

REQUEST FOR PROPOSAL (RFP)
for Audit Services
for the
Self-Funded Benefit Plans Provided
for the
Employees and Retired Employees
of
The University of Texas System



For The Period Beginning MARCH 1, 2012



The University of Texas System

Nine Universities. Six Health Institutions. Unlimited Possibilities.

Office of Employee Benefits

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Phone: 512-499-4616 Fax: 512-499-4620

November 30, 2011

The University of Texas at
Arlington
The University of Texas at
Austin
The University of Texas at
Brownsville
The University of Texas at
Dallas
The University of Texas at El
Paso
The University of Texas – Pan
American
The University of Texas
of the Permian Basin
The University of Texas at
San Antonio
The University of Texas at
Tyler

The University of Texas System (the System) has prepared a Request for Proposal (RFP) to audits of the benefit plans provided to the participants of the UT Select Plan and the UT Dental Select Plan. The audits will cover the Plan Years 2011, 2012, 2013, and may also include additional plan years as determined by the System. The contract will be for an initial three year period and may be renewed for one three (3) year renewal of the contract at the sole option of the System. The services requested and described in the RFP include auditing claims administration, contract compliance, and administrative costs of the administrators specified in the RFP.

The System will base its evaluation and selection of an award on the basis of demonstrated competence and qualifications to perform the services requested for a fair and reasonable price. The responding firms will be evaluated on factors including, but not limited to, the following: 1) compliance with the RFP; 2) commitment to meeting the deadlines as outlined in the Timetable; and 3) willingness to accept and sign a contract with the System.

You are encouraged to review the document thoroughly and seek from the System any clarification and/or additional information you find necessary to complete your response. A conference for interested vendors will be held at 10:00 CST on Wednesday, January 4, 2012 at the System. Information and addendums will be posted on a System website located at <http://utdirect.utexas.edu/rfp>.

One original and three (3) identical copies of the completed response plus one (1) electronic copy are due to the System by Tuesday, January 17, 2012 at 3:00 p.m. Central Standard Time.

We appreciate your interest and look forward to receiving your response.

Sincerely,

Laura Chambers
Director

Kathi Shipley
Program Accounting and Finance Manager

The University of Texas
Southwestern Medical Center
at Dallas
The University of Texas
Medical Branch at Galveston
The University of Texas
Health Science Center at
Houston
The University of Texas
Health Science Center at San
Antonio
The University of Texas
M. D. Anderson Cancer
Center
The University of Texas
Health Center at Tyler

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SERVICES FOR A SELF-FUNDED PPO/INDEMNITY PLAN TO BE
EFFECTIVE SEPTEMBER 1, 2007

APPENDIX C: REQUEST FOR PROPOSAL FOR PHARMACY BENEFIT MANAGEMENT
SERVICES FOR THE PRESCRIPTION DRUG PLAN PROVIDED UNDER
THE SYSTEM'S SELF-FUNDED PPO/INDEMNITY
PLAN TO BE EFFECTIVE SEPTEMBER 1, 2006

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SEPTEMBER 1, 2006

APPENDIX E: UT SYSTEM'S POLICY ON UTILIZATION HISTORICALLY UNDERUTILIZED
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1.0 INTRODUCTION

The Texas Constitution of 1876 provided that, “the Legislature shall, as soon as practical, establish, organize and provide for maintenance, support and direction of a university of the first class, to be located by vote of the people of this State, and styled ‘The University of Texas’. In 1881, the 17th Texas Legislature passed an act to establish The University of Texas. Later that year, voters determined that the Main System was to be located in Austin and the Medical School was to be located in Galveston.

Today, The University of Texas System (the System) includes nine (9) academic institutions in Arlington, Austin, Brownsville, Dallas, Edinburg (Pan American), El Paso, Odessa (Permian Basin), San Antonio and Tyler plus six (6) health institutions in Dallas, Galveston, Houston (2), San Antonio and Tyler. In addition, the main System Administration office is located in Austin; however, many of the operations of System Administration are decentralized and therefore are located in numerous areas of Texas. Also, there is an office in Washington, D.C. Most institutions have their own payroll systems. The System has approximately 103,200 benefits-eligible employees and enrolled retired employees.

The table on the next page shows the name, location, and the approximate number of benefits-eligible employees and retired employees associated with each institution in the System.

THE UNIVERSITY OF TEXAS SYSTEM			
Location	The University of Texas System Institutions	Approximate Number of Benefits-Eligible Employees	Approximate Number of Benefits-Eligible Retired Employees
Austin	The University of Texas at Austin	16,889	4,450
	The University of Texas System Administration	533	261
Brownsville	The University of Texas at Brownsville	1,150	230
Dallas	The University of Texas at Arlington	3,143	1,002
	The University of Texas at Dallas	2,415	490
	The University of Texas Southwestern Medical Center at Dallas	11,185	1,334
Edinburg	The University of Texas Pan American	1,777	438
El Paso	The University of Texