21,887,954	183,427	1,277,531
May–18	95,908	1,187	4,232	47,521,386	17,094,309	21,197	421,853	72,835,873	23,014,984	179,207	1,220,453
Jun–18	95,490	1,104	3,808	39,965,946	14,579,062	19,226	366,523	64,712,631	20,762,358	157,754	947,855
Jul–18	95,340	866	2,587	26,796,873	9,537,749	18,630	353,890	61,484,441	20,132,759	152,076	830,422
Aug–18	95,897	237	619	6,468,295	2,172,674	11,269	228,242	38,029,314	12,581,651	118,894	609,103

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In-Area and Out-of-Area Participants Combined – Retirees and Dep…

ther Medical Experience				Inpatient Facility Experience				Outpatient Facility Experience			
Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services	Charges	Payments
58,963,107	19,551,066	Sep-14	23,058	456	3,188	26,006,424	2,373,122	11,428	254,627	31,861,096	2,661,087
63,703,462	21,840,872	Oct-14	23,052	495	3,784	27,156,673	1,711,534	12,392	264,017	33,221,611	3,205,460
54,900,936	18,064,207	Nov-14	23,055	435	3,352	22,192,348	1,934,602	10,320	211,850	29,014,858	2,491,573
60,537,556	20,380,258	Dec-14	23,030	508	3,857	23,833,440	2,086,775	11,019	235,008	30,018,031	2,404,134
60,324,849	20,764,724	Jan-15	23,193	550	4,085	29,833,636	3,048,599	11,084	248,886	31,863,529	2,665,972
56,763,692	19,449,687	Feb-15	23,449	462	3,694	27,383,497	2,074,192	11,000	221,811	30,775,826	2,591,100
62,588,498	21,380,919	Mar-15	23,519	540	4,067	31,109,463	2,363,811	12,093	272,047	36,599,042	3,100,419
63,692,415	21,751,153	Apr-15	23,543	537	3,764	30,005,985	2,867,558	12,431	268,386	35,280,007	3,203,060
59,551,482	20,646,443	May-15	23,549	514	4,032	25,800,796	2,163,476	11,466	241,559	32,789,707	2,938,082
62,905,657	21,777,150	Jun-15	23,698	500	3,615	25,265,291	2,078,387	12,415	267,118	35,604,063	3,431,704
64,423,315	21,920,485	Jul-15	23,736	534	3,876	25,716,415	2,331,141	12,196	253,720	35,580,330	3,248,506
65,488,739	21,921,220	Aug-15	23,742	506	4,121	28,313,961	2,495,664	11,588	253,119	34,768,194	3,210,153
64,027,984	21,104,889	Sep-15	24,012	508	3,789	29,730,187	2,676,525	11,935	231,265	33,811,324	2,725,829
66,488,616	22,626,608	Oct-15	24,042	507	3,978	29,312,753	2,308,509	12,300	249,644	35,726,960	2,590,838
60,909,753	20,214,262	Nov-15	24,051	413	3,397	23,925,592	1,660,185	11,138	227,459	32,772,657	2,681,965
65,218,359	21,611,750	Dec-15	24,031	488	3,736	26,725,477	2,851,450	11,602	255,167	34,898,620	2,637,091
64,205,691	21,482,461	Jan-16	24,213	583	4,267	32,864,213	2,560,697	12,114	247,762	36,882,352	2,825,426
67,665,633	22,640,507	Feb-16	24,450	559	4,143	33,722,012	2,328,267	12,336	253,667	37,322,514	3,315,346
71,510,825	23,932,433	Mar-16	24,491	523	3,917	31,014,353	2,854,898	12,840	255,263	38,334,639	2,936,914
67,205,099	22,844,467	Apr-16	24,541	525	3,847	31,553,541	2,337,708	11,785	236,837	35,919,253	2,920,263
67,570,716	22,654,461	May-16	24,587	519	3,973	26,827,111	2,414,518	12,192	255,609	38,119,398	3,066,061
71,047,728	23,769,673	Jun-16	24,565	530	4,088	30,739,285	2,271,107	12,835	246,265	38,165,688	3,270,295
66,823,023	22,499,655	Jul-16	24,691	506	4,095	29,672,519	2,559,298	11,687	239,073	36,326,956	2,799,525
77,955,571	26,642,556	Aug-16	24,715	560	4,442	32,058,124	2,655,640	13,155	322,150	43,291,190	3,355,796
70,602,379	22,625,739	Sep-16	24,967	458	3,651	24,697,065	2,471,041	12,792	251,630	38,266,934	3,022,567
70,015,566	22,904,281	Oct-16	24,997	488	3,680	31,908,866	3,530,007	12,732	240,514	38,778,334	3,269,160
67,277,963	21,513,539	Nov-16	24,997	510	3,836	29,334,256	2,346,836	11,912	245,630	38,740,961	3,202,141
68,988,448	22,001,270	Dec-16	24,975	533	3,699	29,840,895	2,742,407	11,368	244,509	38,362,393	2,935,116
71,943,563	23,031,783	Jan-17	25,212	592	4,063	36,012,516	2,765,003	12,565	271,320	40,709,211	3,694,453
67,018,149	21,497,188	Feb-17	25,390	527	3,633	30,342,734	2,148,274	12,091	259,020	38,714,688	3,176,468
77,164,221	24,213,969	Mar-17	25,449	577	4,126	35,372,301	2,882,897	13,999	285,106	43,676,353	3,445,036
68,852,267	21,939,491	Apr-17	25,501	522	3,841	29,405,924	2,284,256	12,349	259,367	40,780,464	3,358,208
75,508,012	24,414,381	May-17	25,585	542	3,822	32,793,134	2,503,115	13,372	262,832	42,373,243	3,424,384
71,719,030	23,298,326	Jun-17	25,714	513	3,665	33,172,171	2,861,387	12,855	270,083	42,850,799	3,880,933
67,880,526	21,539,855	Jul-17	25,757	533	3,786	32,247,083	2,518,879	12,301	230,070	38,705,698	3,241,023

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit J
UT SELECT Utilization Experience
In−Area and Out−of−Area Participants Combined − Retirees and Depe

ther Medical Experience		Month	Certs	Inpatient Facility Experience				Outpatient Facility Experience			
Charges	Payments			Adms	Days	Charges	Payments	Visits	Services	Charges	Payments
75,043,592	24,372,385	Aug−17	25,750	499	3,571	29,390,413	2,213,659	12,505	258,255	42,049,186	3,665,099
69,399,243	22,301,627	Sep−17	26,019	481	3,657	28,756,095	2,766,367	12,188	248,474	40,496,726	2,770,603
75,064,964	23,911,499	Oct−17	26,131	541	3,617	35,374,087	2,209,925	13,548	258,355	40,942,642	3,072,024
71,578,587	22,707,912	Nov−17	26,208	514	3,454	31,983,433	3,520,362	12,949	257,047	41,750,183	2,803,186
71,116,335	21,991,082	Dec−17	26,055	571	3,946	33,122,993	3,003,807	11,918	247,107	39,679,425	2,700,029
75,477,314	24,259,691	Jan−18	26,286	658	4,567	39,482,922	3,366,979	13,216	309,071	46,540,756	3,337,666
69,336,132	22,255,150	Feb−18	26,537	534	3,839	34,116,758	3,047,958	12,599	288,454	41,983,871	3,112,350
75,746,844	23,820,321	Mar−18	26,562	539	3,630	28,854,482	2,030,584	13,501	308,767	46,006,052	3,240,515
74,412,094	24,106,695	Apr−18	26,609	560	3,480	34,265,075	2,536,037	13,531	311,891	46,517,481	3,073,927
78,605,110	25,179,399	May−18	26,668	523	3,611	32,675,491	1,872,587	14,051	328,386	47,779,773	3,429,383
69,567,023	22,613,488	Jun−18	26,807	503	3,200	35,011,360	2,588,558	13,102	298,656	43,887,935	3,042,516
65,697,875	21,297,078	Jul−18	26,830	383	2,213	22,709,344	1,178,381	11,130	268,136	39,184,740	2,920,669
47,491,196	16,296,000	Aug−18	26,854	65	195	4,071,206	349,386	2,583	51,523	8,736,759	1,276,611

Exhibit J
University of Texas System Off
Uniform Group Insur
Exhibit
UT SELECT Utilizatic
endents   In-Area and Out-of-Area Participants Combined –

Professional & Other Medical Experience				Month	Certs	Inpatient Facility Experience				Outpatient	
Visits	Services	Charges	Payments			Adms	Days	Charges	Payments	Visits	Services
54,985	463,623	25,591,107	3,350,315	Sep-14	110,383	1,453	7,329	61,739,258	16,418,236	28,395	564,398
60,880	397,993	28,768,338	3,722,685	Oct-14	110,717	1,431	7,674	60,782,396	13,649,174	30,921	579,714
49,045	342,362	22,672,713	2,974,720	Nov-14	110,957	1,362	7,198	58,842,320	15,400,600	25,745	485,838
53,541	455,311	24,954,573	3,373,117	Dec-14	111,355	1,579	8,561	70,451,802	20,449,736	27,938	538,390
57,712	439,593	27,267,623	4,645,264	Jan-15	111,899	1,557	8,602	67,112,499	18,255,585	28,112	562,361
54,258	373,214	26,376,772	3,895,945	Feb-15	111,709	1,341	7,296	59,280,329	13,756,959	27,238	544,376
60,403	429,070	30,068,546	4,113,381	Mar-15	112,091	1,597	8,812	74,555,365	18,956,818	30,173	614,207
62,149	459,892	30,353,300	4,034,113	Apr-15	112,476	1,611	8,284	70,179,332	16,665,826	30,596	605,595
57,019	388,110	28,196,192	3,814,387	May-15	112,614	1,542	8,605	67,096,971	17,869,726	28,519	568,311
59,870	489,282	29,568,339	3,940,171	Jun-15	112,202	1,572	8,729	69,657,760	18,527,836	29,827	593,274
59,019	450,949	29,799,887	3,873,093	Jul-15	112,530	1,517	8,295	65,453,299	18,334,942	30,505	599,605
57,169	430,199	29,129,760	3,849,094	Aug-15	113,015	1,502	7,873	65,149,388	15,509,121	29,580	590,753
60,102	465,162	29,544,260	3,650,264	Sep-15	114,251	1,591	8,103	69,665,141	16,206,403	29,403	571,417
61,763	435,298	31,255,160	3,767,835	Oct-15	115,023	1,616	8,628	75,478,291	19,512,267	31,319	582,666
56,419	415,484	27,343,521	3,228,703	Nov-15	115,547	1,370	7,475	63,276,401	16,211,163	27,999	527,332
57,181	421,852	28,070,870	3,429,413	Dec-15	115,958	1,539	8,244	70,536,313	20,223,302	29,070	607,656
60,078	506,236	29,874,450	4,708,883	Jan-16	116,711	1,611	8,452	71,563,827	16,672,557	29,790	569,974
62,782	514,151	32,488,132	4,335,528	Feb-16	116,576	1,617	8,844	76,341,353	20,012,101	31,143	595,557
63,801	490,786	32,278,878	4,220,861	Mar-16	117,023	1,575	7,871	68,282,695	16,127,462	32,354	614,682
60,118	450,271	30,367,104	3,772,925	Apr-16	117,267	1,578	8,253	76,923,121	20,026,498	30,414	594,599
61,117	493,005	31,103,375	3,807,644	May-16	117,576	1,651	8,559	70,701,115	20,213,892	31,041	591,034
62,447	459,623	32,225,335	4,081,871	Jun-16	117,469	1,673	8,868	80,566,356	20,204,318	31,962	595,984
57,168	487,256	29,856,320	3,565,652	Jul-16	117,520	1,560	8,430	73,643,291	19,074,409	29,665	585,284
65,284	494,076	34,525,009	4,199,767	Aug-16	118,123	1,730	9,743	82,692,180	22,218,698	33,976	707,452
64,273	517,076	32,054,042	3,759,788	Sep-16	119,453	1,536	8,292	67,083,851	18,675,417	31,867	599,896
65,313	484,176	32,492,011	3,981,111	Oct-16	120,064	1,529	7,768	71,271,994	18,518,070	32,451	587,912
61,181	444,821	31,894,567	3,660,711	Nov-16	120,473	1,620	8,241	70,941,134	17,407,453	30,928	596,492
56,913	404,126	29,500,861	3,409,265	Dec-16	120,558	1,716	8,200	72,870,240	18,225,431	30,166	622,236
65,868	502,590	33,634,322	5,204,627	Jan-17	120,976	1,758	8,800	84,482,938	20,709,929	32,270	656,666
62,287	499,854	32,699,993	4,156,195	Feb-17	120,564	1,534	7,701	71,645,502	16,567,306	31,501	608,789
68,392	534,522	36,300,592	4,294,475	Mar-17	120,550	1,757	8,700	82,201,705	21,415,543	35,971	692,960
63,522	507,619	33,385,136	3,841,515	Apr-17	119,969	1,588	8,107	69,734,684	17,534,832	31,580	602,368
70,227	531,813	36,531,836	4,110,829	May-17	119,704	1,813	8,947	84,757,763	21,856,258	34,049	638,400
65,650	490,408	36,571,713	4,028,412	Jun-17	119,089	1,603	7,882	74,549,905	17,809,195	33,053	649,423
62,076	447,740	33,083,461	3,631,186	Jul-17	118,832	1,614	7,924	73,630,647	18,334,447	30,747	584,879

Exhibit J
University of Texas System Off
Uniform Group Insu
Exhibit
UT SELECT Utilizati
In-Area and Out-of-Area Participants Combined –
endents

| Professional & Other Medical Experience | | | | | | Inpatient Facility Experience | | | | Outpatient | |
Visits	Services	Charges	Payments	Month	Certs	Adms	Days	Charges	Payments	Visits	Services
66,172	486,709	36,182,167	4,055,695	Aug-17	119,064	1,713	7,973	73,433,052	18,886,342	32,000	626,463
62,473	629,614	33,717,128	3,655,423	Sep-17	120,306	1,561	7,529	68,067,245	16,821,702	30,576	576,564
67,471	605,179	36,907,100	3,858,746	Oct-17	120,825	1,691	7,693	79,139,495	18,091,389	34,313	607,557
63,468	531,386	35,455,269	3,818,988	Nov-17	121,180	1,620	7,421	76,429,694	19,260,711	33,154	621,807
59,322	442,918	33,298,201	3,525,083	Dec-17	121,268	1,647	7,685	76,092,178	19,079,937	31,291	608,322
67,562	542,248	38,123,891	5,532,729	Jan-18	121,852	1,778	9,133	90,204,827	22,997,877	34,123	694,731
63,696	587,405	36,335,673	4,347,275	Feb-18	121,729	1,595	7,432	69,733,820	15,798,031	32,192	639,157
66,739	578,536	36,221,157	4,116,725	Mar-18	122,124	1,672	7,555	69,891,951	17,349,661	34,598	721,842
69,219	539,363	37,754,035	4,133,437	Apr-18	122,361	1,601	7,027	74,037,589	17,322,002	33,802	692,575
70,495	567,793	38,660,641	4,200,282	May-18	122,576	1,710	7,843	80,196,877	18,966,895	35,248	750,239
64,077	395,801	34,949,415	3,743,112	Jun-18	122,297	1,607	7,008	74,977,306	17,167,620	32,328	665,179
58,294	304,984	30,930,256	3,358,144	Jul-18	122,170	1,249	4,800	49,506,217	10,716,130	29,760	622,026
20,793	97,479	9,966,437	1,642,696	Aug-18	122,751	302	814	10,539,501	2,522,060	13,852	279,765

fice of Employee Benefits
rance Program
J
on Experience
Active Employees, Retirees and Dependents

Facility Experience		Professional & Other Medical Experience			
Charges	Payments	Visits	Services	Charges	Payments
81,207,029	20,184,348	199,040	1,330,361	84,554,214	22,901,381
85,152,843	22,393,397	227,139	1,243,634	92,471,800	25,563,556
73,903,078	18,965,703	178,194	1,132,454	77,573,649	21,038,927
79,109,271	20,478,085	193,944	1,247,963	85,492,129	23,753,375
81,877,676	20,783,108	203,183	1,307,512	87,592,473	25,409,988
78,787,078	19,556,650	189,562	1,148,678	83,140,463	23,345,633
90,405,553	23,007,627	209,181	1,250,778	92,657,044	25,494,300
87,979,627	22,105,984	213,319	1,297,048	94,045,715	25,785,267
85,164,965	21,906,109	196,422	1,282,296	87,747,674	24,460,830
87,769,935	22,618,450	203,505	1,413,211	92,473,996	25,717,321
93,071,010	23,839,013	204,839	1,408,880	94,223,201	25,793,577
90,778,091	23,717,227	202,582	1,313,464	94,618,498	25,770,313
89,021,549	21,129,506	206,415	1,464,170	93,572,243	24,755,153
93,335,775	21,790,643	230,113	1,448,079	97,743,776	26,394,443
86,137,553	20,674,051	196,445	1,292,720	88,253,273	23,442,965
91,141,124	21,809,107	200,924	1,314,477	93,289,229	25,041,163
93,240,131	22,822,492	205,274	1,429,558	94,080,141	26,191,344
94,865,546	23,551,480	216,378	1,581,672	100,153,765	26,976,034
98,857,315	23,799,707	229,633	1,535,873	103,789,703	28,153,294
92,492,421	23,209,634	216,299	1,512,063	97,572,203	26,617,392
96,365,466	23,667,299	213,711	1,517,896	98,674,091	26,462,105
99,656,545	24,552,882	215,469	1,438,236	103,273,064	27,851,544
95,283,428	23,133,571	200,068	1,510,865	96,679,343	26,065,307
109,763,210	27,356,243	233,528	1,694,941	112,480,581	30,842,322
98,699,325	22,791,969	241,440	1,977,435	102,656,420	26,385,527
99,737,973	24,000,714	256,384	1,709,061	102,507,577	26,885,392
97,409,182	23,675,888	224,585	1,579,074	99,172,530	25,174,251
104,252,069	24,214,407	207,730	1,412,865	98,489,308	25,410,534
103,936,800	24,398,329	232,078	1,602,795	105,577,885	28,236,410
98,054,525	23,312,746	219,289	1,472,729	99,718,142	25,653,383
113,953,512	26,138,387	240,233	1,656,878	113,464,813	28,508,443
101,880,798	23,221,642	231,856	1,504,165	102,237,403	25,781,006
110,603,587	25,404,345	250,561	1,629,815	112,039,849	28,525,210
108,616,951	25,565,024	228,669	1,512,787	108,290,743	27,326,738
101,351,945	23,969,945	209,860	1,445,373	100,963,986	25,171,041

fice of Employee Benefits
rance Program
J
on Experience
· Active Employees, Retirees and Dependents

Facility Experience		Professional & Other Medical Experience			
Charges	Payments	Visits	Services	Charges	Payments
109,733,879	25,728,972	226,757	1,635,130	111,225,759	28,428,080
99,819,561	21,005,641	217,057	2,012,440	103,116,371	25,957,049
106,217,062	24,123,153	249,996	2,259,249	111,972,065	27,770,245
108,551,485	24,187,032	224,294	1,953,105	107,033,856	26,526,900
106,962,468	23,745,894	208,732	1,740,878	104,414,536	25,516,165
114,431,423	24,685,870	239,087	1,936,652	113,601,205	29,792,419
105,346,092	22,871,995	223,681	1,887,412	105,671,805	26,602,425
118,662,827	26,372,833	233,883	1,908,239	111,968,001	27,937,046
112,991,388	24,961,881	252,646	1,816,894	112,166,128	28,240,133
120,615,646	26,444,367	249,702	1,788,246	117,265,751	29,379,682
108,600,566	23,804,874	221,831	1,343,656	104,516,438	26,356,600
100,669,181	23,053,428	210,370	1,135,406	96,628,132	24,655,223
46,766,073	13,858,262	139,687	706,582	57,457,632	17,938,696

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	

Male Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	5,545	1,603,256	3,308,645	3,949,464	5,292,814	14,154,179	2,552.59
30-34	5,145	1,175,900	2,764,781	3,684,147	4,883,672	12,508,500	2,431.38
35-39	4,845	1,497,822	3,614,848	4,112,062	6,626,118	15,850,851	3,271.59
40-44	4,454	3,901,628	3,890,879	4,449,522	7,056,834	19,298,862	4,332.88
45-49	4,368	3,313,912	4,410,482	4,624,884	9,232,263	21,581,542	4,940.45
50-54	3,986	5,549,764	7,031,951	6,015,528	9,616,383	28,213,627	7,078.13
55-59	3,636	6,048,750	8,482,418	7,449,859	10,027,327	32,008,354	8,804.15
60-64	2,807	6,268,578	7,553,052	6,791,866	9,340,455	29,953,951	10,670.82
65-69	1,365	4,594,996	4,364,680	4,198,449	4,373,474	17,531,598	12,841.77
70+	897	4,429,286	4,133,982	3,688,371	3,852,800	16,104,439	17,954.82
All	37,048	38,383,892	49,555,719	48,964,151	70,302,142	207,205,904	5,592.92

Female Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	9,289	6,236,377	10,249,919	14,270,120	8,864,384	39,620,800	4,265.24
30-34	8,448	8,037,671	10,063,135	15,413,141	9,583,422	43,097,369	5,101.65
35-39	7,855	6,910,038	11,495,104	14,851,803	11,025,469	44,282,414	5,637.81
40-44	7,197	6,742,268	13,052,676	13,517,940	12,851,922	46,164,806	6,414.65
45-49	6,966	6,976,394	15,069,820	13,822,893	14,749,746	50,618,852	7,266.83
50-54	6,245	5,903,313	15,675,315	14,133,010	16,017,836	51,729,473	8,283.04
55-59	5,858	8,054,338	15,650,915	14,030,892	15,803,930	53,540,076	9,140.42
60-64	4,051	8,547,239	12,835,613	11,580,430	12,584,483	45,547,765	11,243.20
65-69	1,416	2,432,815	6,210,945	4,866,546	4,571,247	18,081,552	12,768.52
70+	371	1,003,027	2,169,375	2,006,556	1,152,515	6,331,473	17,078.98
All	57,695	60,843,479	112,472,816	118,493,331	107,204,955	399,014,580	6,915.97

All Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	14,834	7,839,633	13,558,564	18,219,584	14,157,198	53,774,979	3,625.06
30-34	13,592	9,213,571	12,827,916	19,097,288	14,467,094	55,605,869	4,090.97
35-39	12,700	8,407,860	15,109,952	18,963,866	17,651,587	60,133,265	4,735.07
40-44	11,651	10,643,896	16,943,555	17,967,462	19,908,756	65,463,669	5,618.80
45-49	11,334	10,290,306	19,480,302	18,447,777	23,982,009	72,200,394	6,370.21
50-54	10,231	11,453,077	22,707,266	20,148,538	25,634,219	79,943,100	7,813.62
55-59	9,493	14,103,087	24,133,333	21,480,751	25,831,258	85,548,429	9,011.64
60-64	6,858	14,815,817	20,388,665	18,372,296	21,924,939	75,501,716	11,008.92
65-69	2,781	7,027,811	10,575,625	9,064,994	8,944,721	35,613,151	12,804.47
70+	1,268	5,432,313	6,303,357	5,694,927	5,005,315	22,435,913	17,698.69
All	94,743	99,227,370	162,028,535	167,457,483	177,507,097	606,220,484	6,398.61

Spouses of Female Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	543	140,411	817,988	623,303	511,226	2,092,928	3,857.89
30-34	1,327	435,664	1,060,835	1,284,566	1,702,181	4,483,246	3,378.97
35-39	1,748	655,322	1,668,569	1,658,392	2,613,966	6,596,249	3,773.01
40-44	1,883	1,117,013	2,519,999	2,073,489	3,746,806	9,457,306	5,023.35
45-49	1,811	2,625,973	2,651,377	2,753,059	4,321,685	12,352,095	6,818.95

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
50-54	1,700	3,298,718	3,462,705	3,104,985	6,250,276	16,116,684	9,478.62
55-59	1,673	4,621,830	5,771,926	3,894,576	6,593,671	20,882,003	12,479.01
60-64	1,125	5,687,356	6,045,127	4,546,814	4,825,313	21,104,610	18,759.32
65-69	395	3,038,575	3,079,933	2,630,049	1,807,542	10,556,099	26,700.35
70+	89	1,432,184	1,883,124	1,781,905	251,763	5,348,976	60,110.62
All	12,295	23,053,046	28,961,583	24,351,137	32,624,430	108,990,196	8,864.78

Spouses of Male Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	415	981,657	929,204	1,556,075	213,091	3,680,027	8,864.73
30-34	1,322	1,715,580	1,187,680	2,896,529	1,313,954	7,113,743	5,379.97
35-39	1,726	1,857,297	1,965,530	3,286,918	1,799,736	8,909,480	5,162.50
40-44	1,787	1,610,176	2,631,325	3,447,297	3,086,081	10,774,879	6,029.91
45-49	1,813	1,040,640	3,399,900	3,778,211	3,771,493	11,990,243	6,614.51
50-54	1,683	1,880,749	3,795,247	3,692,438	4,354,633	13,723,068	8,155.65
55-59	1,602	2,483,738	3,846,286	3,913,554	5,128,941	15,372,519	9,596.17
60-64	1,342	1,910,215	3,319,812	3,520,037	4,760,337	13,510,402	10,066.24
65-69	755	1,509,120	2,684,702	2,670,198	2,921,880	9,785,900	12,962.37
70+	543	2,339,819	2,087,176	2,441,199	2,542,060	9,410,254	17,315.68
All	12,988	17,328,991	25,846,864	31,202,455	29,892,206	104,270,515	8,028.24

Spouses of All Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	958	1,122,068	1,747,192	2,179,378	724,317	5,772,955	6,028.33
30-34	2,649	2,151,244	2,248,515	4,181,095	3,016,136	11,596,990	4,377.76
35-39	3,474	2,512,619	3,634,099	4,945,310	4,413,702	15,505,730	4,463.26
40-44	3,670	2,727,189	5,151,324	5,520,786	6,832,886	20,232,185	5,513.49
45-49	3,624	3,666,613	6,051,277	6,531,270	8,093,178	24,342,338	6,716.70
50-54	3,383	5,179,467	7,257,952	6,797,422	10,604,910	29,839,751	8,820.59
55-59	3,275	7,105,568	9,618,212	7,808,130	11,722,612	36,254,522	11,069.02
60-64	2,467	7,597,571	9,364,939	8,066,852	9,585,650	34,615,012	14,030.25
65-69	1,150	4,547,696	5,764,635	5,300,247	4,729,421	20,341,999	17,684.06
70+	632	3,772,003	3,970,300	4,223,104	2,793,823	14,759,230	23,337.03
All	25,283	40,382,037	54,808,446	55,553,592	62,516,635	213,260,711	8,435.04

Children of Male Active Employees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	217	4,269,694	1,298,828	2,735,178	24,109	8,327,809	38,458.21
30-34	1,125	7,402,890	1,920,443	4,309,901	319,402	13,952,636	12,401.69
35-39	1,990	4,763,192	3,198,846	6,018,032	1,411,990	15,392,060	7,735.45
40-44	2,306	2,343,055	3,158,793	5,278,439	2,862,744	13,643,032	5,916.73
45-49	2,316	3,843,104	3,593,399	4,193,626	3,139,625	14,769,754	6,378.39
50-54	1,946	1,439,543	2,549,481	2,818,961	4,724,746	11,532,731	5,927.58
55-59	1,381	1,371,139	1,592,381	1,862,606	2,405,777	7,231,902	5,236.76
60-64	689	507,557	1,727,700	771,342	880,819	3,887,417	5,639.55
65-69	190	86,570	147,705	427,612	215,812	877,698	4,631.22
70+	59	1,037	200,806	50,595	96,646	349,085	5,913.28
All	12,217	26,027,780	19,388,383	28,466,292	16,081,670	89,964,125	7,363.66

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
				Children of Female Active Employees			
<30	748	2,334,064	1,356,939	2,347,791	174,844	6,213,638	8,304.45
30–34	2,151	4,154,246	1,389,819	3,501,979	1,323,699	10,369,742	4,820.38
35–39	3,301	5,847,767	2,760,828	4,951,830	2,105,475	15,665,900	4,745.98
40–44	3,491	4,019,220	3,512,892	4,785,055	3,238,597	15,555,764	4,456.50
45–49	3,164	1,880,994	3,291,078	4,586,815	4,325,216	14,084,103	4,451.70
50–54	2,313	2,616,399	3,581,186	3,996,431	3,030,509	13,224,525	5,716.31
55–59	1,338	1,574,509	1,916,744	2,565,878	1,814,796	7,871,927	5,883.20
60–64	423	683,131	862,604	1,178,799	466,306	3,190,841	7,549.99
65–69	64	16,443	332,466	276,489	54,704	680,102	10,688.71
70+	6	5,696	105,947	75,509	1,336	188,488	32,193.55
All	16,998	23,132,471	19,110,502	28,266,576	16,535,481	87,045,030	5,120.81
				Children of All Active Employees			
<30	965	6,603,758	2,655,768	5,082,969	198,952	14,541,447	15,072.42
30–34	3,276	11,557,136	3,310,262	7,811,879	1,643,101	24,322,378	7,423.76
35–39	5,291	10,610,959	5,959,674	10,969,862	3,517,466	31,057,960	5,870.31
40–44	5,796	6,362,276	6,671,685	10,063,495	6,101,341	29,198,796	5,037.38
45–49	5,479	5,724,099	6,884,477	8,780,441	7,464,841	28,853,857	5,265.93
50–54	4,259	4,055,942	6,130,667	6,815,392	7,755,255	24,757,257	5,812.82
55–59	2,719	2,945,648	3,509,125	4,428,484	4,220,573	15,103,830	5,554.87
60–64	1,112	1,190,688	2,590,304	1,950,142	1,347,125	7,078,258	6,365.67
65–69	253	103,013	480,171	704,101	270,516	1,557,800	6,153.77
70+	65	6,733	306,754	126,104	97,982	537,572	8,284.52
All	29,216	49,160,251	38,498,886	56,732,868	32,617,151	177,009,156	6,058.72
				Male Active Employees, Spouses and Children			
<30	5,545	6,013,361	5,425,461	7,307,945	5,828,149	24,574,917	4,431.89
30–34	5,145	9,014,453	5,746,060	9,278,613	6,905,255	30,944,382	6,014.92
35–39	4,845	6,916,337	8,482,263	11,788,486	10,652,075	37,839,160	7,809.94
40–44	4,454	7,361,696	9,569,671	11,801,450	13,666,384	42,399,201	9,519.24
45–49	4,368	9,782,989	10,655,259	11,571,569	16,693,574	48,703,391	11,149.19
50–54	3,986	10,288,025	13,044,137	11,939,474	20,591,405	55,863,042	14,014.71
55–59	3,636	12,041,718	15,846,725	13,207,040	19,026,775	60,122,259	16,537.11
60–64	2,807	12,463,491	15,325,879	12,110,023	15,046,587	54,945,979	19,573.99
65–69	1,365	7,720,141	7,592,317	7,256,109	6,396,828	28,965,395	21,216.94
70+	897	5,862,507	6,217,913	5,520,871	4,201,209	21,802,500	24,307.58
All	37,048	87,464,718	97,905,685	101,781,581	119,008,242	406,160,225	10,963.12
				Female Active Employees, Spouses and Children			
<30	9,289	9,552,098	12,536,063	18,173,986	9,252,318	49,514,465	5,330.31
30–34	8,448	13,907,497	12,640,634	21,811,649	12,221,075	60,580,855	7,171.26
35–39	7,855	14,615,101	16,221,462	23,090,551	14,930,680	68,857,794	8,766.63
40–44	7,197	12,371,665	19,196,893	21,750,293	19,176,600	72,495,449	10,073.32
45–49	6,966	9,898,028	21,760,797	22,187,919	22,846,454	76,693,198	11,010.06
50–54	6,245	10,400,461	23,051,748	21,821,878	23,402,978	78,677,066	12,597.95

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

| Age | Number Subscribers | Incurred and Paid Claims (1) | | | | | Amount per Sub |
		IP	OP	Pro/OME	PDP	Total	
55–59	5,858	12,112,585	21,413,945	20,510,324	22,747,668	76,784,522	13,108.74
60–64	4,051	11,140,585	17,018,029	16,279,267	17,811,127	62,249,007	15,365.81
65–69	1,416	3,958,379	9,228,113	7,813,232	7,547,830	28,547,555	20,159.22
70+	371	3,348,541	4,362,499	4,523,264	3,695,911	15,930,215	42,971.34
All	57,695	101,304,940	157,430,182	177,962,363	153,632,641	590,330,126	10,231.96

All Active Employees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	14,834	15,565,459	17,961,524	25,481,931	15,080,467	74,089,381	4,994.48
30–34	13,592	22,921,950	18,386,694	31,090,262	19,126,331	91,525,237	6,733.59
35–39	12,700	21,531,438	24,703,724	34,879,037	25,582,755	106,696,954	8,401.64
40–44	11,651	19,733,360	28,766,564	33,551,743	32,842,983	114,894,650	9,861.50
45–49	11,334	19,681,017	32,416,056	33,759,487	39,540,028	125,396,588	11,063.68
50–54	10,231	20,688,486	36,095,885	33,761,352	43,994,384	134,540,108	13,149.91
55–59	9,493	24,154,304	37,260,670	33,717,365	41,774,443	136,906,781	14,421.71
60–64	6,858	23,604,076	32,343,908	28,389,289	32,857,713	117,194,986	17,088.23
65–69	2,781	11,678,519	16,820,431	15,069,342	13,944,658	57,512,950	20,678.40
70+	1,268	9,211,048	10,580,411	10,044,135	7,897,120	37,732,715	29,765.65
All	94,743	188,769,658	255,335,867	279,743,943	272,640,883	996,490,351	10,517.87

Male Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	11	69,425	35,024	35,270	3,775	143,494	13,512.76
30–34	0	0	0	0	4,707	4,707	#DIV/0!
35–39	1	0	34,679	2,543	2	37,224	34,247.36
40–44	4	143,698	125,422	5,037	31,956	306,112	85,086.42
45–49	11	1,316	11,890	21,056	66,747	101,009	8,819.87
50–54	130	678,391	350,434	359,750	595,495	1,984,070	15,284.86
55–59	530	955,905	841,500	845,822	2,107,863	4,751,090	8,971.92
60–64	1,205	4,222,031	3,449,275	2,933,990	6,081,469	16,686,765	13,851.37
65–69	2,061	405,201	949,944	1,736,390	8,458,935	11,550,469	5,604.17
70+	5,489	2,527,849	2,780,275	6,338,052	25,643,727	37,289,903	6,793.12
All	9,441	9,003,816	8,578,443	12,277,911	42,994,675	72,854,845	7,716.67

Female Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	6	0	14,633	25,974	1,834	42,441	7,686.45
30–34	2	13,650	8,750	7,925	14,791	45,116	19,956.32
35–39	2	0	9,498	5,310	6,558	21,367	12,184.68
40–44	7	1,316	198,406	156,277	77,337	433,336	60,960.98
45–49	27	51,902	138,025	141,014	395,119	726,060	27,388.34
50–54	234	577,193	1,186,290	618,611	1,638,304	4,020,399	17,210.94
55–59	1,147	2,094,575	3,000,430	2,504,827	4,241,483	11,841,314	10,319.74
60–64	2,826	6,033,632	8,522,695	7,289,097	12,106,674	33,952,098	12,016.12
65–69	4,136	1,457,030	2,329,714	3,849,039	16,567,174	24,202,957	5,851.30
70+	8,364	4,147,283	4,300,507	9,267,019	33,123,622	50,838,431	6,078.28
All	16,750	14,376,581	19,708,949	23,865,093	68,172,896	126,123,519	7,529.75

All Retirees

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	16	69,425	49,657	61,244	5,609	185,935	11,519.66
30–34	2	13,650	8,750	7,925	19,498	49,823	22,038.24
35–39	3	0	44,178	7,853	6,560	58,591	20,626.96
40–44	11	145,014	323,828	161,314	109,292	739,448	69,068.08
45–49	38	53,218	149,915	162,070	461,866	827,070	21,786.59
50–54	363	1,255,584	1,536,724	978,362	2,233,799	6,004,469	16,522.95
55–59	1,677	3,050,480	3,841,930	3,350,649	6,349,345	16,592,404	9,894.13
60–64	4,030	10,255,663	11,971,970	10,223,087	18,188,143	50,638,864	12,564.70
65–69	6,197	1,862,230	3,279,658	5,585,429	25,026,108	35,753,426	5,769.11
70+	13,853	6,675,132	7,080,782	15,605,071	58,767,350	88,128,335	6,361.53
All	26,191	23,380,397	28,287,392	36,143,004	111,167,571	198,978,364	7,597.13

Spouses of Female Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	0	1,316	13,527	5,427	0	20,270	#DIV/0!
30–34	2	0	0	19	0	19	8.61
35–39	2	0	0	0	0	0	0.00
40–44	2	0	1,757	444	8,456	10,657	7,087.50
45–49	7	0	20,212	14,331	26,315	60,859	9,099.49
50–54	71	38,710	39,930	49,797	144,911	273,348	3,863.33
55–59	315	583,034	555,954	425,925	567,611	2,132,524	6,778.14
60–64	816	1,543,874	2,162,687	1,596,354	1,791,287	7,094,202	8,694.27
65–69	1,073	438,272	661,050	980,949	3,655,990	5,736,261	5,347.89
70+	1,917	997,597	1,328,907	2,401,804	6,869,114	11,597,423	6,049.45
All	4,203	3,602,804	4,784,023	5,475,050	13,063,684	26,925,562	6,405.87

Spouses of Male Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	0	0	9,030	18,096	0	27,127	#DIV/0!
30–34	0	0	0	0	0	0	#DIV/0!
35–39	0	0	0	0	0	0	#DIV/0!
40–44	1	0	0	0	0	0	0.00
45–49	3	0	852	962	44,835	46,649	16,897.38
50–54	43	359,809	137,069	101,029	144,465	742,371	17,136.63
55–59	167	1,210,837	315,959	315,483	493,520	2,335,799	14,026.96
60–64	440	936,824	1,310,736	938,528	1,315,876	4,501,965	10,231.40
65–69	815	339,865	765,922	1,428,913	4,486,159	7,020,859	8,615.85
70+	2,546	955,140	1,540,587	2,942,312	9,901,179	15,339,217	6,025.15
All	4,014	3,802,476	4,080,154	5,745,324	16,386,034	30,013,988	7,477.59

Spouses of All Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	0	1,316	22,557	23,523	0	47,396	#DIV/0!
30–34	2	0	0	19	0	19	8.61
35–39	2	0	0	0	0	0	0.00
40–44	2	0	1,757	444	8,456	10,657	5,318.80
45–49	9	0	21,064	15,293	71,151	107,508	11,377.85
50–54	114	398,519	176,999	150,826	289,376	1,015,719	8,903.95
55–59	481	1,793,871	871,913	741,408	1,061,131	4,468,323	9,286.95

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
60–64	1,256	2,480,699	3,473,423	2,534,882	3,107,163	11,596,167	9,232.78
65–69	1,887	778,138	1,426,971	2,409,862	8,142,149	12,757,120	6,758.75
70+	4,463	1,952,737	2,869,494	5,344,116	16,770,292	26,936,640	6,035.59
All	8,217	7,405,280	8,864,178	11,220,374	29,449,718	56,939,549	6,929.38

Children of Male Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	11	13,353	5,754	16,180	12,280	47,568	4,479.42
30–34	0	0	0	0	44,474	44,474	#DIV/0!
35–39	1	0	823	312	52,393	53,528	53,336.60
40–44	0	0	0	1,518	99,701	101,219	607,314.90
45–49	4	0	7,761	11,482	15,563	34,806	9,246.25
50–54	34	5,897	45,092	52,092	40,545	143,625	4,219.95
55–59	102	36,010	124,445	131,798	110,517	402,769	3,960.55
60–64	144	346,268	160,565	190,050	379,233	1,076,116	7,468.44
65–69	132	45,858	87,603	105,795	218,032	457,288	3,471.87
70+	113	154,017	83,263	105,687	138,850	481,817	4,252.03
All	540	601,403	515,305	614,914	1,111,589	2,843,211	5,261.32

Children of Female Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	6	3,727	19,252	45,783	36	68,797	12,459.85
30–34	0	0	0	0	1,249	1,249	#DIV/0!
35–39	2	0	0	1,543	28,888	30,431	20,238.75
40–44	2	0	0	0	18,908	18,908	9,420.44
45–49	7	29,909	23,700	14,029	9,029	76,667	10,918.86
50–54	66	138,766	59,635	78,095	157,625	434,121	6,563.08
55–59	186	104,570	115,658	209,961	323,442	753,631	4,061.43
60–64	178	77,082	159,294	272,646	259,827	768,849	4,309.99
65–69	71	161,601	218,657	215,218	49,118	644,593	9,123.81
70+	51	45,794	63,670	88,414	24,511	222,389	4,387.87
All	567	561,450	659,865	925,689	872,631	3,019,635	5,321.15

Children of All Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	16	17,080	25,005	61,963	12,316	116,365	7,209.41
30–34	0	0	0	0	45,723	45,723	#DIV/0!
35–39	3	0	823	1,855	81,281	83,958	33,487.35
40–44	2	0	0	1,518	118,609	120,128	55,260.72
45–49	11	29,909	31,460	25,511	24,592	111,473	10,335.11
50–54	100	144,663	104,727	130,187	198,170	577,747	5,767.04
55–59	287	140,580	240,103	341,759	433,959	1,156,400	4,025.72
60–64	322	423,350	319,859	462,696	639,060	1,844,965	5,721.24
65–69	202	207,460	306,259	321,012	267,150	1,101,881	5,445.11
70+	164	199,811	146,933	194,101	163,360	704,206	4,294.01
All	1,108	1,162,853	1,175,169	1,540,603	1,984,220	5,862,846	5,291.97

Male Retirees, Spouses and Children

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
<30	11	84,094	54,305	56,877	16,055	211,332	19,900.98
30-34	0	0	0	19	49,181	49,200	#DIV/0!
35-39	1	0	35,502	2,855	52,395	90,752	83,494.67
40-44	4	143,698	127,179	6,999	140,113	417,988	116,183.21
45-49	11	1,316	39,863	46,870	108,626	196,674	17,173.05
50-54	130	722,997	435,456	461,639	780,951	2,401,043	18,497.13
55-59	530	1,574,949	1,521,899	1,403,545	2,785,991	7,286,383	13,759.54
60-64	1,205	6,112,173	5,772,527	4,720,395	8,251,989	24,857,084	20,633.39
65-69	2,061	889,331	1,698,596	2,823,134	12,332,956	17,744,018	8,609.22
70+	5,489	3,679,464	4,192,445	8,845,543	32,651,691	49,369,143	8,993.60
All	9,441	13,208,023	13,877,771	18,367,875	57,169,948	102,623,617	10,869.73

Female Retirees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	6	3,727	42,915	89,853	1,870	138,364	25,059.20
30-34	2	13,650	8,750	7,925	16,040	46,365	20,508.70
35-39	2	0	9,498	6,853	35,446	51,797	29,538.09
40-44	7	1,316	198,406	156,277	96,245	452,244	63,620.98
45-49	27	81,811	162,577	156,005	448,983	849,376	32,040.06
50-54	234	1,075,769	1,382,994	797,735	1,940,394	5,196,891	22,247.39
55-59	1,147	3,409,982	3,432,046	3,030,271	5,058,444	14,930,744	13,012.19
60-64	2,826	7,047,539	9,992,725	8,500,271	13,682,377	39,222,912	13,881.53
65-69	4,136	1,958,496	3,314,293	5,493,170	21,102,451	31,868,409	7,704.49
70+	8,364	5,148,217	5,904,764	12,297,746	43,049,312	66,400,038	7,938.84
All	16,750	18,740,507	24,448,968	30,536,106	85,431,561	159,157,142	9,501.90

All Retirees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	16	87,821	97,219	146,730	17,925	349,696	21,665.53
30-34	2	13,650	8,750	7,944	65,221	95,565	42,271.57
35-39	3	0	45,000	9,708	87,840	142,549	50,184.56
40-44	11	145,014	325,585	163,276	236,358	870,232	81,283.96
45-49	38	83,127	202,440	202,875	557,609	1,046,050	27,554.97
50-54	363	1,798,766	1,818,450	1,259,374	2,721,345	7,597,934	20,907.81
55-59	1,677	4,984,932	4,953,945	4,433,816	7,844,435	22,217,128	13,248.19
60-64	4,030	13,159,712	15,765,252	13,220,666	21,934,366	64,079,996	15,899.77
65-69	6,197	2,847,828	5,012,889	8,316,304	33,435,407	49,612,427	8,005.37
70+	13,853	8,827,680	10,097,209	21,143,288	75,701,003	115,769,181	8,356.79
All	26,191	31,948,530	38,326,739	48,903,981	142,601,509	261,780,759	9,994.97

Male Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	5,556	1,672,681	3,343,669	3,984,734	5,296,589	14,297,673	2,573.54
30-34	5,145	1,175,900	2,764,781	3,684,147	4,888,379	12,513,207	2,432.30
35-39	4,846	1,497,822	3,649,528	4,114,605	6,626,120	15,888,075	3,278.53
40-44	4,458	4,045,326	4,016,300	4,454,559	7,088,790	19,604,975	4,398.05
45-49	4,380	3,315,228	4,422,372	4,645,940	9,299,010	21,682,551	4,950.60
50-54	4,116	6,228,155	7,382,385	6,375,279	10,211,879	30,197,697	7,336.96
55-59	4,165	7,004,655	9,323,918	8,295,681	12,135,190	36,759,444	8,825.48
60-64	4,012	10,490,609	11,002,327	9,725,857	15,421,924	46,640,717	11,625.90

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
65-69	3,426	5,000,196	5,314,623	5,934,839	12,832,409	29,082,067	8,488.02
70+	6,386	6,957,135	6,914,258	10,026,423	29,496,527	53,394,343	8,360.76
All	46,489	47,387,707	58,134,162	61,242,062	113,296,817	280,060,749	6,024.22

Female Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	9,295	6,236,377	10,264,553	14,296,094	8,866,218	39,663,241	4,267.27
30-34	8,450	8,051,321	10,071,885	15,421,066	9,598,213	43,142,486	5,105.62
35-39	7,856	6,910,038	11,504,602	14,857,114	11,032,027	44,303,781	5,639.28
40-44	7,204	6,743,584	13,251,082	13,674,218	12,929,259	46,598,142	6,468.47
45-49	6,992	7,028,295	15,207,845	13,963,907	15,144,865	51,344,912	7,343.12
50-54	6,479	6,480,505	16,861,605	14,751,621	17,656,140	55,749,872	8,604.94
55-59	7,005	10,148,913	18,651,345	16,535,719	20,045,413	65,381,390	9,333.60
60-64	6,877	14,580,871	21,358,308	18,869,527	24,691,157	79,499,863	11,560.78
65-69	5,552	3,889,845	8,540,659	8,715,585	21,138,421	42,284,509	7,615.47
70+	8,735	5,150,310	6,469,882	11,273,575	34,276,138	57,169,905	6,545.17
All	74,445	75,220,059	132,181,765	142,358,425	175,377,851	525,138,099	7,054.07

All Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	14,850	7,909,058	13,608,221	18,280,828	14,162,807	53,960,914	3,633.64
30-34	13,595	9,227,221	12,836,666	19,105,212	14,486,592	55,655,692	4,093.96
35-39	12,702	8,407,860	15,154,129	18,971,719	17,658,147	60,191,856	4,738.63
40-44	11,662	10,788,910	17,267,382	18,128,776	20,018,048	66,203,117	5,677.05
45-49	11,372	10,343,523	19,630,217	18,609,847	24,443,875	73,027,463	6,421.67
50-54	10,595	12,708,661	24,243,990	21,126,900	27,868,018	85,947,569	8,112.35
55-59	11,170	17,153,568	27,975,263	24,831,400	32,180,603	102,140,834	9,144.13
60-64	10,888	25,071,480	32,360,635	28,595,383	40,113,081	126,140,580	11,584.78
65-69	8,979	8,890,041	13,855,283	14,650,423	33,970,829	71,366,576	7,948.44
70+	15,121	12,107,445	13,384,140	21,299,998	63,772,665	110,564,248	7,311.98
All	120,934	122,607,767	190,315,926	203,600,487	288,674,668	805,198,848	6,658.18

Male Spouses of Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	543	141,727	831,515	628,730	511,226	2,113,198	3,895.25
30-34	1,329	435,664	1,060,835	1,284,585	1,702,181	4,483,266	3,373.24
35-39	1,750	655,322	1,668,569	1,658,392	2,613,966	6,596,249	3,769.23
40-44	1,884	1,117,013	2,521,756	2,073,932	3,755,262	9,467,963	5,024.99
45-49	1,818	2,625,973	2,671,590	2,767,390	4,348,001	12,412,954	6,827.34
50-54	1,771	3,337,428	3,502,635	3,154,781	6,395,187	16,390,031	9,254.29
55-59	1,988	5,204,864	6,327,879	4,320,501	7,161,282	23,014,527	11,576.79
60-64	1,941	7,231,231	8,207,814	6,143,168	6,616,600	28,198,812	14,528.11
65-69	1,468	3,476,848	3,740,982	3,610,998	5,463,531	16,292,359	11,098.53
70+	2,006	2,429,781	3,212,031	4,183,709	7,120,877	16,946,399	8,447.49
All	16,498	26,655,850	33,745,606	29,826,188	45,688,114	135,915,758	8,238.31

Female Spouses of Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	415	981,657	938,235	1,574,171	213,091	3,707,153	8,930.08

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

| Age | Number Subscribers | Incurred and Paid Claims (1) | | | | | Amount per Sub |
		IP	OP	Pro/OME	PDP	Total	
30–34	1,322	1,715,580	1,187,680	2,896,529	1,313,954	7,113,743	5,379.97
35–39	1,726	1,857,297	1,965,530	3,286,918	1,799,736	8,909,480	5,162.50
40–44	1,787	1,610,176	2,631,325	3,447,297	3,086,081	10,774,879	6,028.22
45–49	1,815	1,040,640	3,400,751	3,779,173	3,816,328	12,036,893	6,630.15
50–54	1,726	2,240,559	3,932,316	3,793,466	4,499,098	14,465,439	8,381.07
55–59	1,768	3,694,575	4,162,245	4,229,037	5,622,461	17,708,318	10,013.38
60–64	1,782	2,847,039	4,630,548	4,458,566	6,076,214	18,012,367	10,107.02
65–69	1,570	1,848,986	3,450,624	4,099,111	7,408,039	16,806,759	10,706.14
70+	3,089	3,294,958	3,627,763	5,383,510	12,443,239	24,749,471	8,011.31
All	17,002	21,131,467	29,927,018	36,947,779	46,278,239	134,284,503	7,898.24

Spouses of All Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	958	1,123,384	1,769,749	2,202,901	724,317	5,820,351	6,077.82
30–34	2,651	2,151,244	2,248,515	4,181,114	3,016,136	11,597,009	4,374.03
35–39	3,476	2,512,619	3,634,099	4,945,310	4,413,702	15,505,730	4,461.01
40–44	3,672	2,727,189	5,153,081	5,521,229	6,841,343	20,242,842	5,513.39
45–49	3,634	3,666,613	6,072,341	6,546,563	8,164,329	24,449,846	6,728.82
50–54	3,497	5,577,987	7,434,951	6,948,248	10,894,285	30,855,470	8,823.31
55–59	3,756	8,899,439	10,490,125	8,549,538	12,783,743	40,722,845	10,840.77
60–64	3,723	10,078,270	12,838,362	10,601,734	12,692,813	46,211,179	12,411.86
65–69	3,038	5,325,833	7,191,607	7,710,109	12,871,570	33,099,119	10,895.76
70+	5,095	5,724,740	6,839,795	9,567,220	19,564,116	41,695,870	8,183.04
All	33,500	47,787,317	63,672,624	66,773,966	91,966,353	270,200,261	8,065.72

Children of Male Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	227	4,283,047	1,304,582	2,751,358	36,389	8,375,377	36,869.79
30–34	1,125	7,402,890	1,920,443	4,309,901	363,876	13,997,110	12,441.22
35–39	1,991	4,763,192	3,199,669	6,018,344	1,464,383	15,445,588	7,758.44
40–44	2,306	2,343,055	3,158,793	5,279,958	2,962,445	13,744,251	5,960.19
45–49	2,319	3,843,104	3,601,160	4,205,108	3,155,188	14,804,560	6,383.05
50–54	1,980	1,445,440	2,594,573	2,871,053	4,765,291	11,676,357	5,898.22
55–59	1,483	1,407,149	1,716,826	1,994,403	2,516,294	7,634,672	5,149.22
60–64	833	853,824	1,888,265	961,393	1,260,052	4,963,534	5,955.75
65–69	321	132,428	235,307	533,407	433,844	1,334,987	4,155.86
70+	172	155,054	284,069	156,282	235,496	830,901	4,821.06
All	12,758	26,629,184	19,903,688	29,081,206	17,193,258	92,807,336	7,274.61

Children of Female Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	754	2,337,791	1,376,191	2,393,574	174,880	6,282,435	8,334.89
30–34	2,151	4,154,246	1,389,819	3,501,979	1,324,948	10,370,991	4,820.96
35–39	3,302	5,847,767	2,760,828	4,953,373	2,134,363	15,696,331	4,753.04
40–44	3,493	4,019,220	3,512,892	4,785,055	3,257,505	15,574,673	4,459.35
45–49	3,171	1,910,903	3,314,777	4,600,844	4,334,245	14,160,769	4,466.03
50–54	2,380	2,755,165	3,640,821	4,074,526	3,188,134	13,658,646	5,739.85
55–59	1,524	1,679,080	2,032,401	2,775,840	2,138,238	8,625,558	5,661.33
60–64	601	760,214	1,021,898	1,451,445	726,133	3,959,690	6,588.32
65–69	134	178,044	551,123	491,706	103,822	1,324,695	9,865.35

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
		Incurred and Paid Claims (1)					
70+	57	51,490	169,618	163,924	25,846	410,877	7,267.33
All	17,566	23,693,921	19,770,367	29,192,265	17,408,112	90,064,665	5,127.28

Children of All Employees and Retirees

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	981	6,620,838	2,680,773	5,144,932	211,269	14,657,812	14,943.04
30-34	3,276	11,557,136	3,310,262	7,811,879	1,688,824	24,368,101	7,437.72
35-39	5,293	10,610,959	5,960,496	10,971,717	3,598,746	31,141,918	5,883.39
40-44	5,799	6,362,276	6,671,685	10,065,013	6,219,950	29,318,924	5,056.21
45-49	5,490	5,754,008	6,915,937	8,805,952	7,489,433	28,965,330	5,275.89
50-54	4,359	4,200,605	6,235,394	6,945,579	7,953,424	25,335,003	5,811.77
55-59	3,006	3,086,228	3,749,227	4,770,243	4,654,532	16,260,230	5,408.76
60-64	1,434	1,614,038	2,910,163	2,412,838	1,986,185	8,923,223	6,220.80
65-69	456	310,473	786,430	1,025,113	537,666	2,659,682	5,838.94
70+	229	206,544	453,686	320,206	261,342	1,241,778	5,425.32
All	30,323	50,323,105	39,674,055	58,273,471	34,601,370	182,872,001	6,030.71

Male Employees and Retirees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	5,556	6,097,456	5,479,766	7,364,822	5,844,205	24,786,248	4,461.46
30-34	5,145	9,014,453	5,746,060	9,278,633	6,954,436	30,993,582	6,024.48
35-39	4,846	6,916,337	8,517,765	11,791,341	10,704,469	37,929,912	7,826.91
40-44	4,458	7,505,394	9,696,850	11,808,449	13,806,497	42,817,189	9,605.32
45-49	4,380	9,784,305	10,695,122	11,618,438	16,802,199	48,900,065	11,164.95
50-54	4,116	11,011,023	13,479,593	12,401,113	21,372,356	58,264,085	14,156.08
55-59	4,165	13,616,668	17,368,624	14,610,585	21,812,766	67,408,642	16,183.97
60-64	4,012	18,575,664	21,098,406	16,830,417	23,298,576	79,803,063	19,892.12
65-69	3,426	8,609,472	9,290,913	10,079,243	18,729,784	46,709,413	13,632.81
70+	6,386	9,541,971	10,410,358	14,366,414	36,852,900	71,171,643	11,144.42
All	46,489	100,672,742	111,783,456	120,149,456	176,178,189	508,783,842	10,944.15

Female Employees and Retirees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	9,295	9,555,824	12,578,978	18,263,839	9,254,188	49,652,829	5,342.03
30-34	8,450	13,921,148	12,649,384	21,819,574	12,237,115	60,627,220	7,174.83
35-39	7,856	14,615,101	16,230,960	23,097,405	14,966,126	68,909,592	8,771.26
40-44	7,204	12,372,981	19,395,299	21,906,570	19,272,845	72,947,694	10,126.16
45-49	6,992	9,979,839	21,923,374	22,343,924	23,295,438	77,542,574	11,089.79
50-54	6,479	11,476,230	24,434,743	22,619,613	25,343,372	83,873,957	12,945.86
55-59	7,005	15,522,568	24,845,991	23,540,596	27,806,112	91,715,266	13,092.93
60-64	6,877	18,188,124	27,010,754	24,779,538	31,493,504	101,471,919	14,755.94
65-69	5,552	5,916,875	12,542,406	13,306,402	28,650,281	60,415,964	10,880.96
70+	8,735	8,496,758	10,267,263	16,821,009	46,745,223	82,330,253	9,425.69
All	74,445	120,045,447	181,879,150	208,498,469	239,064,202	749,487,268	10,067.70

All Employees and Retirees, Spouses and Children

Age	Number Subscribers	IP	OP	Pro/OME	PDP	Total	Amount per Sub
<30	14,850	15,653,280	18,058,743	25,628,661	15,098,393	74,439,077	5,012.60
30-34	13,595	22,935,601	18,395,444	31,098,206	19,191,552	91,620,803	6,739.50

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit K
Calculation of Average UT SELECT Payments for Claims Incurred 6/1/2017
through 5/31/2018 and Paid through 8/31/2018

Age	Number Subscribers	Incurred and Paid Claims (1)					Amount per Sub
		IP	OP	Pro/OME	PDP	Total	
35-39	12,702	21,531,438	24,748,725	34,888,746	25,670,595	106,839,503	8,410.98
40-44	11,662	19,878,374	29,092,148	33,715,019	33,079,341	115,764,883	9,927.07
45-49	11,372	19,764,144	32,618,496	33,962,362	40,097,637	126,442,639	11,118.74
50-54	10,595	22,487,253	37,914,335	35,020,726	46,715,728	142,138,042	13,416.01
55-59	11,170	29,139,235	42,214,615	38,151,181	49,618,878	159,123,909	14,245.53
60-64	10,888	36,763,788	48,109,160	41,609,955	54,792,080	181,274,982	16,648.33
65-69	8,979	14,526,347	21,833,319	23,385,645	47,380,065	107,125,377	11,931.06
70+	15,121	18,038,728	20,677,621	31,187,423	83,598,123	153,501,895	10,151.59
All	120,934	220,718,188	293,662,606	328,647,924	415,242,391	1,258,271,110	10,404.62

Exhibit L

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit L
UT SELECT – Individual Stoploss Report
Incurred 6/1/2017 – 5/31/2018 Paid Through 8/31/2018

Criteria Range		# of	Cumm	Avg Hosp	Total	Avg Other	Total	Avg Comb	Total
Low	High	Part	Part	Amount	Hosp	Amount	Other	Amount	Combined

Hospital and OME (excluding PDP) – Active Employees

Low	High	# of Part	Cumm Part	Avg Hosp Amount	Total Hosp	Avg Other Amount	Total Other	Avg Comb Amount	Total Combined
1,000,000		9	9	1,467,996.8	13,211,971	73,454.13	661,087	1,541,450.89	13,873,058
500,000	1,000,000	27	36	608,867.68	16,439,427	53,490.73	1,444,250	662,358.41	17,883,677
300,000	500,000	76	112	321,529.83	24,436,267	49,483.44	3,760,741	371,013.26	28,197,008
250,000	300,000	53	89	212,877.71	11,282,519	61,906.47	3,281,043	274,784.18	14,563,562
225,000	250,000	33	145	194,723.76	6,425,884	40,836.92	1,347,618	235,560.68	7,773,502
200,000	225,000	45	190	171,957.67	7,738,095	41,901.74	1,885,578	213,859.41	9,623,674
175,000	200,000	74	264	150,532.15	11,139,379	36,246.03	2,682,206	186,778.17	13,821,585
150,000	175,000	105	369	131,491.27	13,806,583	30,174.81	3,168,355	161,666.08	16,974,938
125,000	150,000	138	507	107,393.51	14,820,304	29,534.78	4,075,800	136,928.29	18,896,104
120,000	125,000	36	543	88,898.98	3,200,363	33,805.35	1,216,993	122,704.34	4,417,356
100,000	120,000	186	729	82,358.90	15,318,756	26,875.27	4,998,800	109,234.17	20,317,556
90,000	100,000	132	861	73,592.06	9,714,152	21,108.28	2,786,293	94,700.35	12,500,446
80,000	90,000	161	1,022	65,544.70	10,552,696	19,798.92	3,187,626	85,343.62	13,740,322
75,000	80,000	119	1,141	54,612.82	6,498,926	23,077.82	2,746,260	77,690.64	9,245,186
70,000	75,000	123	1,264	51,983.49	6,393,969	20,450.11	2,515,363	72,433.60	8,909,333
60,000	70,000	310	1,574	48,508.09	15,037,509	16,086.95	4,986,954	64,595.04	20,024,463
50,000	60,000	413	1,987	40,646.83	16,787,142	14,102.92	5,824,507	54,749.75	22,611,648
40,000	50,000	647	2,634	31,165.26	20,163,921	13,318.32	8,616,953	44,483.58	28,780,874
35,000	40,000	444	3,078	25,530.97	11,335,752	11,965.54	5,312,702	37,496.52	16,648,454
30,000	35,000	571	3,649	21,589.87	12,327,815	10,882.74	6,214,046	32,472.61	18,541,861
25,000	30,000	809	4,458	19,203.74	15,535,824	8,135.12	6,581,311	27,338.86	22,117,135
20,000	25,000	1,288	5,746	15,313.50	19,723,792	6,994.00	9,008,277	22,307.51	28,732,069
15,000	20,000	2,392	8,138	11,069.95	26,479,309	6,114.58	14,626,086	17,184.53	41,105,395
12,000	15,000	2,522	10,660	8,398.49	21,180,998	5,000.22	12,610,562	13,398.72	33,791,559
10,000	12,000	2,446	13,106	6,476.48	15,841,481	4,458.62	10,905,783	10,935.10	26,747,264
8,000	10,000	3,556	16,662	5,171.32	18,389,204	3,769.04	13,402,705	8,940.36	31,791,909
6,000	8,000	5,394	22,056	3,835.56	20,689,029	3,091.07	16,673,217	6,926.63	37,362,246
5,000	6,000	3,977	26,033	2,819.09	11,211,511	2,653.63	10,553,484	5,472.72	21,764,996
4,000	5,000	5,502	31,535	2,119.89	11,663,636	2,353.69	12,949,981	4,473.58	24,613,616
3,000	4,000	8,559	40,094	1,448.30	12,395,969	2,015.69	17,252,296	3,463.99	29,648,266
2,500	3,000	6,059	46,153	1,004.09	6,083,779	1,736.86	10,523,608	2,740.95	16,607,387
2,000	2,500	7,650	53,803	689.92	5,277,852	1,547.93	11,841,679	2,237.85	17,119,531
1,500	2,000	10,875	64,678	465.97	5,067,425	1,271.60	13,828,689	1,737.57	18,896,114

Exhibit L

1,000	1,500	16,832	81,510	263.77	4,439,772	968.06	16,294,425	1,231.83	20,734,196
900	1,000	4,484	85,994	166.76	747,768	782.66	3,509,461	949.43	4,257,230
800	900	5,017	91,011	132.96	667,037	715.80	3,591,162	848.75	4,258,199
700	800	5,739	96,750	96.01	551,015	653.03	3,747,719	749.04	4,298,734
600	700	6,866	103,616	65.12	447,090	583.13	4,003,753	648.24	4,450,843
500	600	7,949	111,565	46.44	369,145	502.03	3,990,623	548.47	4,359,768
450	500	4,368	115,933	33.81	147,696	441.27	1,927,449	475.08	2,075,145
400	450	4,764	120,697	25.26	120,344	399.83	1,904,777	425.09	2,025,121
350	400	5,028	125,725	18.02	90,607	356.61	1,793,036	374.63	1,883,643
300	350	5,707	131,432	11.73	66,917	312.84	1,785,353	324.56	1,852,271
250	300	6,064	137,496	7.62	46,203	266.84	1,618,113	274.46	1,664,315
200	250	6,680	144,176	5.67	37,867	219.16	1,463,959	224.82	1,501,826
150	200	7,825	152,001	2.46	19,221	171.42	1,341,390	173.88	1,360,612
100	150	7,592	159,593	1.39	10,530	123.87	940,384	125.25	950,913
75	100	3,245	162,838	0.89	2,878	85.43	277,222	86.32	280,099
50	75	2,802	165,640	0.50	1,400	62.99	176,484	63.48	177,884
25	50	4,275	169,915	0.12	514	36.44	155,788	36.56	156,303
0	25	3,467	173,382	−75.97	−263,400	−34.65	−120,132	−110.62	−383,532
Totals		173,435		2,558.16	443,673,844	1,613.70	279,871,819	4,171.85	723,545,664

Hospital and OME (excluding PDP) – Retired Employees

1,000,000		2	2	1,186,969.55	2,373,939	63,078.19	126,156	1,250,047.74	2,500,095
500,000	1,000,000	3	5	516,292.46	1,548,877	53,674.73	161,024	569,967.20	1,709,902
300,000	500,000	16	21	346,013.94	5,536,223	36,655.44	586,487	382,669.38	6,122,710
250,000	300,000	9	14	231,363.24	2,082,269	41,307.10	371,764	272,670.34	2,454,033
225,000	250,000	4	25	172,254.25	689,017	62,344.56	249,378	234,598.80	938,395
200,000	225,000	4	29	148,658.61	594,634	57,138.93	228,556	205,797.54	823,190
175,000	200,000	18	47	162,308.20	2,921,548	23,161.44	416,906	185,469.63	3,338,453
150,000	175,000	20	67	128,044.67	2,560,893	31,316.09	626,322	159,360.75	3,187,215
125,000	150,000	20	87	116,003.51	2,320,070	19,527.67	390,553	135,531.18	2,710,624
120,000	125,000	3	90	107,615.95	322,848	14,883.79	44,651	122,499.74	367,499
100,000	120,000	22	112	85,503.15	1,881,069	24,685.29	543,076	110,188.44	2,424,146
90,000	100,000	21	133	80,482.57	1,690,134	14,582.03	306,223	95,064.60	1,996,357
80,000	90,000	23	156	65,285.05	1,501,556	19,136.84	440,147	84,421.89	1,941,703
75,000	80,000	16	172	57,737.03	923,792	20,140.14	322,242	77,877.16	1,246,035
70,000	75,000	20	192	49,895.79	997,916	22,525.66	450,513	72,421.46	1,448,429
60,000	70,000	39	231	46,253.50	1,803,887	19,189.07	748,374	65,442.57	2,552,260
50,000	60,000	59	290	36,690.74	2,164,753	18,245.67	1,076,495	54,936.41	3,241,248
40,000	50,000	78	368	30,811.49	2,403,296	14,166.55	1,104,991	44,978.04	3,508,287
35,000	40,000	67	435	26,312.98	1,762,969	10,752.99	720,450	37,065.96	2,483,420
30,000	35,000	65	500	20,162.20	1,310,543	12,487.76	811,704	32,649.95	2,122,247
25,000	30,000	99	599	17,882.84	1,770,401	9,199.48	910,749	27,082.32	2,681,149
20,000	25,000	182	781	14,356.74	2,612,926	7,771.87	1,414,481	22,128.61	4,027,407

Exhibit L

15,000	20,000	299	1,080	11,248.50	3,363,301	6,111.62	1,827,375	17,360.12	5,190,676
12,000	15,000	335	1,415	7,836.81	2,625,333	5,499.20	1,842,232	13,336.01	4,467,565
10,000	12,000	372	1,787	6,418.12	2,387,542	4,508.08	1,677,005	10,926.20	4,064,546
8,000	10,000	554	2,341	4,779.87	2,648,046	4,122.27	2,283,736	8,902.13	4,931,783
6,000	8,000	966	3,307	3,527.56	3,407,620	3,362.64	3,248,309	6,890.20	6,655,930
5,000	6,000	769	4,076	2,672.63	2,055,252	2,811.96	2,162,394	5,484.59	4,217,646
4,000	5,000	1,175	5,251	2,107.06	2,475,797	2,358.52	2,771,263	4,465.58	5,247,060
3,000	4,000	1,911	7,162	1,573.71	3,007,355	1,883.16	3,598,716	3,456.87	6,606,071
2,500	3,000	1,373	8,535	1,219.23	1,674,008	1,519.18	2,085,835	2,738.41	3,759,843
2,000	2,500	1,757	10,292	933.15	1,639,536	1,310.52	2,302,590	2,243.67	3,942,127
1,500	2,000	2,324	12,616	560.17	1,301,824	1,178.38	2,738,554	1,738.54	4,040,378
1,000	1,500	3,665	16,281	304.87	1,117,351	919.62	3,370,406	1,224.49	4,487,758
900	1,000	1,078	17,359	196.16	211,461	752.76	811,477	948.92	1,022,938
800	900	1,337	18,696	174.01	232,653	673.90	901,000	847.91	1,133,653
700	800	1,378	20,074	141.12	194,466	608.86	839,004	749.98	1,033,470
600	700	1,678	21,752	117.07	196,437	532.58	893,668	649.65	1,090,106
500	600	1,891	23,643	85.15	161,027	463.81	877,072	548.97	1,038,099
450	500	1,118	24,761	70.12	78,392	404.03	451,701	474.14	530,093
400	450	1,138	25,899	57.40	65,321	367.52	418,235	424.92	483,556
350	400	1,245	27,144	42.72	53,182	332.47	413,927	375.19	467,109
300	350	1,298	28,442	31.72	41,173	293.70	381,227	325.42	422,399
250	300	1,259	29,701	27.07	34,086	248.53	312,893	275.60	346,979
200	250	1,136	30,837	19.36	21,996	205.76	233,742	225.12	255,737
150	200	930	31,767	12.37	11,507	164.93	153,386	177.30	164,893
100	150	830	32,597	6.36	5,281	118.02	97,953	124.38	103,234
75	100	328	32,925	5.49	1,801	81.27	26,658	86.76	28,458
50	75	331	33,256	3.79	1,255	61.47	20,346	65.26	21,601
25	50	303	33,559	1.93	586	34.74	10,526	36.67	11,112
0	25	469	34,028	−171.00	−80,200	−56.22	−26,369	−227.23	−106,569
Totals		34,037		2,077.36	70,706,950	1,433.03	48,776,105	3,510.39	119,483,055

Hospital and OME (excluding PDP) – Active and Retired Employees

1,000,000		11	11	1,416,900.9	15,585,910	71,567.59	787,244	1,488,468.50	16,373,153
500,000	1,000,000	30	41	599,610.16	17,988,305	53,509.13	1,605,274	653,119.29	19,593,579
300,000	500,000	92	133	325,787.93	29,972,490	47,252.48	4,347,228	373,040.41	34,319,718
250,000	300,000	62	103	215,561.09	13,364,788	58,916.24	3,652,807	274,477.33	17,017,595
225,000	250,000	37	170	192,294.62	7,114,901	43,162.07	1,596,996	235,456.69	8,711,898
200,000	225,000	49	219	170,055.71	8,332,730	43,145.59	2,114,134	213,201.30	10,446,864
175,000	200,000	92	311	152,836.16	14,060,926	33,686.00	3,099,112	186,522.16	17,160,038
150,000	175,000	125	436	130,939.81	16,367,477	30,357.41	3,794,676	161,297.22	20,162,153
125,000	150,000	158	594	108,483.38	17,140,374	28,268.06	4,466,353	136,751.44	21,606,728
120,000	125,000	39	633	90,338.75	3,523,211	32,349.85	1,261,644	122,688.60	4,784,855
100,000	120,000	208	841	82,691.47	17,199,825	26,643.64	5,541,876	109,335.10	22,741,702

Exhibit L

90,000	100,000	153	994	74,537.82	11,404,286	20,212.52	3,092,516	94,750.34	14,496,802
80,000	90,000	184	1,178	65,512.24	12,054,252	19,716.16	3,627,773	85,228.40	15,682,026
75,000	80,000	135	1,313	54,983.10	7,422,718	22,729.65	3,068,502	77,712.75	10,491,221
70,000	75,000	143	1,456	51,691.50	7,391,885	20,740.40	2,965,877	72,431.90	10,357,762
60,000	70,000	349	1,805	48,256.15	16,841,396	16,433.60	5,735,328	64,689.75	22,576,724
50,000	60,000	472	2,277	40,152.32	18,951,895	14,620.77	6,901,001	54,773.09	25,852,897
40,000	50,000	725	3,002	31,127.20	22,567,217	13,409.58	9,721,944	44,536.77	32,289,161
35,000	40,000	511	3,513	25,633.51	13,098,721	11,806.56	6,033,152	37,440.07	19,131,873
30,000	35,000	636	4,149	21,443.96	13,638,357	11,046.78	7,025,750	32,490.74	20,664,108
25,000	30,000	908	5,057	19,059.72	17,306,225	8,251.17	7,492,060	27,310.89	24,798,285
20,000	25,000	1,470	6,527	15,195.05	22,336,718	7,090.31	10,422,758	22,285.36	32,759,477
15,000	20,000	2,691	9,218	11,089.78	29,842,610	6,114.26	16,453,461	17,204.04	46,296,071
12,000	15,000	2,857	12,075	8,332.63	23,806,330	5,058.73	14,452,794	13,391.36	38,259,124
10,000	12,000	2,818	14,893	6,468.78	18,229,022	4,465.15	12,582,788	10,933.93	30,811,810
8,000	10,000	4,110	19,003	5,118.55	21,037,251	3,816.65	15,686,441	8,935.20	36,723,692
6,000	8,000	6,360	25,363	3,788.78	24,096,649	3,132.32	19,921,526	6,921.10	44,018,175
5,000	6,000	4,746	30,109	2,795.36	13,266,764	2,679.28	12,715,878	5,474.64	25,982,642
4,000	5,000	6,677	36,786	2,117.63	14,139,433	2,354.54	15,721,243	4,472.17	29,860,676
3,000	4,000	10,470	47,256	1,471.19	15,403,324	1,991.50	20,851,012	3,462.69	36,254,336
2,500	3,000	7,432	54,688	1,043.84	7,757,787	1,696.64	12,609,443	2,740.48	20,367,230
2,000	2,500	9,407	64,095	735.34	6,917,388	1,503.59	14,144,269	2,238.93	21,061,658
1,500	2,000	13,199	77,294	482.56	6,369,249	1,255.19	16,567,243	1,737.74	22,936,492
1,000	1,500	20,497	97,791	271.12	5,557,123	959.40	19,664,831	1,230.52	25,221,954
900	1,000	5,562	103,353	172.46	959,229	776.87	4,320,939	949.33	5,280,168
800	900	6,354	109,707	141.59	899,690	706.98	4,492,162	848.58	5,391,852
700	800	7,117	116,824	104.75	745,482	644.47	4,586,723	749.22	5,332,204
600	700	8,544	125,368	75.32	643,527	573.20	4,897,422	648.52	5,540,949
500	600	9,840	135,208	53.88	530,172	494.68	4,867,694	548.56	5,397,867
450	500	5,486	140,694	41.21	226,088	433.68	2,379,150	474.89	2,605,238
400	450	5,902	146,596	31.46	185,665	393.60	2,323,012	425.06	2,508,677
350	400	6,273	152,869	22.92	143,789	351.82	2,206,963	374.74	2,350,752
300	350	7,005	159,874	15.43	108,090	309.29	2,166,580	324.72	2,274,670
250	300	7,323	167,197	10.96	80,289	263.69	1,931,006	274.65	2,011,295
200	250	7,816	175,013	7.66	59,863	217.21	1,697,701	224.87	1,757,564
150	200	8,755	183,768	3.51	30,728	170.73	1,494,777	174.24	1,525,505
100	150	8,422	192,190	1.88	15,810	123.29	1,038,337	125.17	1,054,147
75	100	3,573	195,763	1.31	4,679	85.05	303,879	86.36	308,558
50	75	3,133	198,896	0.85	2,655	62.82	196,830	63.67	199,485
25	50	4,578	203,474	0.24	1,100	36.33	166,314	36.57	167,415
0	25	3,936	207,410	−87.30	−343,601	−37.22	−146,500	−124.52	−490,101
Totals		207,472		2,479.28	514,380,794	1,584.06	328,647,924	4,063.34	843,028,719

Exhibit L

% of Total	Cumm % of Total	Stoploss %
1.9174%	1.9174%	0.6735%
2.4717%	4.3890%	1.9013%
3.8971%	8.2861%	3.6423%
2.0128%	6.4018%	3.3267%
1.0744%	9.3605%	4.8514%
1.3301%	10.6905%	5.4386%
1.9103%	12.6008%	6.2156%
2.3461%	14.9469%	7.2970%
2.6116%	17.5585%	8.7995%
0.6105%	18.1690%	9.1633%
2.8081%	20.9770%	10.9017%
1.7277%	22.7047%	11.9949%
1.8990%	24.6037%	13.3038%
1.2778%	25.8815%	14.0543%
1.2313%	27.1128%	14.8842%
2.7675%	29.8804%	16.8280%
3.1251%	33.0055%	19.2745%
3.9778%	36.9833%	22.4216%
2.3010%	39.2842%	24.3950%
2.5626%	41.8468%	26.7172%
3.0568%	44.9036%	29.5003%
3.9710%	48.8746%	32.9917%
5.6811%	54.5557%	37.6846%
4.6703%	59.2260%	41.5464%
3.6967%	62.9227%	44.8091%
4.3939%	67.3166%	48.8940%
5.1638%	72.4804%	54.1904%
3.0081%	75.4885%	57.4986%
3.4018%	78.8903%	61.4567%
4.0976%	82.9879%	66.3640%
2.2953%	85.2832%	69.3364%
2.3661%	87.6493%	72.7772%
2.6116%	90.2609%	76.8523%

Exhibit L

2.8656%	93.1265%	81.8611%
0.5884%	93.7149%	83.0183%
0.5885%	94.3034%	84.2406%
0.5941%	94.8975%	85.5374%
0.6151%	95.5127%	86.9203%
0.6026%	96.1152%	88.4056%
0.2868%	96.4020%	89.1917%
0.2799%	96.6819%	90.0094%
0.2603%	96.9422%	90.8606%
0.2560%	97.1982%	91.7487%
0.2300%	97.4283%	92.6775%
0.2076%	97.6358%	93.6506%
0.1880%	97.8239%	94.6727%
0.1314%	97.9553%	95.7496%
0.0387%	97.9940%	96.3061%
0.0246%	98.0186%	96.8740%
0.0216%	98.0402%	97.4531%
−0.0530%	97.9872%	97.9872%

100.0000%

2.0924%	2.0924%	0.4185%
1.4311%	3.5235%	1.4312%
5.1243%	8.6478%	3.3751%
2.0539%	5.5774%	2.6481%
0.7854%	9.4332%	4.7254%
0.6890%	10.1222%	5.2679%
2.7941%	12.9163%	6.0324%
2.6675%	15.5838%	7.1725%
2.2686%	17.8524%	8.7507%
0.3076%	18.1600%	9.1210%
2.0289%	20.1888%	10.8151%
1.6708%	21.8597%	11.8415%
1.6251%	23.4847%	13.0397%
1.0429%	24.5276%	13.7311%
1.2122%	25.7398%	14.4914%
2.1361%	27.8759%	16.2760%
2.7127%	30.5887%	18.4530%
2.9362%	33.5249%	21.2051%
2.0785%	35.6033%	22.8610%
1.7762%	37.3795%	24.8255%
2.2440%	39.6235%	27.0903%
3.3707%	42.9942%	29.9212%

Exhibit L

4.3443%	47.3385%	33.7801%
3.7391%	51.0775%	36.8663%
3.4018%	54.4793%	39.5232%
4.1276%	58.6069%	42.9327%
5.5706%	64.1775%	47.5710%
3.5299%	67.7074%	50.6506%
4.3915%	72.0989%	54.5198%
5.5289%	77.6278%	59.6453%
3.1468%	80.7745%	62.9164%
3.2993%	84.0739%	66.8463%
3.3815%	87.4554%	71.6172%
3.7560%	91.2114%	77.5852%
0.8561%	92.0675%	78.9919%
0.9488%	93.0163%	80.4984%
0.8650%	93.8813%	82.1208%
0.9124%	94.7936%	83.8706%
0.8688%	95.6625%	85.7686%
0.4437%	96.1061%	86.7806%
0.4047%	96.5108%	87.8405%
0.3909%	96.9018%	88.9505%
0.3535%	97.2553%	90.1140%
0.2904%	97.5457%	91.3312%
0.2140%	97.7597%	92.5980%
0.1380%	97.8977%	93.9097%
0.0864%	97.9841%	95.2560%
0.0238%	98.0079%	95.9412%
0.0181%	98.0260%	96.6344%
0.0093%	98.0353%	97.3331%
−0.0892%	97.9461%	97.9461%

100.0000%

1.9422%	1.9422%	0.6374%
2.3242%	4.2664%	1.8347%
4.0710%	8.3374%	3.6044%
2.0186%	6.2850%	3.2305%
1.0334%	9.3708%	4.8336%
1.2392%	10.6100%	5.4144%
2.0355%	12.6455%	6.1896%
2.3916%	15.0371%	7.2794%
2.5630%	17.6001%	8.7926%
0.5676%	18.1677%	9.1573%
2.6976%	20.8653%	10.8894%

Exhibit L

1.7196%	22.5849%	11.9732%
1.8602%	24.4451%	13.2664%
1.2445%	25.6896%	14.0085%
1.2286%	26.9182%	14.8285%
2.6780%	29.5963%	16.7498%
3.0667%	32.6630%	19.1581%
3.8301%	36.4931%	22.2492%
2.2694%	38.7625%	24.1776%
2.4512%	41.2137%	26.4491%
2.9416%	44.1553%	29.1587%
3.8859%	48.0412%	32.5565%
5.4916%	53.5328%	37.1312%
4.5383%	58.0711%	40.8831%
3.6549%	61.7260%	44.0599%
4.3562%	66.0822%	48.0491%
5.2214%	71.3036%	53.2523%
3.0821%	74.3857%	56.5280%
3.5421%	77.9277%	60.4735%
4.3005%	82.2282%	65.4117%
2.4160%	84.6442%	68.4265%
2.4983%	87.1425%	71.9366%
2.7207%	89.8632%	76.1103%
2.9918%	92.8551%	81.2551%
0.6263%	93.4814%	82.4476%
0.6396%	94.1210%	83.7102%
0.6325%	94.7535%	85.0531%
0.6573%	95.4108%	86.4881%
0.6403%	96.0510%	88.0319%
0.3090%	96.3601%	88.8500%
0.2976%	96.6577%	89.7020%
0.2788%	96.9365%	90.5898%
0.2698%	97.2063%	91.5171%
0.2386%	97.4449%	92.4867%
0.2085%	97.6534%	93.5014%
0.1810%	97.8343%	94.5646%
0.1250%	97.9594%	95.6796%
0.0366%	97.9960%	96.2544%
0.0237%	98.0197%	96.8400%
0.0199%	98.0395%	97.4361%
−0.0581%	97.9814%	97.9814%

100.0000%

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit M
UT SELECT Claims Experience by Area – June 1, 2017 through May 31, 2018

ZIP Code	Average Number of Certificates			Average Number of Participants			Incurred and Paid Clai	
	Active	Retired	Total	Active	Retired	Total	Active	Retired
750	7,557	1,124	8,681	15,709	1,588	17,297	68,122,652	5,636,841
751	2,182	356	2,538	4,248	492	4,739	20,984,237	1,767,081
752	6,818	838	7,656	11,330	1,096	12,425	54,975,310	4,301,761
753	26	5	31	49	7	56	264,367	13,566
754	131	90	221	237	125	362	1,720,528	320,086
755	59	30	90	97	37	134	731,930	104,657
756	344	108	453	682	152	834	2,748,387	308,282
757	2,022	736	2,758	3,918	1,016	4,933	18,117,247	3,115,036
758	330	129	459	608	163	771	2,677,038	495,809
759	136	72	208	244	98	343	1,571,958	183,479
760	3,209	916	4,125	6,284	1,247	7,531	33,709,332	4,113,487
761	915	198	1,113	1,653	248	1,901	8,139,369	1,041,136
762	424	124	548	902	171	1,074	5,339,900	458,114
763	9	10	19	13	10	23	23,881	29,727
764	26	22	49	54	33	87	138,940	89,828
765	326	189	515	567	260	827	3,024,062	646,004
766	77	50	128	164	66	230	854,069	235,705
767	42	25	66	76	43	119	243,587	74,166
768	36	38	75	54	49	103	702,252	239,415
769	4	17	21	9	24	34	26,276	51,802
770	15,358	3,030	18,389	26,855	4,028	30,883	120,737,085	15,829,133
771	0	0	0	0	0	0	0	0
772	117	71	188	173	81	254	1,003,408	426,620
773	2,225	685	2,910	4,557	964	5,522	21,568,016	2,992,654
774	5,918	1,250	7,168	13,349	1,784	15,133	48,262,943	6,736,922
775	12,886	3,774	16,659	25,686	4,932	30,618	106,946,194	22,190,514
776	162	103	265	323	152	476	1,712,052	519,042
777	74	51	125	145	64	209	513,410	198,314
778	109	108	216	178	144	321	945,438	548,356
779	42	34	75	76	43	119	359,312	110,978
780	901	465	1,366	1,929	666	2,595	6,203,791	1,150,875
781	478	205	683	935	286	1,221	4,206,122	656,243
782	7,063	1,889	8,952	12,801	2,499	15,300	43,683,834	7,232,437
783	113	78	191	180	104	283	594,984	181,762
784	61	33	94	141	40	181	357,074	84,761
785	3,414	752	4,166	6,069	1,020	7,090	17,421,063	2,715,931
786	2,975	1,775	4,750	5,945	2,453	8,398	25,989,004	8,386,344
787	14,501	3,440	17,940	22,387	4,539	26,926	74,687,777	13,788,454
788	44	22	67	73	34	107	255,459	43,124
789	145	119	264	282	160	442	1,561,882	406,729
790	1	4	6	2	4	7	6,026	4,560
791	3	13	16	3	17	20	1,892	88,544
792	0	3	3	0	6	6	0	5,249
793	1	5	6	2	7	8	697	9,916
794	7	11	19	15	15	31	48,801	57,526
795	4	4	8	4	6	10	3,449	12,329
796	3	47	50	5	57	62	20,192	92,244
797	562	130	691	1,015	171	1,185	3,080,978	559,678
798	38	10	48	60	14	73	122,863	26,972
799	2,358	603	2,960	4,131	746	4,878	15,097,820	2,445,403
Texas	94,235	23,792	118,026	174,220	31,962	206,181	719,506,891	110,727,597
Other	508	2,399	2,907	789	3,225	4,013	4,342,578	8,451,653
Total	94,743	26,191	120,933	175,008	35,186	210,195	723,849,469	119,179,250

* Claims incurred during the period June 1, 2017 through May 31, 2018 and paid through August 31, 2018.

ms*

Total
73,759,493
22,751,318
59,277,071
277,933
2,040,613
836,587
3,056,669
21,232,282
3,172,848
1,755,437
37,822,819
9,180,504
5,798,015
53,608
228,768
3,670,066
1,089,774
317,753
941,667
78,078
136,566,218
0
1,430,028
24,560,670
54,999,866
129,136,708
2,231,094
711,724
1,493,794
470,290
7,354,666
4,862,365
50,916,271
776,746
441,835
20,136,994
34,375,348
88,476,231
298,584
1,968,611
10,586
90,436
5,249
10,613
106,327
15,779
112,436
3,640,656
149,836
17,543,222
830,234,487
12,794,231
843,028,719

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit N
UT SELECT In-Network Primary Care Physicians and Specialists
FY 2017-2018

Provider Type	Abilene	Amarillo	Austin/ San Marcos	Beaumont/ Port Arthur	Brownsville/ Harlingen/ Laredo/ McAllen	Bryan/ College Station	Corpus Christi
Hospital	13	15	27	8	22	9	18
Total PCP's	286	408	2,565	290	1,260	459	529
Family Practitioner	121	161	725	128	376	203	182
Internist	75	134	890	94	369	149	136
Pediatrician	62	74	655	35	356	59	164
OB/GYN	25	39	295	33	159	31	47
Specialist	1,076	1,365	8,568	1,069	2,941	1,305	1,650
Mental Health Hospitals	3	3	22	5	6	3	4
MH Specialists	147	179	2,187	196	292	110	190

Provider Type	Longview/ Marshall/ Tyler	Lubbock	Midland/ Odessa	San Angelo	San Antonio	Texarkana	Victoria
Hospital	40	24	19	10	51	5	13
Total PCP's	1,248	541	502	248	2,647	205	296
Family Practitioner	443	203	147	90	801	61	149
Internist	518	136	188	68	765	109	92
Pediatrician	152	134	100	70	809	15	34
OB/GYN	135	68	67	20	272	20	21
Specialist	3,995	1,858	1,208	670	8,588	664	792
Mental Health Hospitals	10	5	3	3	25	2	1
MH Specialists	588	209	151	130	1,734	47	81

Dallas/ Ft. Worth/ Arlington	El Paso	Houston
153	12	111
8,414	774	7,535
2,133	163	1,712
3,593	280	2,451
1,774	236	2,436
914	95	936
23,911	2,256	21,728
76	11	70
4,018	382	2,641

Waco/ Killeen	Wichita Falls	Total
17	10	577
1,213	375	29,775
481	144	8,423
408	184	10,639
234	27	7,426
90	20	3,287
3,442	815	87,901
9	4	265
554	97	13,933

The University of Texas System
Office of Employee Benefits
RFP for UT SELECT Medical TPA Services Beginning September 1, 2019

Appendix – Experience Data

This Experience Data and Claims Detail Appendices present historical enrollment, financial, utilization and cost data for the UT SELECT Medical plan. The following page contains a table of contents for this appendix.

To assist in the analysis of this information, electronic information is included herein which contains all of the data exhibits from this appendix. Instructions for reading the files are included in the related Appendices. In addition to the exhibits, the RFP contains a file containing five provider network-related exhibits which are to be completed by the vendor as described in the Provider Reimbursement Response Section of the Price Proposal, of this RFP. The exhibit includes additional information regarding these electronic files.

Numerous sources of data have been used in the production of these exhibits which may have resulted in some minor discrepancies. System believes that any such minor discrepancies do not significantly reduce the quality of the information presented herein.

Table of Contents for <mark>APPENDIX SIX</mark>

Exhibit A presents monthly System health plan enrollment history for the UT SELECT PPO for the period of September 2015 through August 2018. The enrollment counts include employees, retirees, surviving spouses and COBRA subscribers, but do not include dependents.

Exhibit B
Monthly UT SELECT PPO Enrollment by Coverage Category

Exhibit B presents UT SELECT enrollment history by month and coverage category for the period of September 2015 through August 2018. The enrollment counts include employees, retirees, surviving spouses and COBRA subscribers, but do not include dependents.

The coverage category abbreviations are: SUB for subscriber only, SSP for subscriber and spouse, SCH for subscriber and child(ren), SFM for subscriber and family, SPO for spouse only, CHD for child(ren) only and FAM for spouse and child(ren).

Exhibit C
Health Plan Enrollment by County – September 2018

Exhibit C presents UT SELECT PPO enrollment by county as of September 2018. The enrollment counts include employees, retirees, surviving spouses and COBRA subscribers, but do not include dependents.

Exhibit D
Health Plan Enrollment Demographics – September 2018

Exhibit D presents the System health plan enrollment information for September 2018, by employment status, coverage category, age and gender. The enrollment is grouped into categories that include active employees, employees on leave, retirees (including surviving spouses) and COBRA participants. Dependents are not included.

The coverage category abbreviations used are; SUB for subscriber only, SSP for subscriber and spouse, SCH for subscriber and child(ren), SFM for subscriber and family, SPO for spouse only, CHD for child(ren) only and FAM for spouse and child(ren).

Exhibit E
Health Plan Contribution Rate History

Exhibit E presents a recent history of System monthly contribution rates by fiscal year. The contribution rates shown on the exhibit are for Employee Only coverage. The rating relationships that have been in use for several years are shown below.

Employee Only 1.00
Employee & Spouse 1.96
Employee & Child(ren) 1.79
Employee & Family 2.72
Spouse Only 0.96
Children Only 0.79
Spouse & Child(ren) 1.72

Exhibit F
UT SELECT PPO Administrative Fee Rate History

Exhibit F presents a recent history of UT SELECT PPO monthly administrative fee rates by fiscal year. The administrative fees are paid on a per employee/retiree per month basis to the UT SELECT PPO administrator and do not include any amounts for Pharmacy Benefit Manager services.

Exhibit G
UT SELECT PPO Monthly Health Claims Count History

This exhibit presents the monthly number of UT SELECT medical (excluding pharmacy) claims for the period September 2015 through August 2018 (the latest available information at the time of publication of the RFP).

Exhibit H
UT SELECT PPO Customer Service Inquiry Report

This exhibit presents a monthly history of UT SELECT customer service inquiry counts. Experience is shown for the period September 2015 through August 2018 (the latest available information at the time of publication of the RFP). Customer service inquiries are separated into telephone, written and voice response unit inquiries.

Exhibit I
Claims Lag Report

This exhibit presents UT SELECT medical (excluding pharmacy) incurred claim amounts by payment month for the period September 2014, through August 2018. The report separates the claim amounts into inpatient facility, outpatient facility and other medical expense (OME, includes all amounts except inpatient facility, outpatient facility and pharmacy).

This exhibit presents UT SELECT PPO monthly incurred utilization and cost experience by type of service for the period September, 2014, through August, 2018. Type of service is separated into inpatient facility, outpatient facility and other medical expense (OME). OME includes all amounts except inpatient facility, outpatient facility and pharmacy. Experience data is presented monthly on an estimated incurred basis. The data is presented separately for in-area and out-of-area members and separately for active and retired employees as well as for all areas and all active and retired employees combined.

Exhibit K
UT SELECT PPO Cost by Age and Sex

This exhibit presents June 2017 through May 2018 UT SELECT PPO enrollment and claim amounts by employment status, age and gender. Experience is presented separately for (i) active employees, (ii) retirees and (iii) active employees and retirees combined. For each of the above categories experience is presented for (a) employees/retirees, (b) spouses, (c) children and (d) all of the above. For reporting purposes, the experience for spouses is reported based on the age of the associated employee/retiree.

The claims experience is separated by category as inpatient facility (IP), outpatient facility (OP), other medical expense (OME) or prescription drug plan expense (PDP). The claims experience data includes all claims incurred during June 2017 through May 2018 and paid through August 31, 2018.

Exhibit L
UT SELECT PPO Claim Amount Distribution Report

This exhibit presents a distribution of UT SELECT PPO claims amounts per participant for June 2017 through May 2018. The claims amounts are the total medical claims incurred during June 2017 through May 2018 (excluding pharmacy) and paid through August 31, 2018. Separate reports are presented for active employees, retirees and active employees and retirees combined. For each criteria amount range the report includes the number of plan participants who had claims totals for the year within that range, an allocation of the claim amounts into (i) hospital and (ii) other medical expenses.

Exhibit M
UT SELECT PPO Claims Experience by ZIP Code

This exhibit presents June 2017 through May 2018 UT SELECT claims experience by the residence 3-digit ZIP Code of the employee/retiree. The report shows the number of employees/retirees, the number of participants and incurred claims separated by the categories of employees and retirees. The claims amounts shown are those incurred during June 2017 through May 2018 and paid through August 31, 2018.

Exhibit N
Network Providers Report

This report presents a summary of the UT SELECT provider network as of <mark>August 2018.</mark> The exhibit shows number of hospitals PCPs and specialists by region of the state.

Exhibit O
Data Instructions

Electronic data files included in this RFP include: Exhibits.xlsx, FileDescription.xlsx and Claims.zip.

Exhibits.xlsx is an Excel workbook which includes all of the exhibits described in this appendix.

FileDescription.xlsx is an Excel file containing the file record description for the file Claims.zip

The RFP also includes a UT Select claim file called Claims.zip. This file includes all UT Select medical (excluding pharmacy) claims incurred during the period June 2017 through May 2018 and paid through August 31, 2018. The file is a comma-separated values (csv) text file.

The file record description is included in the file FileDescription.xls. The vendor is required to provide System with information on each of these claims as described in Form 5 of the file NetworkForms.xls (described below).

NetworkForms.xls is an Excel file that includes five forms to be completed and returned (electronically) by the proposing vendor. These forms provide information regarding the vendor's provider network and provider reimbursement. The vendor is to provide the requested information as described in the Provider Reimbursement Response Section of the Price Proposal of this RFP.

Form 5 (included in NetworkForms.xls) is to be completed with the vendor's allowable charge for each of the claims included in the file Claims.zip. For each claim, the vendor is to provide (i) the claim number, (ii) the claim line, (iii) provider contracting status as of December 1, 2018 and (iv) the charge amount that the vendor would have allowed under its reimbursement arrangement with that provider as of December 1, 2018. The information provided in the claims file should be adequate to determine the allowable charge. The TPA is not to provide payment amounts, only allowable charges. In its proposal submission, the vendor should provide the information described on Form 5 of NetworkForms.xls. The vendor should provide the information in a text file format using the exact field format indicated.

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Appendix D-4
Form 1 – UT SELECT Provider Network
Provider Profile – Number of Network Providers

	(Name of Vendor)									
	Austin		Dallas		El Paso		Fort Worth		Galveston	
	Present	Projected	Present	Projected	Present	Projected	Present	Projected	Present	Projected
Current Network Area (Yes or No)										
Primary Care										
Family/General Practice										
Internal Medicine										
Pediatrics										
OB/Gyn										
Subtotal	0	0	0	0	0	0	0	0	0	0
Specialists										
Cardiology										
Orthopedic										
Oncology										
Dermatology										
Allergy										
Radiology										
Psychiatry										
Subtotal	0	0	0	0	0	0	0	0	0	0
Total Physicians	0	0	0	0	0	0	0	0	0	0
Percentage Board Certified										
JCAHO Approved Hospitals										
Tertiary										
General Medical/Surgical										
Pediatric										
Osteopathic										
Psychiatric										
Total	0	0	0	0	0	0	0	0	0	0
Hospital Beds										
Acute										
Acute Psychiatric										
Intensive Care										
Neonatal										
Coronary Care										
Emergency/Trauma Centers										
Burn										
Skilled Nursing										
Hospice										
Total	0	0	0	0	0	0	0	0	0	0

(Name of Vendor)

	Austin		Dallas		El Paso		Fort Worth		Galveston	
	Present	Projected	Present	Projected	Present	Projected	Present	Projected	Present	Projected
Physicians Term. In 2018										
Physician Initiated										
Vendor Initiated										
Members Enrolled in Network										
September 1, 2017										
September 1, 2018										
Physicians with Closed Panels										
Date Network Operations Commenced										
Network Owned or Leased										

	(Name of Vendor)									
	Houston		Midland/Odessa		Rio Grande Valley		San Antonio		Tyler	
	Present	Projected	Present	Projected	Present	Projected	Present	Projected	Present	Projected
Current Network Area (Yes or No)										
Primary Care										
Family/General Practice										
Internal Medicine										
Pediatrics										
OB/Gyn										
Subtotal	0	0	0	0	0	0	0	0	0	0
Specialists										
Cardiology										
Orthopedic										
Oncology										
Dermatology										
Allergy										
Radiology										
Psychiatry										
Subtotal	0	0	0	0	0	0	0	0	0	0
Total Physicians	0	0	0	0	0	0	0	0	0	0
Percentage Board Certified										
JCAHO Approved Hospitals										
Tertiary										
General Medical/Surgical										
Pediatric										
Osteopathic										
Psychiatric										
Total	0	0	0	0	0	0	0	0	0	0
Hospital Beds										
Acute										
Acute Psychiatric										
Intensive Care										
Neonatal										
Coronary Care										
Emergency/Trauma Centers										
Burn										
Skilled Nursing										
Hospice										
Total	0	0	0	0	0	0	0	0	0	0

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Appendix D-4
Form 1 – UT SELECT Provider Network
Provider Profile – Number of Network Providers

(Name of Vendor)

	Houston		Midland/Odessa		Rio Grande Valley		San Antonio		Tyler	
	Present	Projected	Present	Projected	Present	Projected	Present	Projected	Present	Projected
Physicians Term. In 2018										
Physician Initiated										
Vendor Initiated										
Members Enrolled in Network										
September 1, 2017										
September 1, 2018										
Physicians with Closed Panels										
Date Network Operations Commenced										
Network Owned or Leased										

_____
(Name of Vendor)

	Austin	Dallas	El Paso	Fort Worth	Galveston	Houston	Midland/ Odessa	Rio Grande Valley	San Antonio	Tyler
Primary Care Physician										
Capitation										
Discounted Fee-for-Service										
Discounted Fee-for-Service with a Withhold										
Fee Schedule										
Other										
Specialty Care Physician										
Capitation										
Discounted Fee-for-Service										
Discounted Fee-for-Service with a Withhold										
Fee Schedule										
Other										
Hospital										
Capitation										
Fee Schedule										
DRG										
Per Diem										
Discounted Fees										
Other										
Behavioral Health Facility										
Capitation										
Fee Schedule										
DRG										
Per Diem										
Discounted Fees										
Other										
Other Provider										
Capitation										
Fee Schedule										
DRG										
Per Diem										
Discounted Fees										
Other										

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
UT SELECT Provider Network
Form 3 – Provider Profile – Allowable Charge by Procedure by Area

Procedure	Austin	Dallas	El Paso	Fort Worth	Galveston	Houston	Midland/ Odessa	Rio Grande Valley	San Antonio	Tyler
00731										
00790										
00810										
00840										
01967										
11100										
27447										
36415										
36475										
43239										
45378										
45380										
45385										
59400										
59510										
66984										
70450										
70553										
71020										
71260										
72141										
72148										
73721										
74176										
74177										
74178										
76830										
77063										
77067										
78452										
78815										
80050										
80053										
80061										
81211										
82306										
84443										
85025										
87804										
88305										
88307										
90460										
90471										
90670										
90834										
90837										
90945										
90999										
92004										
92014										

University of Texas System Office of Employee Benefits
Uniform Group Insurance Plan
Appendix D–4
UT SELECT Provider Network
Form 4 – Provider Profile – Physician Fee Analysis

_____
(Name of Vendor)

Service Area	Effective Date of Current Fee Schedule	Effective Date of Next Fee Schedule Change
Austin		
Dallas		
El Paso		
Fort Worth		
Galveston		
Houston		
Midland/Odessa		
Rio Grande Valley		
San Antonio		
Tyler		

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
UT SELECT Provider Network
Form 5 – Claims Repricing

_____
(Name of Vendor)

Claim Number	Line Number	Provider Contracting Status	Allowable Charge

Provider contracting status codes:

1 - contracted network provider

2 - non-network provider with some alternative contracting status which allows for discounted reimbursement and/or relief from balance billing to members

3 - provider with no contracting status with the TPA

Appendix – Plan and Program Resources

Chapter 1601, Texas Insurance Code

https://statutes.capitol.texas.gov/Docs/IN/pdf/IN.1601.pdf

UT SELECT Medical Plan Summary of Benefits and Coverage (SBC)

PPO - https://www.utsystem.edu/documents/docs/publication/2018/ppo-network-summary-benefits-and-coverage

Out of Area - https://www.utsystem.edu/documents/docs/publication/2018/out-area-network-summary-benefits-and-coverage

UT SELECT Medical & Prescription Plan Guide

https://www.bcbstx.com/ut/pdf/ut-ben-book-2018-2019.pdf

Appendix – System Specific Website Requirements

Content Specifications

The Contractor's System-specific website must include links to the following resources:

- Timely, relevant information for the plan;
- A link to the UT SELECT Benefit Guide, which is inclusive of the System's self-funded PPO Medical Plan and the Prescription Drug Plan summary as approved by the System;
- A current, System-approved Provider Guide. It is System's preference that the Provider Guide be updated in advance of any planned changes. The Guide must be user-friendly and must include the following search capabilities:
  - Search by provider name,
  - Search by provider type,
  - Search by treatment category, and
  - Search by location;
- A disclaimer stating that all provider listings are subject to change;
- Customer service information, including phone numbers, mail and claim addresses, hours of operation, and guidelines for the complaint and appeals process;
- Electronic forms or email addresses for customer complaints and questions. Responses to email complaints should have no more than a 48-hour turnaround time. A tracking system for complaints submitted online, similar to the tracking of telephone complaints, must be in place with the ability to provide data and details to the System upon request;
- All necessary forms (e.g. claims forms) for participants. If forms are made available in PDF format, an easily identifiable link must be provided to download Adobe Acrobat Reader to enable participant viewing and printing;
- System's branding and a System-specific welcome message must be included to clearly indicate the site is specific to UT System and the Medical plan;
- Federally required plan information included in the SBC; and
- A link to the System's Employee Benefits website.

Technical Specifications

If the Contractor provides a Web page that allows a participant to view specific individual information, the site must utilize secured protocol (https://) and require authentication. The site may not use the participant's Social Security number, in whole or part, as either the user identification or the password. The Benefits ID may be used as the user identification. Authentication via single sign-on (SSO) is strongly preferred over requiring a unique user identification and password specific to the site. The Contractor may also be asked to support SSO from sites or applications offered by other UT Benefits vendors. If available, two-factor authentication for members is preferred.

The System-specific website must be accessible to as many participants as possible. Therefore, the following specifications must be met:

- All website content must be clearly visible and functional in commonly used browsers;
- Entering a Social Security number should not be required at any time to access information on the website;

- The log-on page must not allow the browser to store the information entered in the cache. The auto-complete feature must be turned off for every form; and

- Two-factor authentication must be in place for any administrative access and is preferred for member access to private information.

The University of Texas System
Office of Employee Benefits
RFP for UT SELECT Medical TPA Services Beginning September 1, 2019

Appendix – Target Claims Cost

A Contractor's ability to provide a cost-effective network is evaluated in part on the basis of the in-area Target Claims level to which the Contractor is willing to commit. Accordingly, the Contractor's proposed Target Claims Cost will be an important factor in the evaluation process. Costs associated with the UT SELECT Prescription Drug Plan (PDP) are not a part of the TCC determination.

Incentive Structure:

1) The Contractor's Proposal must include a Target Claim Cost (TCC) for participants residing in-area. The TCC will include both network and non-network claims expected to be incurred during the fiscal year. Out-of-area participants and Medicare-eligible retirees over age 65 will not be included in the determination of the health care management incentive.

2) The TCC will be expressed as an amount per Employee/Retiree residing in-area per month as specified in the Target Claims Cost Response section of this RFP.

3) The TCC for FY2020 will be calculated and finalized on or before February 1, 2020, based on (a) a specified, guaranteed formula submitted in the Proposal and accepted by OEB and (b) actual claims experience for FY2019 based on data available through November 30, 2019. A provision for incurred, but unpaid FY2019 claims as of November 30, 2019, will be established through good faith negotiations.

4) The formula referenced in (3) must be specified in the Proposal, although it may take into account the actual FY2019 claims experience, FY2020 enrollment data available through November 30, 2019, and the anticipated impact of benefit design or eligibility changes implemented for FY2020, if any. Enrollment variables may recognize the following changes in composition of the in-area participation: (a) relative proportion of the enrollment in the various employee/dependent categories, (b) age distribution, (c) gender distribution, and (d) geographic distribution. The manner in which the variability in these factors will be recognized must be clearly specified. The anticipated impact of any benefit design or eligibility changes will be determined through good faith negotiations.

5) All in-area locations will be combined for the purpose of determination of the TCC and the ultimate calculation of the gain or loss.

6) The Target Claims for FY2020 will be equal to the sum of the products obtained by multiplying each month's actual in-area enrollment by the TCC determined above.

7) OEB recognizes that a certain degree of variability in claims experience is inevitable and beyond the influence of the Contractor. Accordingly, OEB will establish a claims corridor of 100% to 105% of target claims. Should actual claims fall in this claims corridor, a charge will not be made under the Health Care Management Incentive.

8) The Actual Claims for FY2020 will be determined based on claims incurred through August 31, 2020, using actual claims paid through February 28, 2021. A provision accounting for incurred, but unpaid FY2020 claims as of February 28, 2021, will be determined through good-faith negotiation.

9) The gain or loss for the year will be determined through comparison of Target Claims and Actual Claims calculated as described herein.

10) Should Actual Claims exceed 105% of Target Claims, the Contractor will be assessed an amount equal to 100% of the excess subject to a maximum of 2.0% of target claims per Fiscal Year. This assessment is in addition to any other remedy available to OEB.

11) Independent determinations will be made for each year of the Contract following similar procedures as described herein.

12) The Table below presents a tabular display of the requested health care management incentive structure.

Renewal Year Target Claims Cost:

In addition to submission of a formula with guaranteed factors for FY2020, a Contractor responding to this RFP must also submit a formula for determination of the TCC for the second and third years of the Contract. While such a formula may take into consideration Actual Claims, actual enrollment, and the anticipated impact of any benefit design or eligibility changes that may be implemented in the second and/or third years, it must guarantee the maximum trend factors that will be utilized in developing second and third year TCC.

The actual trend factors used for renewal year TCC will be determined through good faith negotiation subject to the guaranteed maximum. The anticipated impact of any benefit design or eligibility changes effective for the second and third years of the contract will be determined through good faith negotiation. Any benefit design or eligibility changes occurring after the TCC has been established for a given year will result in a revision to the TCC as determined through good faith negotiation.

Tables and Examples:

The following table displays the in-area health care management incentive arrangement.

Actual Claims Range	Relative Share of Gain (Loss)[1] In the Actual Claims Range		Maximum Charge to Vendor
	System	Vendor	
Less than 105% of Target Claims	100%	0%	0
Greater than 105% of Target Claims	0%	100%	2.0% of Target Claims

[1]Gain (Loss) = Target Claims – Actual Claims

ADDENDUM 1

DATE: March 11, 2020

PROJECT: Third Party Administrator Services for UT System's Self-funded UT SELECT
                 Medical PPO Plan

RFP NO: 720-1913

OWNER: The University of Texas System Administration

TO: Prospective Bidders

This Addendum forms part of Contract Documents and modifies Bid Documents dated December 21st, 2018 with amendments and additions noted below.

Questions and Answers:

1. Question: **Something we noticed on the provider file submitted for repricing. Some of the Tax ID #s' are not valid Tax ID#'s, we have no idea what these claims represent.**

Tax ID 000000000 - for $66M billed, $51m Paid
Tax ID 111111111 - for $91M billed, $53m Paid
Tax ID 999999999 - for $88M billed, $72m Paid

Generally, we would ask you to confirm if we should exclude these charges from our analysis as they are not valid providers and we are showing them as Non-Par, which could be interpreted as a false negative in our results.

Can you ask BCBS to provide a specific and detailed response on what these claims are for, and who the amounts are being paid to and under what circumstances?

Answer: *Most of the unknown Performing Provider Tax IDs are for hospital claims where the Billing Tax ID is used instead of the Performing Provider Tax ID. The re-price claim files include the following fields for the vendors to identify the provider - Performing Provider Tax ID, Performing Provider NPI, Billing Provider Tax ID and Billing Provider NPI. Please utilize all of these fields to identify the providers.*

2. Question: **We did not see a full census. There are census data files in Appendix 6, showing data with how many are in each category but we don't see an actual census with zip codes etc. Will This be provided for each employee?**
   ▪ **Date of Birth**
   ▪ **Home Zip Code**
   ▪ **Plan Selection (If multiple available)**
   ▪ **Gender**

- **Current enrolled Dependent Status (EE, ES, EC, FAM)**
- **Number of Dependents**
- **COBRA and Waivers**

Answer: *We believe the information provided in aggregate is sufficient for submitting a response to the RFP.*

3. Question: **Can a list of all physicians affiliated with all UT Health Science Center's be included in the RFP? Please Including names, address, Tax ID#'s etc.**

Answer: *OEB is reviewing opportunities to identify UT Health institution affiliated physicians. However, OEB does not negotiate provider contracts nor does OEB maintain provider lists. The most accurate list of UT physicians and facilities is most likely the list that each large carrier currently has on file through their own negotiated contracts. If this information becomes available, it will be provided in a subsequent Addendum.*

4. Question: **Is it possible that an extension of the RFP due date will be considered?**

Answer: *Based upon the number of calendar days allotted (30+) for response as well as a lack of interest in an extension from other interested vendors, we are not considering extending the deadline at this time.*

5. Question: **Within your RFP is a large provider file that includes each providers tax id and zip code, but the file does not include the providers name and address. Is this information available?**
Since some providers use different tax ID#s, we always do a manual match of providers based on name and address, when we can't match the tax ID, which tends to increase our results substantially.

Answer: *We believe the information provided in its current format is sufficient for submitting a response to the RFP.*

6. Question: **Is UT System willing to consider alternative reimbursement solutions to a traditional PPO plan such as Reference Based Pricing, Physician Only Network, Direct Primary Care, Bundled Surgery, etc.?**

Answer: *UT System is only willing to accept proposals that can meet all requirements as detailed in the RFP including those regarding benefits, networks and accessibility. Responding vendors may structure their provider reimbursement contracts in alternative manners as long as all other requirements are met.*

7. Question: **Will UT System allow the selected vendor to pay some claims via Virtual Card rather than ACH or EFT?**

Answer: *UT System may need a brief overview of Virtual Card vendor payment protocols to best offer guidance to our administrator; however, in general, UT System would not dictate the payment methodology used in remitting*

payment to an entity contracting with our administrator (like a hospital / doctor's practice servicing the Network). UT System would reserve the right to govern how our administrator makes payments directly to our Subscribers for claim reimbursement or other refunded amounts.

8. Question: **Please confirm the requirement for advancing funds for claim payments as the RFP references two (2) weeks and the contract references up to four (4) weeks.**

Answer: *UT System can confirm our intent to reimburse the administrator actual claim payments made in Week 1 of our contractual relationship. Upon presentation of the 'claim reimbursement invoice', we are committed to rendering reimbursement in a timely fashion. It is possible to achieve only a two (2) week span between conclusion of Week 1 and receiving our reimbursement; however, factors outside UT System's control may elongate that reimbursement timeframe which should not exceed four (4) weeks. (Named example of a UT System uncontrollable factor = reimbursements are initiated upon receipt of a Vendor provided valid 'claim reimbursement invoice' supported by a claim detail file transmission).*

9. Question: **Page 14 of RFP, "Contractor must process claims from state and federal government institutional programs on behalf of UT SELECT participants who also participate in such programs." Etc.**

We would like clarification of this section. What is the source of the claims you are referring to – ie. state and federal government institutional programs? What is the payment mechanism? What is the average volume? What are the parameters to decide whether it is payable or not?

Answer: *Aside from Medicare and / or VA related claims, in rare instances it is possible a member may receive services from a state or federal government institution or facility. In such an event, if services are not paid by the state or federal provider, the services may be eligible for coverage under the UT SELECT Medical plan. In such a case, the claim should be processed as any other claim.*

10. Question: **Page 28 of RFP: "For each monthly coverage period, UT System shall pay Contractor per employee per month administrative fees which may become due under the Contract within sixty (60) days from the beginning of the coverage month based on UT System's self-bill. Specific details on the requirements for the payment of the per employee per month administrative fee, including the self-bill, are included in the technical and data exchange requirements section of this RFP. Billable fees associated with utilization of specific administrative services will be paid on the same schedule provided Contractor presents invoices for such fees in a timely manner on a monthly basis."**

Please confirm UT's intent to self-bill as the last sentence references invoicing.

Answer: *Contractual Administrative Fees will be remitted using a self-billing by UT System. Other services, offered by the Vendor in administration to our subscriber population, are captured for only eligible individuals who utilize the service; and subsequently captured by the Contractor for reimbursement using an invoice. UT System processes any approved amounts for payment weekly which could include both a self-billing for Administrative Fees and any utilization driven Invoice(s) for services provided to just a subset of our membership population.*

11. Question: Page 28 of RFP: Due to the timing of the reimbursements, Contractor could potentially be required to advance up to two (2) weeks of claim payments before being reimbursed by UT System. It is estimated that during the first year of the Contract, one (1) week of claim payments shall average approximately $19 million.

In 2018, what were the amounts of the 4 weeks with the highest claims payments volumes?

Answer: *Claims reimbursed for the following 7-day period(s) in order of dollar magnitude during Plan Year 2017/2018 are:*
Claim Week 07/21/2018 to 07/27/2018 $23,857,687.91
Claim Week 12/16/2017 to 12/22/2017 $23,020,917.27
Claim Week 08/25/2018 to 08/31/2018 $20,379,599.27
Claim Week 06/02/2018 to 06/08/2018 $18,968,481.59

12. Question: Can you advise why there is a difference among the three exhibits that shows Retired Employees/Surviving Spouses counts in exhibit D 18,066, in exhibit B 17,925 and then exhibit k the figure is 20,051. Please advise which one is correct?

Answer: *As noted in Appendix 7 Numerous sources of data have been used in the production of these exhibits which may have resulted in some minor discrepancies. System believes that any such minor discrepancies do not significantly reduce the quality of the information presented herein. The difference between Exhibits B and D is immaterial. The difference between these two exhibits and Exhibit K is timing. Exhibit K represents the average enrollment during the period 6/2017-5/2018 while Exhibits B and D are a point in time estimate.*

13. Question: Under the Bariatric benefits is it UT's intent is to have the $3000 deductible apply to the OOP Max?

Answer: *No. The intention is to keep the benefit the same so the $3,000 bariatric surgery deductible does not apply to the plan year deductible or the out-of-pocket maximum.*

14. Question: Section 5 B.2h. states the following...Contractor must identify and investigate unusual or extraordinary charges to determine all relevant circumstances and report to UT System its findings. Contractor must

determine eligible claims, subject to the final authority of UT System. How do you define "unusual or extraordinary charges?"

Answer: *An example of an unusual or extraordinary charge might be unusual billing practices and the application of billing codes previously unassociated with certain procedures. Naturally the Contractor's clinical policy guidelines should reject such claims where medical policy is inconsistent with billing. Should any unusual billing trends emerge and be identified, the Contractor should notify OEB.*

15. Question: In Section 5B 5f. Ongoing provider quality assurance review, to include periodic participant surveys and other reporting mechanisms; can you confirm what "other reporting mechanisms" might entail?

Answer: *In this instance, in addition to participant surveys "other reporting mechanisms" can include customer service calls and inquiries and participant responses to questionnaires such as claims triggered outreach letters.*

16. Question: Provide details regarding how Proposer plans to meet UT System's requirement to provide a weekly claims invoice, including a proposed schedule of planned invoice dates for claims paid during the 2018-2019 plan year along with the reporting period that would be covered for each planned invoice. Can you clarify what you mean by weekly claims invoicing?

Answer: *Contractor may present to UT System for reimbursement a summary of claims paid as frequent as weekly which is best defined as a seven (7) period ending on the Claim Reimbursement Invoice Date.*

Example: Claim Week in PY2017/2018
Saturday, 8/25/2018 to Friday 8/31/2018
Claim Invoice Date 08/31/2018

17. Question: In Section 5 it states Contractor must accept and process both full and partial enrollment files in HIPAA-compliant dataset formats (e.g. the "Benefits Enrollment and Maintenance Transaction Set (ASC X12N 834)") and transmit claims detail datasets to UT System and Benefitfocus in a HIPAA-compliant standard format. Contractor must be prepared to accept full and partial enrollment files on a schedule to be determined during implementation, but no less frequently than three (3) times per week for partial files and once per month for full files. Can you confirm what you mean by "Partial" files?

Answer: *A partial file is an enrollment file only containing records which are associated to a change to a member since the prior enrollment file was transmitted. The file would contain new enrollments, coverage terminations, and modifications to coverage or demographics. In addition, if any members of a family are identified for inclusion of the file, the remaining family members will also be included on the file.*

18. Question: In Section 5 of the RFP it states The ID card must not include the participant's Social Security number. The card must use the Benefits ID number as specified by UT System, as well as other standard information in a format prescribed by UT System including the participant's name and a summary of out-of-pocket costs for the plan. Would UT be open to using our Alternative ID numbers system to avoid possible number duplication already in our system?

Answer: *The Benefits ID number (BID) is used by all UT Benefits contracting insurance vendors. Therefore, in order to provide consistency to enhance the member experience, the BID is an integral part of the ID card and must be utilized by contracting vendors.*

19. Question: Please describe your current Wellness offering in further detail. Please identify all of the Wellness programs currently offered, including what conditions/issues are targeted today. What has been going well, and where do you see room for improvement?

Answer: *- Condition management, tobacco cessation, weight management, gym discounts offered through BCBSTX [condition/issue targeted: asthma, cancer, diabetes, heart disease and stroke, tobacco]*
-Onsite biometric screenings with Catapult Health [condition/issue targeted: preventive care, heart disease, diabetes, cancer, mental health, etc.]
-Wellness challenges with Health Enhancement Systems [condition/issue targeted: physical activity, mental health]
-Weight loss, diabetes and heart disease prevention through Naturally Slim [condition/issue targeted: obesity, diabetes, heart disease, physical activity, nutrition]
-Free gym memberships for retirees with Silver Sneakers [condition/issue targeted: physical activity, mental health]
-Onsite flu shots offered by various partners depending on the institution [condition/issue targeted: preventive care]
-Musculoskeletal treatment with Airrosti
-Each institution has its own EAP.

20. Question: Do you make your Wellness program available to eligible adult dependents and who is available to earn incentives?

Answer: *Yes, our wellness programs are available to spouses and eligible adult dependents. We currently do not offer incentives.*

21. Question: Please describe your onsite wellness programs in greater detail. Do you provide onsite challenges? How are programs different by campus/location?

Answer: *The UT System is made up of 14 UT institutions. Almost all of the institutions have at least one dedicated wellness person. Some have a team of wellness professionals. We meet monthly via phone and in-person twice a year. Because each of the campuses is unique, the onsite programs*

vary widely across the institutions. In general, all of the institutions are involved in supporting and promoting the system-wide wellness initiatives. The campuses also host onsite events and communicate through their channels to increase engagement. Most campuses host lunch and learn series and have blood pressure machines and access to onsite gyms. All promote preventive care but their strategy may vary from a lunch and learn to Mammo Mixers at a clinic to healthy cooking demos. Some campuses have intensive in-person condition management or health promotion programs. Some are highly involved with local 5K events and challenges.

22. Question: What level of engagement have your experienced with your current Wellness program?
- **How many individuals have completed a health assessment?**
- **How many members have enrolled in a personal coaching program?**

Answer: *-We typically have good participation in wellness challenges and in Naturally Slim.*
-We currently do not offer a health assessment. If we offer an HA, each institution would need their own report with the aggregate data for their members.
-We currently do not offer a personal coaching program.

23. Question: Describe your wellness champion network.
- **How many champions are involved?**
- **What type of activities do they perform currently?**
- **What support do vendors currently provide to your Wellness Champion network?**
- **Are your wellness champions locally on each site full time employees? What do their daily activities and roles look like?**

Answer: The UT System is made up of 14 UT institutions. Almost all of the institutions have at least one dedicated wellness person. Some have a team of wellness professionals. We meet monthly via phone and in-person twice a year. Because each of the campuses is unique, the onsite programs vary widely across the institutions. In general, all of the institutions are involved in supporting and promoting the system-wide wellness initiatives. The campuses also host onsite events and communicate through their channels to increase engagement. Most campuses host lunch and learn series and have blood pressure machines and access to onsite gyms. All promote preventive care but their strategy may vary from a lunch and learn to Mammo Mixers at a clinic to healthy cooking demos. Some campuses have intensive in-person condition management or health promotion programs. Some are highly involved with local 5K events and challenges.

Currently our vendors work with each of the campus wellness professionals to promote the wellness initiatives. For example, vendors come to annual benefits fairs; host onsite events to promote Naturally Slim and wellness challenges; provide lunch and learns; provide communications and educational materials; etc. We expect our vendors to work with each of the campuses to meet their unique needs and be available to come onsite for employee events.

24. Question: Do you perform biometric screenings on site each year? If so, at how many locations and how many people participate?
- **What is the utilization per modality (onsite, md forms, labs)?**
- **Are current biometric screenings finger stick or venipuncture?**

Answer: *The Office of Employee Benefits has partnered with Catapult Health to offer onsite biometric screenings.*

Not all campuses choose to host onsite biometric screenings every year.

The current biometric screenings are finger stick. Results are received onsite with a web consultation with a nurse practitioner.

25. Question: What results have been achieved with current Wellness programs, such as risk reduction improvement and improvements in lifestyle modifications? Do you currently provide a tobacco cessation program?
- **What is your tobacco use prevalence?**
- **What is the current tobacco cessation program participation rate?**
- **How many weeks of NRT are included in your current program?**

Answer: *Through our wellness programming, we have seen a reduced risk of diabetes and avoided costly treatments for musculoskeletal issues. Our programs have reduced the need for certain medications for participants.*

We currently offer tobacco cessation through our medical insurance provider.
-Tobacco users pay a higher premium. A small portion of our population has declared as a tobacco-user. Of those declared tobacco-users, some utilized at least one of our cessation resources (counseling with a physician, filled a prescription for cessation medication or NRT, or participated in the BCBSTX telephonic tobacco cessation program).
-Members may receive NRT covered at 100% with a prescription from a physician.

26. Question: What is the prevalence rate by disease state and what % are high risk vs moderate risk and what % are actively engaged?

Answer: *-Hypertension: 117.4 claimants/1,000*
-Diabetes: 104.3 claimants/1,000
-Hyperlipidemia: 97.5 claimants/1,000
-Asthma: 32.4 claimants/1,000
-CAD: 15.5 claimants/1,000
-Obesity: 16.4 claimants/1,000
-COPD: 14.4 claimants/1,000
-CHF: 3.7 claimants/1,000

27. Question: We see Silver Sneakers is a benefit for UT's retirees. Since there are retirees covered within the self-funded plan could you please clarify whether this benefit is provided/paid for by UT or does the TPA fund

this program? Can you also provide a detail explanation on how this program works and what is included as part of the membership?

Answer: *Silver Sneakers is a nation-wide program that offers free gym memberships to retirees and their eligible spouses (i.e., 55 years old or older, covered by UT SELECT, etc.). You can learn more about the program at this website: https://www.silversneakers.com/ and our website: https://www.utsystem.edu/offices/employee-benefits/lw/silver-sneakers. Silver Sneakers is offered via our current TPA and paid for by the UT SELECT plan.*

28. Question: Can you provide detail about your EAP Program in place today, who the current EAP vendor is, and what interaction is needed between the EAP carrier and the medical/behavioral carrier?

Answer: *Each campus provides their own EAP service. Some campuses do this internally while others have an outside provider. You can learn more about the EAP at this website: https://www.utsystem.edu/offices/employee-benefits/employee-assistance-programs.*

29. Question: Can you please confirm with your administrator that all dollars flowing through the UT bank account are only for medical services provided to UT covered members and reflect only the entire negotiated arrangement between your current carrier and the provider?

Answer: *No confirmation of such can be provided by UT System to our administrator. System is only responsible for the charges associated with claims and expenses of the UT SELECT plan.*

30. Question: In terms of UT facilities, does each system use the standard contracts with your administrator, or do you have any special cost of pricing scheduled when employees seek services at UT providers or facilities?

Answer: *For UT Medical institutions participating in the UT Tier benefit plan design (excludes UT Southwestern and MD Anderson Cancer Center), the member out of pocket cost is reduced as an incentive to our members to drive care to our own UT physicians and facilities participating in the tier. Prior to launching the tier, a review of the UT contracts was performed to ensure alignment with the market in which the institution resides.*

31. Question: Please provide the Tax ID or NPI number for any provider (including UT system providers) in which the benefit is different (traditionally better for the member) than normal network plan of benefits.

Answer: *Please see question 3.*

32. Question: Can you provide additional detail on your vision for what third party PBM integration would look like? Member experience, reporting, care coordination, etc.?

Answer: *Whether the PBM is contractually integrated with the Medical plan through a single contractor or not, there should be significant coordination between the PBM and Medical insurance carrier(s). If both are under the umbrella of one contractor, potential efficiencies would be expected from an eligibility management standpoint, the facilitation of customer service between the two plans and enhanced care coordination. Please highlight the types of efficiencies a contractor would expect if both the Medical and Prescription plans were managed by one contractor.*

33. Question: Do you define VBBD as a means to drive network steerage through plan design based on the cost for certain procedures in a geographic region or is the intent something else?

Answer: *UT's view of VBBD is broader than the question suggests:*
- *Steerage to highly effective providers on the basis of clinically proven outcomes and cost. The UT Tier benefit is an example;*
- *We're interested in health management programs that create a shared sense of consumer responsibility; and*
- *Health management programs that offer education and action steps on disease prevention and management.*

34. Question: In Section 3.1 it states the following in letter B One (1) complete electronic copy of its entire proposal in a single .pdf file on USB Flash Drive. USB Flash Drive must include a protective cover and be labeled with Proposer's name and RFP number. In addition, Proposer must submit one (1) complete electronic copy of the proposal on the same USB Flash Drive on which all proposed pricing information, provided in response to Section 6, has been removed. Would you like the redacted version in pdf as well?

Answer: *Yes, please provide redacted version in pdf.*

35. Question: In the RFP Section 1.2 it states Proposers are required to acknowledge receipt of each Addendum as specified in this Section. The Proposer must acknowledge all Addenda by completing, signing and returning the Addenda Checklist (ref. Section 4 of APPENDIX ONE). The Addenda Checklist must be received by University prior to the Submittal Deadline and should accompany the Proposer's proposal. We wanted to confirm when you say "prior" to the submittal deadline does that mean you want it ahead of the proposal or included at the same time as the proposal just prior to February 1st or do you want it emailed ahead of the proposal please advise?

Answer: *The Addenda Checklist document should be included in the Proposal and arrive at the same time with Proposal before the submittal deadline.*

36. Question: Would you please provide guidance on how we should mark proprietary and confidential data that we feel is competitively sensitive such as our repricing, SSAE report, contract samples, security information, etc.? May we provide this in electronic format only with password protection and if so, how should it be marked?

Answer: *Proposer may provide it in electronic format with a password. If Proposer chooses to provide it in paper proposal – the pages that contain proprietary or confidential information should be clearly marked.*

END OF ADDENDUM 1

Zip	County	UT SELECT Subscribers**		
		In–Area	Out-of–Area	Total
75001	DALLAS	77		77
75002	COLLIN	214		214
75006	DALLAS	170		170
75007	DENTON	240		240
75009	COLLIN	16		16
75010	DENTON	167		167
75011	DALLAS	4		4
75013	COLLIN	181		181
75016	DALLAS	2		2
75017	DALLAS	1		1
75019	DALLAS	358		358
75020	GRAYSON	9		9
75021	GRAYSON	3		3
75022	DENTON	69		69
75023	COLLIN	198		198
75024	COLLIN	212		212
75025	COLLIN	303		303
75026	COLLIN	2		2
75027	DENTON	2		2
75028	DENTON	128		128
75030	DALLAS	2		2
75032	ROCKWALL	90		90
75033	DENTON	59		59
75034	COLLIN	177		177
75035	COLLIN	179	1	180
75038	DALLAS	90		90
75039	DALLAS	160		160
75040	DALLAS	145		145
75041	DALLAS	46		46
75042	DALLAS	60		60
75043	DALLAS	248		248
75044	DALLAS	165		165
75045	DALLAS	2		2
75046	DALLAS	1		1
75047	DALLAS	1		1
75048	DALLAS	76		76
75049	DALLAS	1		1
75050	DALLAS	137		137
75051	DALLAS	58		58
75052	DALLAS	352		352
75054	DALLAS	67		67
75056	DENTON	195		195

75057	DENTON	17	17
75058	GRAYSON	4	4
75060	DALLAS	169	169
75061	DALLAS	127	127
75062	DALLAS	160	160
75063	DALLAS	289	289
75065	DENTON	25	25
75067	DENTON	133	133
75068	DENTON	71	71
75069	COLLIN	54	54
75070	COLLIN	194	194
75071	COLLIN	77	77
75074	COLLIN	157	157
75075	COLLIN	259	259
75076	GRAYSON	6	6
75077	DENTON	86	86
75078	COLLIN	29	29
75080	DALLAS	490	490
75081	DALLAS	203	203
75082	DALLAS	164	164
75083	DALLAS	12	12
75085	DALLAS	3	3
75086	COLLIN	7	7
75087	ROCKWALL	94	94
75088	DALLAS	71	71
75089	ROCKWALL	128	128
75090	GRAYSON	7	7
75091	GRAYSON	2	2
75092	GRAYSON	7	7
75093	COLLIN	293	293
75094	COLLIN	93	93
75098	DALLAS	163	163
75102	NAVARRO	2	2
75103	VAN ZANDT	25	25
75104	DALLAS	251	251
75105	NAVARRO	1	1
75106	DALLAS	4	4
75109	NAVARRO	7	7
75110	NAVARRO	24	24
75114	KAUFMAN	16	16
75115	DALLAS	330	330
75116	DALLAS	73	73
75117	VAN ZANDT	7	7
75118	KAUFMAN	1	1
75119	ELLIS	39	39
75120	ELLIS	1	1
75121	COLLIN	1	1
75123	DALLAS	4	4
75124	HENDERSON	5	5
75125	ELLIS	12	12
75126	KAUFMAN	195	195

75127	VAN ZANDT	1	1
75132	ROCKWALL	2	2
75134	DALLAS	92	92
75135	HUNT	8	8
75137	DALLAS	91	91
75138	DALLAS	3	3
75140	VAN ZANDT	9	9
75141	DALLAS	8	8
75142	KAUFMAN	30	30
75143	HENDERSON	28	28
75144	NAVARRO	9	9
75146	DALLAS	91	91
75147	KAUFMAN	9	9
75148	HENDERSON	5	5
75149	DALLAS	136	136
75150	DALLAS	187	187
75152	ELLIS	11	11
75153	NAVARRO	1	1
75154	ELLIS	174	174
75156	KAUFMAN	27	27
75157	KAUFMAN	1	1
75158	KAUFMAN	11	11
75159	DALLAS	46	46
75160	KAUFMAN	39	39
75161	KAUFMAN	14	14
75163	HENDERSON	3	3
75165	ELLIS	93	93
75166	COLLIN	8	8
75167	ELLIS	25	25
75168	ELLIS	2	2
75169	VAN ZANDT	15	15
75172	DALLAS	9	9
75173	COLLIN	9	9
75180	DALLAS	59	59
75181	DALLAS	118	118
75182	DALLAS	68	68
75185	DALLAS	4	4
75187	DALLAS	1	1
75189	ROCKWALL	58	58
75201	DALLAS	170	170
75202	DALLAS	21	21
75203	DALLAS	46	46
75204	DALLAS	321	321
75205	DALLAS	231	231
75206	DALLAS	373	373
75207	DALLAS	51	51
75208	DALLAS	213	213
75209	DALLAS	195	195
75210	DALLAS	13	13
75211	DALLAS	185	185
75212	DALLAS	100	100

75214	DALLAS	275		275
75215	DALLAS	50		50
75216	DALLAS	152		152
75217	DALLAS	151		151
75218	DALLAS	152		152
75219	DALLAS	421		421
75220	DALLAS	138		138
75222	DALLAS	4		4
75223	DALLAS	96		96
75224	DALLAS	115		115
75225	DALLAS	204		204
75226	DALLAS	26		26
75227	DALLAS	151		151
75228	DALLAS	193		193
75229	DALLAS	295		295
75230	DALLAS	245		245
75231	DALLAS	134		134
75232	DALLAS	135		135
75233	DALLAS	49		49
75234	DALLAS	87		87
75235	DALLAS	673		673
75236	DALLAS	60		60
75237	DALLAS	90		90
75238	DALLAS	138		138
75240	DALLAS	67		67
75241	DALLAS	124		124
75242	DALLAS	1		1
75243	DALLAS	188		188
75244	DALLAS	96		96
75246	DALLAS	7		7
75247	DALLAS	6		6
75248	DALLAS	281		281
75249	DALLAS	61		61
75251	DALLAS	18		18
75252	DALLAS	219		219
75253	DALLAS	24		24
75254	DALLAS	87		87
75286	DALLAS	1		1
75287	DALLAS	237		237
75357	DALLAS	3		3
75370	DALLAS	1		1
75376	DALLAS	1	2	3
75379	DALLAS	4		4
75380	DALLAS	2		2
75381	DALLAS	2		2
75382	DALLAS	2		2
75390	DALLAS	7		7
75401	HUNT	8		8
75402	HUNT	8		8
75407	COLLIN	15		15
75409	COLLIN	19		19

75410	RAINS	4	4
75414	GRAYSON	2	2
75416	LAMAR	1	1
75417	RED RIVER	1	1
75418	FANNIN	26	26
75422	HUNT	2	2
75424	COLLIN	6	6
75426	RED RIVER	6	6
75428	HUNT	3	3
75433	HOPKINS	4	4
75435	LAMAR	2	2
75436	RED RIVER	1	1
75438	FANNIN	1	1
75440	RAINS	4	4
75442	COLLIN	5	5
75446	FANNIN	4	4
75447	FANNIN	1	1
75449	FANNIN	1	1
75451	CAMP	3	3
75452	FANNIN	5	5
75453	HUNT	4	4
75454	COLLIN	19	19
75455	TITUS	6	6
75456	TITUS	1	1
75457	FRANKLIN	4	4
75459	GRAYSON	3	3
75460	LAMAR	4	4
75461	LAMAR	1	1
75462	LAMAR	3	3
75470	LAMAR	1	1
75471	HOPKINS	1	1
75472	RAINS	3	3
75473	LAMAR	1	1
75474	HUNT	7	7
75476	FANNIN	4	4
75478	HOPKINS	1	1
75482	HOPKINS	10	10
75489	GRAYSON	2	2
75490	FANNIN	3	3
75491	GRAYSON	5	5
75492	FANNIN	1	1
75494	WOOD	12	12
75495	GRAYSON	8	8
75496	HUNT	5	5
75497	WOOD	7	7
75501	BOWIE	15	15
75503	BOWIE	4	4
75505	BOWIE	2	2
75550	RED RIVER	1	1
75551	CASS	5	5
75554	RED RIVER	1	1

75555	CASS	1	1
75559	BOWIE	10	10
75560	CASS	1	1
75561	BOWIE	3	3
75562	CASS	1	1
75563	CASS	4	4
75565	CASS	1	1
75567	BOWIE	4	4
75568	MORRIS	1	1
75569	BOWIE	7	7
75570	BOWIE	17	17
75571	MORRIS	3	3
75572	CASS	2	2
75574	BOWIE	4	4
75601	GREGG	15	15
75602	GREGG	8	8
75603	GREGG	8	8
75604	GREGG	35	35
75605	GREGG	65	65
75606	GREGG	2	2
75630	CASS	4	4
75631	PANOLA	1	1
75633	PANOLA	7	7
75638	MORRIS	1	1
75639	PANOLA	1	1
75640	UPSHUR	5	5
75643	PANOLA	2	2
75644	UPSHUR	24	24
75645	UPSHUR	19	19
75647	GREGG	53	53
75650	HARRISON	12	12
75652	RUSK	30	30
75653	RUSK	4	4
75654	RUSK	15	15
75656	CASS	1	1
75657	MARION	3	3
75661	HARRISON	2	2
75662	GREGG	45	45
75663	GREGG	3	3
75667	RUSK	4	4
75668	MORRIS	2	2
75669	PANOLA	2	2
75670	HARRISON	5	5
75671	HARRISON	1	1
75672	HARRISON	5	5
75681	RUSK	6	6
75683	UPSHUR	1	1
75684	RUSK	13	13
75686	CAMP	5	5
75691	RUSK	1	1
75692	HARRISON	1	1

75693	GREGG	22	22
75701	SMITH	357	357
75702	SMITH	106	106
75703	SMITH	528	528
75704	SMITH	55	55
75705	SMITH	23	23
75706	SMITH	57	57
75707	SMITH	266	266
75708	SMITH	75	75
75709	SMITH	56	56
75710	SMITH	1	1
75711	SMITH	17	17
75712	SMITH	10	10
75713	SMITH	14	14
75750	SMITH	36	36
75751	HENDERSON	30	30
75752	HENDERSON	13	13
75754	VAN ZANDT	28	28
75755	UPSHUR	34	34
75756	HENDERSON	16	16
75757	SMITH	65	65
75758	HENDERSON	38	38
75760	NACOGDOCHES	5	5
75762	SMITH	99	99
75763	ANDERSON	21	21
75764	CHEROKEE	1	1
75765	WOOD	44	44
75766	CHEROKEE	69	69
75770	HENDERSON	9	9
75771	SMITH	173	173
75773	WOOD	30	30
75778	HENDERSON	9	9
75779	ANDERSON	1	1
75780	CHEROKEE	1	1
75783	WOOD	17	17
75784	CHEROKEE	2	2
75785	CHEROKEE	41	41
75788	NACOGDOCHES	2	2
75789	SMITH	36	36
75790	VAN ZANDT	13	13
75791	SMITH	137	137
75792	SMITH	73	73
75799	SMITH	2	2
75801	ANDERSON	94	94
75802	ANDERSON	4	4
75803	ANDERSON	86	86
75831	LEON	8	8
75832	ANDERSON	1	1
75833	LEON	9	9
75835	HOUSTON	42	42
75839	ANDERSON	27	27

75840	FREESTONE	10	10
75844	HOUSTON	27	27
75845	TRINITY	6	6
75847	HOUSTON	4	4
75849	HOUSTON	1	1
75850	LEON	3	3
75851	HOUSTON	21	21
75852	MADISON	8	8
75853	ANDERSON	8	8
75855	LEON	9	9
75856	TRINITY	5	5
75859	FREESTONE	1	1
75860	FREESTONE	14	14
75861	ANDERSON	23	23
75862	TRINITY	67	67
75865	TRINITY	1	1
75901	ANGELINA	25	25
75903	ANGELINA	2	2
75904	ANGELINA	18	18
75915	ANGELINA	2	2
75925	CHEROKEE	10	10
75926	TRINITY	2	2
75928	NEWTON	1	1
75929	SAN AUGUSTINE	4	4
75930	SABINE	1	1
75931	SABINE	2	2
75933	NEWTON	1	1
75934	POLK	1	1
75935	SHELBY	1	1
75936	TYLER	3	3
75938	TYLER	6	6
75939	POLK	8	8
75941	ANGELINA	4	4
75942	TYLER	2	2
75943	NACOGDOCHES	5	5
75944	NACOGDOCHES	2	2
75946	NACOGDOCHES	1	1
75948	SABINE	5	5
75949	ANGELINA	2	2
75951	JASPER	22	22
75954	SHELBY	2	2
75956	JASPER	7	7
75959	SABINE	1	1
75960	POLK	3	3
75961	NACOGDOCHES	13	13
75963	NACOGDOCHES	1	1
75964	NACOGDOCHES	13	13
75965	NACOGDOCHES	15	15
75966	NEWTON	4	4
75969	ANGELINA	1	1
75973	SHELBY	1	1

75974	SHELBY	3	3
75975	SHELBY	1	1
75976	CHEROKEE	2	2
75979	TYLER	27	27
75980	ANGELINA	3	3
76001	TARRANT	146	146
76002	TARRANT	117	117
76003	TARRANT	6	6
76004	TARRANT	14	14
76005	TARRANT	44	44
76006	TARRANT	187	187
76007	TARRANT	2	2
76008	PARKER	11	11
76009	JOHNSON	14	14
76010	TARRANT	167	167
76011	TARRANT	114	114
76012	TARRANT	249	249
76013	TARRANT	464	464
76014	TARRANT	130	130
76015	TARRANT	138	138
76016	TARRANT	241	241
76017	TARRANT	226	226
76018	TARRANT	85	85
76019	TARRANT	22	22
76020	TARRANT	18	18
76021	TARRANT	132	132
76022	TARRANT	35	35
76023	WISE	3	3
76028	JOHNSON	87	87
76031	JOHNSON	9	9
76033	JOHNSON	16	16
76034	TARRANT	92	92
76035	HOOD	3	3
76036	TARRANT	25	25
76039	TARRANT	165	165
76040	TARRANT	76	76
76043	SOMERVELL	3	3
76044	JOHNSON	5	5
76048	HOOD	17	17
76049	HOOD	32	32
76050	JOHNSON	9	9
76051	TARRANT	174	174
76052	TARRANT	9	9
76053	TARRANT	49	49
76054	TARRANT	44	44
76055	HILL	2	2
76058	JOHNSON	9	9
76059	JOHNSON	3	3
76060	TARRANT	37	37
76061	JOHNSON	2	2
76063	TARRANT	228	228

76064	ELLIS	3	3
76065	ELLIS	121	121
76066	PARKER	1	1
76067	PALO PINTO	6	6
76070	SOMERVELL	1	1
76071	WISE	1	1
76073	WISE	5	5
76078	WISE	2	2
76082	PARKER	7	7
76084	JOHNSON	11	11
76085	PARKER	1	1
76086	PARKER	10	10
76087	PARKER	25	25
76088	PARKER	2	2
76092	TARRANT	155	155
76093	JOHNSON	1	1
76094	TARRANT	5	5
76096	TARRANT	2	2
76097	JOHNSON	1	1
76099	TARRANT	2	2
76101	TARRANT	1	1
76102	TARRANT	16	16
76103	TARRANT	20	20
76104	TARRANT	24	24
76105	TARRANT	8	8
76106	TARRANT	5	5
76107	TARRANT	60	60
76108	TARRANT	38	38
76109	TARRANT	43	43
76110	TARRANT	32	32
76111	TARRANT	13	13
76112	TARRANT	90	90
76114	TARRANT	7	7
76115	TARRANT	7	7
76116	TARRANT	40	40
76117	TARRANT	20	20
76118	TARRANT	39	39
76119	TARRANT	36	36
76120	TARRANT	63	63
76123	TARRANT	38	38
76124	TARRANT	1	1
76126	TARRANT	40	40
76129	TARRANT	1	1
76131	TARRANT	30	30
76132	TARRANT	33	33
76133	TARRANT	61	61
76134	TARRANT	25	25
76135	TARRANT	8	8
76137	TARRANT	54	54
76140	TARRANT	38	38
76148	TARRANT	27	27

76155	TARRANT	11		11
76161	TARRANT	1		1
76162	TARRANT	2		2
76164	TARRANT	3		3
76177	TARRANT	22		22
76179	TARRANT	36		36
76180	TARRANT	64		64
76181	TARRANT	1		1
76182	TARRANT	58		58
76201	DENTON	16		16
76205	DENTON	26		26
76206	DENTON	1		1
76207	DENTON	20		20
76208	DENTON	30		30
76209	DENTON	25		25
76210	DENTON	76		76
76225	WISE	1		1
76226	DENTON	35		35
76227	DENTON	41		41
76230	MONTAGUE	2		2
76233	GRAYSON	1		1
76234	WISE	6		6
76240	COOKE	14		14
76241	COOKE	2		2
76244	TARRANT	69		69
76245	GRAYSON	2		2
76247	DENTON	4		4
76248	TARRANT	85		85
76249	DENTON	7		7
76251	MONTAGUE	1		1
76252	COOKE	1		1
76255	MONTAGUE	1		1
76258	DENTON	4		4
76259	DENTON	6		6
76262	DENTON	50	1	51
76265	MONTAGUE	1		1
76266	DENTON	11		11
76271	GRAYSON	2		2
76272	COOKE	4		4
76273	GRAYSON	5		5
76301	WICHITA	3		3
76308	WICHITA	4		4
76309	WICHITA	4		4
76310	WICHITA	2		2
76354	WICHITA	2		2
76365	CLAY	1		1
76367	WICHITA	2		2
76370	ARCHER	1		1
76384	WILBARGER	1		1
76401	ERATH	6		6
76424	STEPHENS	1		1

76426	WISE	6	6
76427	JACK	2	2
76430	SHACKELFORD	2	2
76431	WISE	1	1
76433	ERATH	2	2
76436	HAMILTON	2	2
76442	COMANCHE	5	5
76446	ERATH	2	2
76448	EASTLAND	2	2
76450	YOUNG	1	1
76453	PALO PINTO	1	1
76455	COMANCHE	1	1
76457	HAMILTON	2	2
76458	JACK	8	8
76462	HOOD	1	1
76474	COMANCHE	2	2
76476	HOOD	1	1
76486	JACK	2	2
76487	PARKER	3	3
76501	BELL	9	9
76502	BELL	39	39
76504	BELL	16	16
76511	BELL	4	4
76513	BELL	23	23
76518	MILAM	1	1
76520	MILAM	3	3
76522	CORYELL	54	54
76524	MCLENNAN	3	3
76525	CORYELL	7	7
76527	WILLIAMSON	10	10
76528	CORYELL	91	91
76530	WILLIAMSON	6	6
76531	HAMILTON	13	13
76534	BELL	1	1
76537	WILLIAMSON	12	12
76538	CORYELL	7	7
76539	LAMPASAS	6	6
76541	BELL	5	5
76542	BELL	21	21
76543	BELL	4	4
76544	BELL	2	2
76548	BELL	10	10
76549	BELL	23	23
76550	LAMPASAS	20	20
76554	BELL	1	1
76556	MILAM	2	2
76557	MCLENNAN	4	4
76559	BELL	3	3
76561	CORYELL	4	4
76567	MILAM	14	14
76570	FALLS	2	2

76571	BELL	13	13
76574	WILLIAMSON	112	112
76576	CORYELL	1	1
76577	MILAM	4	4
76578	WILLIAMSON	7	7
76579	BELL	4	4
76622	HILL	1	1
76624	MCLENNAN	1	1
76626	NAVARRO	2	2
76627	HILL	1	1
76629	ROBERTSON	3	3
76630	MCLENNAN	1	1
76633	MCLENNAN	3	3
76634	BOSQUE	5	5
76638	MCLENNAN	2	2
76639	NAVARRO	1	1
76641	NAVARRO	3	3
76642	LIMESTONE	4	4
76643	MCLENNAN	8	8
76644	BOSQUE	1	1
76645	HILL	2	2
76648	HILL	2	2
76651	ELLIS	2	2
76653	LIMESTONE	3	3
76655	MCLENNAN	7	7
76656	FALLS	2	2
76657	MCLENNAN	11	11
76661	FALLS	9	9
76664	MCLENNAN	5	5
76667	LIMESTONE	16	16
76670	ELLIS	2	2
76671	BOSQUE	6	6
76682	MCLENNAN	5	5
76689	BOSQUE	6	6
76690	BOSQUE	1	1
76691	MCLENNAN	1	1
76692	HILL	8	8
76693	FREESTONE	3	3
76702	MCLENNAN	1	1
76704	MCLENNAN	1	1
76705	MCLENNAN	11	11
76706	MCLENNAN	10	10
76708	MCLENNAN	12	12
76710	MCLENNAN	16	16
76711	MCLENNAN	3	3
76712	MCLENNAN	18	18
76714	MCLENNAN	1	1
76801	BROWN	17	17
76802	BROWN	4	4
76804	BROWN	1	1
76823	BROWN	6	6

76825	MCCULLOCH	3	3
76832	SAN SABA	1	1
76834	COLEMAN	2	2
76844	MILLS	3	3
76848	MENARD	1	1
76849	KIMBLE	4	4
76853	LAMPASAS	3	3
76856	MASON	7	7
76859	MENARD	1	1
76861	RUNNELS	1	1
76862	CONCHO	1	1
76864	MILLS	2	2
76869	MASON	1	1
76872	MCCULLOCH	1	1
76874	KIMBLE	1	1
76877	SAN SABA	15	15
76878	COLEMAN	4	4
76901	TOM GREEN	6	6
76903	TOM GREEN	6	6
76904	TOM GREEN	4	4
76905	TOM GREEN	1	1
76932	REAGAN	1	1
76941	IRION	1	1
76943	CROCKETT	1	1
76950	SUTTON	1	1
76951	STERLING	1	1
77002	HARRIS	103	103
77003	HARRIS	85	85
77004	HARRIS	474	474
77005	HARRIS	705	705
77006	HARRIS	419	419
77007	HARRIS	359	359
77008	HARRIS	274	274
77009	HARRIS	213	213
77010	HARRIS	5	5
77011	HARRIS	51	51
77012	HARRIS	35	35
77013	HARRIS	28	28
77014	HARRIS	85	85
77015	HARRIS	133	133
77016	HARRIS	115	115
77017	HARRIS	102	102
77018	HARRIS	150	150
77019	HARRIS	273	273
77020	HARRIS	70	70
77021	HARRIS	296	296
77022	HARRIS	69	69
77023	HARRIS	150	150
77024	HARRIS	189	189
77025	HARRIS	1167	1,167
77026	HARRIS	73	73

77027	HARRIS	200	200
77028	HARRIS	54	54
77029	HARRIS	45	45
77030	HARRIS	884	884
77031	HARRIS	106	106
77032	HARRIS	18	18
77033	HARRIS	192	192
77034	HARRIS	111	111
77035	HARRIS	407	407
77036	HARRIS	166	166
77037	HARRIS	21	21
77038	HARRIS	53	53
77039	HARRIS	28	28
77040	HARRIS	107	107
77041	HARRIS	95	95
77042	HARRIS	130	130
77043	HARRIS	67	67
77044	HARRIS	160	160
77045	HARRIS	379	379
77046	HARRIS	33	33
77047	HARRIS	418	418
77048	HARRIS	164	164
77049	HARRIS	141	141
77050	HARRIS	16	16
77051	HARRIS	157	157
77052	HARRIS	1	1
77053	HARRIS	249	249
77054	HARRIS	1359	1,359
77055	HARRIS	122	122
77056	HARRIS	141	141
77057	HARRIS	175	175
77058	HARRIS	156	156
77059	HARRIS	213	213
77060	HARRIS	28	28
77061	HARRIS	77	77
77062	HARRIS	297	297
77063	HARRIS	161	161
77064	HARRIS	146	146
77065	HARRIS	92	92
77066	HARRIS	100	100
77067	HARRIS	41	41
77068	HARRIS	31	31
77069	HARRIS	39	39
77070	HARRIS	96	96
77071	HARRIS	252	252
77072	HARRIS	139	139
77073	HARRIS	88	88
77074	HARRIS	180	180
77075	HARRIS	190	190
77076	HARRIS	58	58
77077	HARRIS	238	238

77078	HARRIS	63		63
77079	HARRIS	117		117
77080	HARRIS	84		84
77081	HARRIS	226		226
77082	HARRIS	229		229
77083	HARRIS	392		392
77084	HARRIS	253		253
77085	HARRIS	156		156
77086	HARRIS	35		35
77087	HARRIS	146		146
77088	HARRIS	144		144
77089	HARRIS	411		411
77090	HARRIS	84		84
77091	HARRIS	74		74
77092	HARRIS	95		95
77093	HARRIS	60		60
77094	HARRIS	31		31
77095	HARRIS	213		213
77096	HARRIS	670		670
77098	HARRIS	297		297
77099	HARRIS	152		152
77205	HARRIS	2		2
77206	HARRIS	2		2
77207	HARRIS	5		5
77210	HARRIS	1	1	2
77213	HARRIS	3		3
77215	HARRIS	1		1
77217	HARRIS	2		2
77218	HARRIS	1		1
77219	HARRIS	5		5
77220	HARRIS	2		2
77221	HARRIS	5		5
77222	HARRIS	1		1
77223	HARRIS	2		2
77224	HARRIS	2		2
77225	HARRIS	15		15
77226	HARRIS	1		1
77227	HARRIS	5		5
77228	HARRIS	1		1
77229	HARRIS	4		4
77230	HARRIS	25		25
77231	HARRIS	3		3
77233	HARRIS	6		6
77234	HARRIS	2		2
77235	HARRIS	6		6
77238	HARRIS	1		1
77240	HARRIS	1		1
77242	HARRIS	4		4
77245	HARRIS	5		5
77249	HARRIS	4		4
77251	HARRIS	2		2

77252	HARRIS	1	1
77254	HARRIS	10	10
77257	HARRIS	1	1
77258	HARRIS	3	3
77266	HARRIS	9	9
77267	HARRIS	2	2
77268	HARRIS	1	1
77270	HARRIS	2	2
77271	HARRIS	4	4
77272	HARRIS	5	5
77273	HARRIS	1	1
77274	HARRIS	2	2
77275	HARRIS	2	2

**Does not include dependents

University of Texas System Office of Employee Benefits
Uniform Group Insurance Program
Exhibit C
Health Plan Enrollment by Zip with County* – September, 2018

Zip	County	UT SELECT Subscribers**		
		In–Area	Out–of–Area	Total
77277	HARRIS	8		8
77279	HARRIS	1		1
77284	HARRIS	3		3
77287	HARRIS	2		2
77288	HARRIS	3		3
77289	HARRIS	3		3
77290	HARRIS	3		3
77292	HARRIS	1		1
77293	HARRIS	1		1
77301	MONTGOMERY	34		34
77302	MONTGOMERY	33		33
77303	MONTGOMERY	27		27
77304	MONTGOMERY	79		79
77306	MONTGOMERY	13		13
77316	MONTGOMERY	36		36
77318	MONTGOMERY	29		29
77320	WALKER	156		156
77325	HARRIS	1		1
77327	LIBERTY	36		36
77328	LIBERTY	11		11
77331	SAN JACINTO	11		11
77334	WALKER	3		3
77335	POLK	4		4
77336	HARRIS	21		21
77338	HARRIS	121		121
77339	HARRIS	124		124
77340	WALKER	142		142
77342	WALKER	10		10
77345	HARRIS	90		90
77346	HARRIS	243		243
77347	HARRIS	5		5
77348	WALKER	1		1
77350	POLK	1		1
77351	POLK	74		74
77354	MONTGOMERY	44		44
77355	MONTGOMERY	29		29
77356	MONTGOMERY	76		76
77357	MONTGOMERY	29		29
77358	WALKER	12		12
77359	SAN JACINTO	2		2
77360	POLK	18		18
77362	MONTGOMERY	9		9

77363	GRIMES	6	6
77364	SAN JACINTO	17	17
77365	MONTGOMERY	67	67
77367	WALKER	7	7
77368	LIBERTY	1	1
77369	LIBERTY	3	3
77371	SAN JACINTO	11	11
77372	MONTGOMERY	24	24
77373	HARRIS	154	154
77374	HARDIN	1	1
77375	HARRIS	75	75
77376	HARDIN	1	1
77377	HARRIS	68	68
77378	MONTGOMERY	27	27
77379	HARRIS	182	182
77380	MONTGOMERY	50	50
77381	MONTGOMERY	89	89
77382	HARRIS	55	55
77383	HARRIS	5	5
77384	MONTGOMERY	49	49
77385	MONTGOMERY	55	55
77386	MONTGOMERY	135	135
77387	MONTGOMERY	2	2
77388	HARRIS	154	154
77389	HARRIS	73	73
77391	HARRIS	2	2
77393	MONTGOMERY	1	1
77396	HARRIS	201	201
77399	POLK	35	35
77401	HARRIS	614	614
77402	HARRIS	11	11
77404	MATAGORDA	5	5
77406	FORT BEND	229	229
77407	FORT BEND	402	402
77410	HARRIS	4	4
77411	HARRIS	3	3
77414	MATAGORDA	7	7
77418	AUSTIN	9	9
77419	MATAGORDA	1	1
77420	WHARTON	1	1
77422	BRAZORIA	28	28
77423	WALLER	16	16
77426	WASHINGTON	3	3
77429	HARRIS	192	192
77430	BRAZORIA	10	10
77433	HARRIS	216	216
77434	COLORADO	2	2
77435	WHARTON	7	7
77437	WHARTON	13	13
77440	MATAGORDA	1	1
77441	FORT BEND	47	47

77442	COLORADO	1	1
77444	FORT BEND	3	3
77445	WALLER	8	8
77446	WALLER	1	1
77447	HARRIS	21	21
77448	WHARTON	2	2
77449	HARRIS	320	320
77450	HARRIS	221	221
77454	WHARTON	2	2
77456	MATAGORDA	4	4
77457	MATAGORDA	1	1
77459	FORT BEND	1396	1,396
77461	FORT BEND	14	14
77465	MATAGORDA	5	5
77466	WALLER	3	3
77469	FORT BEND	307	307
77470	COLORADO	2	2
77471	FORT BEND	96	96
77473	AUSTIN	1	1
77474	AUSTIN	4	4
77475	COLORADO	1	1
77476	FORT BEND	1	1
77477	FORT BEND	362	362
77478	FORT BEND	379	379
77479	FORT BEND	1133	1,133
77480	BRAZORIA	13	13
77481	FORT BEND	2	2
77482	MATAGORDA	2	2
77484	WALLER	13	13
77485	AUSTIN	2	2
77486	BRAZORIA	20	20
77487	FORT BEND	3	3
77488	WHARTON	15	15
77489	FORT BEND	475	475
77491	HARRIS	2	2
77493	HARRIS	87	87
77494	HARRIS	338	338
77496	FORT BEND	5	5
77497	FORT BEND	7	7
77498	FORT BEND	365	365
77501	HARRIS	1	1
77502	HARRIS	69	69
77503	HARRIS	52	52
77504	HARRIS	68	68
77505	HARRIS	121	121
77506	HARRIS	46	46
77507	HARRIS	3	3
77508	HARRIS	1	1
77510	GALVESTON	405	405
77511	BRAZORIA	285	285
77512	BRAZORIA	7	7

77514	CHAMBERS	3	3
77515	BRAZORIA	177	177
77516	BRAZORIA	8	8
77517	GALVESTON	130	130
77518	GALVESTON	75	75
77520	HARRIS	57	57
77521	HARRIS	95	95
77522	HARRIS	8	8
77523	CHAMBERS	46	46
77530	HARRIS	63	63
77531	BRAZORIA	36	36
77532	HARRIS	68	68
77533	LIBERTY	1	1
77534	BRAZORIA	20	20
77535	LIBERTY	49	49
77536	HARRIS	139	139
77538	LIBERTY	2	2
77539	GALVESTON	886	886
77541	BRAZORIA	30	30
77545	FORT BEND	287	287
77546	GALVESTON	622	622
77547	HARRIS	12	12
77549	GALVESTON	9	9
77550	GALVESTON	1937	1,937
77551	GALVESTON	1346	1,346
77552	GALVESTON	48	48
77553	GALVESTON	34	34
77554	GALVESTON	578	578
77555	GALVESTON	49	49
77561	LIBERTY	2	2
77562	HARRIS	19	19
77563	GALVESTON	315	315
77564	LIBERTY	2	2
77565	GALVESTON	90	90
77566	BRAZORIA	106	106
77568	GALVESTON	745	745
77571	HARRIS	114	114
77572	HARRIS	1	1
77573	GALVESTON	1973	1,973
77574	GALVESTON	14	14
77575	LIBERTY	18	18
77577	BRAZORIA	12	12
77578	BRAZORIA	429	429
77580	CHAMBERS	6	6
77581	BRAZORIA	521	521
77583	BRAZORIA	332	332
77584	BRAZORIA	2220	2,220
77586	HARRIS	191	191
77587	HARRIS	40	40
77588	BRAZORIA	8	8
77590	GALVESTON	857	857

77591	GALVESTON	664	664
77592	GALVESTON	36	36
77597	CHAMBERS	1	1
77598	HARRIS	221	221
77611	ORANGE	5	5
77612	JASPER	6	6
77613	JEFFERSON	1	1
77617	GALVESTON	2	2
77619	JEFFERSON	17	17
77623	GALVESTON	9	9
77624	TYLER	2	2
77625	HARDIN	5	5
77626	ORANGE	3	3
77627	JEFFERSON	13	13
77630	ORANGE	18	18
77631	ORANGE	1	1
77632	ORANGE	18	18
77639	ORANGE	2	2
77640	JEFFERSON	12	12
77642	JEFFERSON	22	22
77643	JEFFERSON	1	1
77650	GALVESTON	38	38
77651	JEFFERSON	16	16
77655	JEFFERSON	1	1
77656	HARDIN	9	9
77657	HARDIN	27	27
77659	HARDIN	3	3
77662	ORANGE	15	15
77663	HARDIN	2	2
77664	TYLER	9	9
77665	CHAMBERS	5	5
77670	ORANGE	4	4
77701	JEFFERSON	10	10
77702	JEFFERSON	7	7
77703	JEFFERSON	6	6
77704	JEFFERSON	1	1
77705	JEFFERSON	31	31
77706	JEFFERSON	25	25
77707	JEFFERSON	20	20
77708	JEFFERSON	9	9
77710	JEFFERSON	1	1
77713	JEFFERSON	14	14
77720	JEFFERSON	3	3
77726	JEFFERSON	4	4
77801	BRAZOS	4	4
77802	BRAZOS	15	15
77803	BRAZOS	7	7
77805	BRAZOS	1	1
77806	BRAZOS	1	1
77807	BRAZOS	5	5
77808	BRAZOS	10	10

77830	GRIMES	4	4
77831	GRIMES	11	11
77833	WASHINGTON	22	22
77834	WASHINGTON	5	5
77835	WASHINGTON	8	8
77836	BURLESON	7	7
77840	BRAZOS	9	9
77842	BRAZOS	1	1
77845	BRAZOS	47	47
77852	BURLESON	1	1
77853	LEE	2	2
77855	LEON	1	1
77857	MILAM	1	1
77861	GRIMES	3	3
77864	MADISON	21	21
77865	LEON	1	1
77868	GRIMES	12	12
77871	LEON	4	4
77872	MADISON	4	4
77873	GRIMES	3	3
77876	GRIMES	1	1
77879	BURLESON	5	5
77880	WASHINGTON	5	5
77882	ROBERTSON	1	1
77901	VICTORIA	11	11
77903	VICTORIA	4	4
77904	VICTORIA	13	13
77905	VICTORIA	6	6
77951	VICTORIA	1	1
77954	DE WITT	7	7
77957	JACKSON	3	3
77962	JACKSON	1	1
77963	GOLIAD	7	7
77964	LAVACA	10	10
77968	VICTORIA	2	2
77969	JACKSON	1	1
77974	DE WITT	1	1
77975	LAVACA	1	1
77979	CALHOUN	4	4
77982	CALHOUN	1	1
77983	CALHOUN	1	1
77984	LAVACA	1	1
77993	GOLIAD	1	1
77995	LAVACA	3	3
78002	BEXAR	17	17
78003	BANDERA	32	32
78004	KENDALL	3	3
78005	FRIO	1	1
78006	KENDALL	293	293
78009	MEDINA	30	30
78013	KENDALL	11	11

78014	LA SALLE	4	4
78015	BEXAR	146	146
78016	MEDINA	25	25
78017	FRIO	8	8
78022	LIVE OAK	2	2
78023	BEXAR	469	469
78024	KERR	3	3
78025	KERR	9	9
78026	ATASCOSA	4	4
78027	KENDALL	1	1
78028	KERR	50	50
78029	KERR	2	2
78039	MEDINA	5	5
78040	WEBB	5	5
78041	WEBB	11	11
78043	WEBB	8	8
78044	WEBB	2	2
78045	WEBB	22	22
78046	WEBB	10	10
78050	ATASCOSA	3	3
78052	ATASCOSA	20	20
78054	BEXAR	1	1
78055	BANDERA	4	4
78056	MEDINA	16	16
78057	FRIO	2	2
78058	KERR	4	4
78059	MEDINA	8	8
78061	FRIO	6	6
78063	BANDERA	65	65
78064	ATASCOSA	8	8
78065	ATASCOSA	22	22
78066	MEDINA	8	8
78067	ZAPATA	1	1
78069	BEXAR	8	8
78070	COMAL	58	58
78071	LIVE OAK	2	2
78073	BEXAR	18	18
78076	ZAPATA	2	2
78101	BEXAR	15	15
78102	BEE	70	70
78104	BEE	7	7
78108	GUADALUPE	49	49
78109	BEXAR	61	61
78112	BEXAR	7	7
78113	KARNES	3	3
78114	WILSON	36	36
78117	KARNES	3	3
78118	KARNES	5	5
78119	KARNES	13	13
78121	WILSON	18	18
78123	GUADALUPE	1	1

78124	GUADALUPE	7	7
78130	COMAL	100	100
78131	COMAL	4	4
78132	COMAL	50	50
78133	COMAL	40	40
78140	GONZALES	2	2
78141	DE WITT	1	1
78142	BEE	1	1
78145	BEE	2	2
78146	BEE	1	1
78147	WILSON	2	2
78148	BEXAR	32	32
78151	KARNES	2	2
78152	BEXAR	7	7
78154	GUADALUPE	74	74
78155	GUADALUPE	38	38
78156	GUADALUPE	3	3
78160	WILSON	4	4
78161	WILSON	1	1
78162	BEE	2	2
78163	COMAL	43	43
78164	DE WITT	14	14
78201	BEXAR	214	214
78202	BEXAR	17	17
78203	BEXAR	5	5
78204	BEXAR	46	46
78205	BEXAR	13	13
78207	BEXAR	82	82
78208	BEXAR	15	15
78209	BEXAR	316	316
78210	BEXAR	105	105
78211	BEXAR	53	53
78212	BEXAR	196	196
78213	BEXAR	217	217
78214	BEXAR	32	32
78215	BEXAR	28	28
78216	BEXAR	174	174
78217	BEXAR	90	90
78218	BEXAR	75	75
78219	BEXAR	18	18
78220	BEXAR	15	15
78221	BEXAR	71	71
78222	BEXAR	30	30
78223	BEXAR	100	100
78224	BEXAR	36	36
78225	BEXAR	25	25
78226	BEXAR	18	18
78227	BEXAR	150	150
78228	BEXAR	272	272
78229	BEXAR	439	439
78230	BEXAR	556	556

78231	BEXAR	126		126
78232	BEXAR	219		219
78233	BEXAR	114		114
78235	BEXAR	4		4
78236	BEXAR	2	2	4
78237	BEXAR	95		95
78238	BEXAR	144		144
78239	BEXAR	46		46
78240	BEXAR	723		723
78242	BEXAR	52		52
78244	BEXAR	45		45
78245	BEXAR	294		294
78246	BEXAR	2		2
78247	BEXAR	176		176
78248	BEXAR	187		187
78249	BEXAR	741		741
78250	BEXAR	420		420
78251	BEXAR	257		257
78252	BEXAR	24		24
78253	BEXAR	238		238
78254	BEXAR	475		475
78255	BEXAR	248		248
78256	BEXAR	193		193
78257	BEXAR	130		130
78258	BEXAR	369		369
78259	BEXAR	137		137
78260	BEXAR	153		153
78261	BEXAR	57		57
78263	BEXAR	5		5
78264	BEXAR	10		10
78265	BEXAR	2		2
78266	COMAL	22		22
78268	BEXAR	4		4
78269	BEXAR	12		12
78270	BEXAR	5		5
78278	BEXAR	16		16
78280	BEXAR	3		3
78283	BEXAR	5		5
78296	BEXAR	1		1
78332	JIM WELLS	6		6
78335	SAN PATRICIO	5		5
78336	SAN PATRICIO	12		12
78343	NUECES	1		1
78344	WEBB	3		3
78357	DUVAL	1		1
78358	ARANSAS	1		1
78362	SAN PATRICIO	7		7
78363	KLEBERG	2		2
78364	KLEBERG	1		1
78368	SAN PATRICIO	5		5
78370	SAN PATRICIO	3		3

78372	JIM WELLS	2	2
78373	NUECES	83	83
78374	SAN PATRICIO	6	6
78377	REFUGIO	1	1
78379	KLEBERG	1	1
78380	NUECES	2	2
78381	ARANSAS	3	3
78382	ARANSAS	19	19
78383	JIM WELLS	2	2
78384	DUVAL	1	1
78387	SAN PATRICIO	2	2
78389	BEE	5	5
78390	SAN PATRICIO	1	1
78391	BEE	2	2
78401	NUECES	2	2
78403	NUECES	2	2
78404	NUECES	9	9
78410	NUECES	4	4
78411	NUECES	4	4
78412	NUECES	18	18
78413	NUECES	8	8
78414	NUECES	20	20
78415	NUECES	4	4
78416	NUECES	2	2
78418	NUECES	30	30
78466	NUECES	1	1
78480	NUECES	1	1
78501	HIDALGO	211	211
78502	HIDALGO	14	14
78503	HIDALGO	52	52
78504	HIDALGO	532	532
78505	HIDALGO	2	2
78516	HIDALGO	38	38
78520	CAMERON	277	277
78521	CAMERON	285	285
78522	CAMERON	1	1
78523	CAMERON	11	11
78526	CAMERON	277	277
78535	CAMERON	2	2
78536	STARR	3	3
78537	HIDALGO	41	41
78538	HIDALGO	26	26
78539	HIDALGO	711	711
78540	HIDALGO	57	57
78541	HIDALGO	376	376
78542	HIDALGO	206	206
78543	HIDALGO	35	35
78547	STARR	1	1
78549	HIDALGO	1	1
78550	CAMERON	132	132
78551	CAMERON	3	3

78552	CAMERON	126	126
78553	CAMERON	6	6
78557	HIDALGO	20	20
78558	HIDALGO	12	12
78559	CAMERON	23	23
78560	HIDALGO	2	2
78562	HIDALGO	5	5
78563	HIDALGO	1	1
78565	HIDALGO	1	1
78566	CAMERON	56	56
78567	CAMERON	1	1
78569	WILLACY	9	9
78570	HIDALGO	33	33
78572	HIDALGO	125	125
78573	HIDALGO	64	64
78574	HIDALGO	78	78
78575	CAMERON	68	68
78576	HIDALGO	11	11
78577	HIDALGO	114	114
78578	CAMERON	34	34
78579	HIDALGO	5	5
78580	WILLACY	21	21
78582	STARR	23	23
78583	CAMERON	5	5
78584	STARR	3	3
78586	CAMERON	69	69
78589	HIDALGO	70	70
78591	STARR	1	1
78593	CAMERON	6	6
78594	WILLACY	2	2
78595	HIDALGO	2	2
78596	HIDALGO	61	61
78597	CAMERON	26	26
78599	HIDALGO	32	32
78602	BASTROP	271	271
78605	BURNET	21	21
78606	BLANCO	20	20
78607	LLANO	1	1
78609	LLANO	14	14
78610	HAYS	254	254
78611	BURNET	37	37
78612	BASTROP	73	73
78613	WILLIAMSON	387	387
78614	GONZALES	1	1
78615	WILLIAMSON	10	10
78616	CALDWELL	38	38
78617	TRAVIS	92	92
78619	HAYS	46	46
78620	HAYS	128	128
78621	BASTROP	227	227
78622	CALDWELL	2	2

78623	COMAL	6	6
78624	GILLESPIE	36	36
78626	WILLIAMSON	81	81
78627	WILLIAMSON	4	4
78628	WILLIAMSON	159	159
78629	GONZALES	7	7
78630	WILLIAMSON	5	5
78631	GILLESPIE	3	3
78632	GONZALES	2	2
78633	WILLIAMSON	120	120
78634	WILLIAMSON	107	107
78636	BLANCO	12	12
78638	GUADALUPE	3	3
78639	LLANO	17	17
78640	HAYS	276	276
78641	WILLIAMSON	290	290
78642	WILLIAMSON	61	61
78643	LLANO	6	6
78644	CALDWELL	74	74
78645	TRAVIS	65	65
78646	WILLIAMSON	4	4
78648	CALDWELL	8	8
78650	BASTROP	20	20
78651	TRAVIS	1	1
78652	TRAVIS	61	61
78653	TRAVIS	203	203
78654	BURNET	39	39
78655	CALDWELL	9	9
78656	CALDWELL	5	5
78657	BURNET	16	16
78659	BASTROP	25	25
78660	TRAVIS	653	653
78661	CALDWELL	1	1
78662	BASTROP	14	14
78663	BLANCO	8	8
78664	WILLIAMSON	235	235
78665	WILLIAMSON	189	189
78666	HAYS	130	130
78667	HAYS	8	8
78669	TRAVIS	65	65
78671	GILLESPIE	4	4
78672	LLANO	4	4
78674	WILLIAMSON	1	1
78676	HAYS	69	69
78680	WILLIAMSON	10	10
78681	WILLIAMSON	228	228
78683	WILLIAMSON	1	1
78691	TRAVIS	5	5
78701	TRAVIS	199	199
78702	TRAVIS	450	450
78703	TRAVIS	1228	1,228

78704	TRAVIS	766		766
78705	TRAVIS	1220		1,220
78708	TRAVIS	9		9
78709	TRAVIS	8		8
78711	TRAVIS	7		7
78712	TRAVIS	106		106
78713	TRAVIS	65		65
78714	TRAVIS	14		14
78715	TRAVIS	9		9
78716	TRAVIS	4		4
78717	WILLIAMSON	203		203
78718	TRAVIS	1		1
78719	TRAVIS	8		8
78720	TRAVIS	10		10
78721	TRAVIS	173		173
78722	TRAVIS	419	1	420
78723	TRAVIS	917		917
78724	TRAVIS	137		137
78725	TRAVIS	93		93
78726	TRAVIS	86		86
78727	TRAVIS	388		388
78728	TRAVIS	173		173
78729	WILLIAMSON	265		265
78730	TRAVIS	105		105
78731	TRAVIS	1433	1	1,434
78732	TRAVIS	106		106
78733	TRAVIS	116		116
78734	TRAVIS	142		142
78735	TRAVIS	201		201
78736	TRAVIS	118		118
78737	TRAVIS	145		145
78738	TRAVIS	104		104
78739	TRAVIS	260		260
78741	TRAVIS	573		573
78742	TRAVIS	2		2
78744	TRAVIS	306		306
78745	TRAVIS	732		732
78746	TRAVIS	529		529
78747	TRAVIS	142		142
78748	TRAVIS	453		453
78749	TRAVIS	477		477
78750	TRAVIS	358		358
78751	TRAVIS	1518		1,518
78752	TRAVIS	317		317
78753	TRAVIS	368		368
78754	TRAVIS	217		217
78755	TRAVIS	13		13
78756	TRAVIS	400		400
78757	TRAVIS	751		751
78758	TRAVIS	505		505
78759	TRAVIS	959		959

78760	TRAVIS	7	7
78761	TRAVIS	4	4
78762	TRAVIS	1	1
78763	TRAVIS	21	21
78764	TRAVIS	1	1
78765	TRAVIS	27	27
78766	TRAVIS	17	17
78767	TRAVIS	5	5
78768	TRAVIS	8	8
78801	UVALDE	6	6
78802	UVALDE	1	1
78832	KINNEY	2	2
78833	REAL	2	2
78834	DIMMIT	2	2
78838	UVALDE	1	1
78839	ZAVALA	1	1
78840	VAL VERDE	1	1
78841	VAL VERDE	1	1
78842	VAL VERDE	1	1
78850	MEDINA	2	2
78852	MAVERICK	8	8
78861	MEDINA	25	25
78870	UVALDE	1	1
78872	ZAVALA	1	1
78873	REAL	1	1
78880	EDWARDS	1	1
78883	BANDERA	1	1
78884	UVALDE	3	3
78885	BANDERA	1	1
78886	MEDINA	3	3
78932	FAYETTE	2	2
78933	AUSTIN	3	3
78934	COLORADO	1	1
78938	FAYETTE	1	1
78940	FAYETTE	8	8
78941	FAYETTE	10	10
78942	LEE	16	16
78944	AUSTIN	2	2
78945	FAYETTE	23	23
78946	FAYETTE	2	2
78947	LEE	22	22
78949	FAYETTE	8	8
78950	AUSTIN	4	4
78953	BASTROP	22	22
78954	FAYETTE	9	9
78956	FAYETTE	2	2
78957	BASTROP	126	126
78959	GONZALES	2	2
78962	COLORADO	7	7
78963	FAYETTE	3	3
79015	RANDALL	2	2

79029	MOORE	1	1
79036	HUTCHINSON	1	1
79039	GRAY	1	1
79072	HALE	1	1
79092	OLDHAM	1	1
79103	POTTER	1	1
79106	POTTER	3	3
79109	RANDALL	3	3
79110	RANDALL	2	2
79119	RANDALL	2	2
79121	RANDALL	2	2
79124	POTTER	1	1
79237	DONLEY	1	1
79244	MOTLEY	1	1
79248	COTTLE	2	2
79316	TERRY	2	2
79322	CROSBY	1	1
79331	DAWSON	1	1
79336	HOCKLEY	1	1
79360	GAINES	1	1
79364	LUBBOCK	1	1
79366	LUBBOCK	1	1
79382	LUBBOCK	1	1
79401	LUBBOCK	1	1
79407	LUBBOCK	5	5
79408	LUBBOCK	1	1
79410	LUBBOCK	1	1
79413	LUBBOCK	1	1
79416	LUBBOCK	4	4
79423	LUBBOCK	4	4
79424	LUBBOCK	5	5
79464	LUBBOCK	3	3
79508	TAYLOR	1	1
79510	CALLAHAN	1	1
79512	MITCHELL	1	1
79520	JONES	1	1
79553	JONES	1	1
79556	NOLAN	2	2
79567	RUNNELS	1	1
79601	TAYLOR	3	3
79602	TAYLOR	2	2
79604	TAYLOR	1	1
79605	TAYLOR	3	3
79606	TAYLOR	9	9
79701	MIDLAND	17	17
79702	MIDLAND	1	1
79703	MIDLAND	15	15
79704	MIDLAND	1	1
79705	MIDLAND	78	78
79706	MIDLAND	23	23
79707	MIDLAND	53	53

79710	MIDLAND	3	3
79714	ANDREWS	5	5
79720	HOWARD	1	1
79731	CRANE	4	4
79734	JEFF DAVIS	90	90
79735	PECOS	6	6
79739	GLASSCOCK	1	1
79756	WARD	3	3
79758	ECTOR	4	4
79760	ECTOR	4	4
79761	ECTOR	86	86
79762	ECTOR	177	177
79763	ECTOR	41	41
79764	ECTOR	24	24
79765	ECTOR	82	82
79766	ECTOR	5	5
79768	ECTOR	5	5
79769	ECTOR	3	3
79772	REEVES	1	1
79783	MARTIN	2	2
79788	WARD	1	1
79821	EL PASO	10	10
79830	BREWSTER	1	1
79831	BREWSTER	3	3
79835	EL PASO	19	19
79836	EL PASO	4	4
79838	EL PASO	1	1
79839	HUDSPETH	1	1
79843	PRESIDIO	4	4
79849	EL PASO	4	4
79853	EL PASO	1	1
79901	EL PASO	8	8
79902	EL PASO	390	390
79903	EL PASO	69	69
79904	EL PASO	72	72
79905	EL PASO	51	51
79906	EL PASO	1	1
79907	EL PASO	99	99
79911	EL PASO	60	60
79912	EL PASO	929	929
79913	EL PASO	11	11
79915	EL PASO	80	80
79917	EL PASO	1	1
79922	EL PASO	70	70
79923	EL PASO	2	2
79924	EL PASO	145	145
79925	EL PASO	134	134
79926	EL PASO	1	1
79927	EL PASO	37	37
79928	EL PASO	84	84
79930	EL PASO	113	113

79932	EL PASO	154		154
79934	EL PASO	56		56
79935	EL PASO	42		42
79936	EL PASO	260		260
79938	EL PASO	230		230
79943	EL PASO	1		1
79947	EL PASO	2		2
79952	EL PASO	1		1
79968	EL PASO	19		19
79995	EL PASO	2		2
79997	EL PASO	2		2
88546	EL PASO	1		1
	International/ Out of State	53	2,787	2,840
	Total	**119,226**	**2,796**	**122,022**

UT CONNECT Subscribers**

Zip	County	Total
75001	DALLAS	9
75002	COLLIN	8
75006	DALLAS	18
75007	DENTON	30
75010	DENTON	14
75013	COLLIN	16
75019	DALLAS	52
75022	DENTON	8
75023	COLLIN	18
75024	COLLIN	20
75025	COLLIN	29
75026	COLLIN	1
75028	DENTON	11
75032	ROCKWALL	9
75033	DENTON	3
75034	COLLIN	11
75035	COLLIN	14
75038	DALLAS	16
75039	DALLAS	17
75040	DALLAS	7
75041	DALLAS	6
75042	DALLAS	5
75043	DALLAS	27
75044	DALLAS	13
75048	DALLAS	4
75049	DALLAS	1
75050	DALLAS	14
75051	DALLAS	3
75052	DALLAS	26
75054	DALLAS	7
75056	DENTON	15
75057	DENTON	3
75060	DALLAS	21
75061	DALLAS	19
75062	DALLAS	18
75063	DALLAS	35
75065	DENTON	3
75067	DENTON	12
75068	DENTON	8
75069	COLLIN	1
75070	COLLIN	17
75071	COLLIN	5

75074	COLLIN	11
75075	COLLIN	15
75077	DENTON	7
75078	COLLIN	3
75080	DALLAS	21
75081	DALLAS	7
75082	DALLAS	7
75087	ROCKWALL	7
75088	DALLAS	12
75089	ROCKWALL	14
75093	COLLIN	22
75094	COLLIN	14
75098	DALLAS	13
75104	DALLAS	27
75114	KAUFMAN	2
75115	DALLAS	31
75116	DALLAS	4
75119	ELLIS	2
75125	ELLIS	1
75126	KAUFMAN	6
75134	DALLAS	20
75137	DALLAS	7
75138	DALLAS	1
75142	KAUFMAN	2
75146	DALLAS	10
75149	DALLAS	10
75150	DALLAS	19
75154	ELLIS	3
75159	DALLAS	3
75160	KAUFMAN	1
75165	ELLIS	3
75166	COLLIN	1
75172	DALLAS	2
75173	COLLIN	2
75180	DALLAS	2
75181	DALLAS	10
75182	DALLAS	8
75189	ROCKWALL	6
75201	DALLAS	11
75202	DALLAS	1
75203	DALLAS	5
75204	DALLAS	11
75205	DALLAS	18
75206	DALLAS	29
75207	DALLAS	3
75208	DALLAS	20
75209	DALLAS	13
75211	DALLAS	18
75212	DALLAS	11
75214	DALLAS	23
75215	DALLAS	4

75216	DALLAS	9
75217	DALLAS	13
75218	DALLAS	10
75219	DALLAS	54
75220	DALLAS	19
75222	DALLAS	1
75223	DALLAS	5
75224	DALLAS	8
75225	DALLAS	12
75226	DALLAS	2
75227	DALLAS	13
75228	DALLAS	18
75229	DALLAS	24
75230	DALLAS	13
75231	DALLAS	13
75232	DALLAS	9
75234	DALLAS	10
75235	DALLAS	117
75236	DALLAS	7
75237	DALLAS	4
75238	DALLAS	10
75240	DALLAS	4
75241	DALLAS	4
75243	DALLAS	11
75244	DALLAS	9
75247	DALLAS	5
75248	DALLAS	14
75249	DALLAS	9
75252	DALLAS	8
75253	DALLAS	6
75254	DALLAS	5
75287	DALLAS	20
75390	DALLAS	1
75407	COLLIN	1
75409	COLLIN	2
75472	RAINS	1
75751	HENDERSON	1
76001	TARRANT	7
76002	TARRANT	10
76005	TARRANT	5
76006	TARRANT	7
76008	PARKER	1
76010	TARRANT	7
76011	TARRANT	3
76012	TARRANT	20
76013	TARRANT	25
76014	TARRANT	3
76015	TARRANT	6
76016	TARRANT	10
76017	TARRANT	14
76018	TARRANT	6

76020	TARRANT	1
76021	TARRANT	11
76022	TARRANT	10
76028	JOHNSON	1
76034	TARRANT	7
76036	TARRANT	3
76039	TARRANT	16
76040	TARRANT	13
76051	TARRANT	8
76052	TARRANT	2
76053	TARRANT	7
76054	TARRANT	3
76060	TARRANT	3
76063	TARRANT	11
76065	ELLIS	4
76087	PARKER	1
76092	TARRANT	9
76107	TARRANT	2
76108	TARRANT	2
76109	TARRANT	1
76111	TARRANT	2
76112	TARRANT	3
76114	TARRANT	2
76115	TARRANT	1
76116	TARRANT	1
76118	TARRANT	2
76119	TARRANT	1
76120	TARRANT	5
76123	TARRANT	6
76131	TARRANT	4
76132	TARRANT	1
76133	TARRANT	4
76135	TARRANT	2
76137	TARRANT	6
76140	TARRANT	2
76148	TARRANT	2
76155	TARRANT	4
76179	TARRANT	5
76180	TARRANT	5
76182	TARRANT	2
76201	DENTON	2
76205	DENTON	1
76208	DENTON	7
76209	DENTON	2
76210	DENTON	5
76226	DENTON	1
76227	DENTON	1
76244	TARRANT	4
76247	DENTON	1
76248	TARRANT	1
76262	DENTON	3

76266	DENTON	1
77354	MONTGOMERY	1
	Out of State	1
	Total	**1,879**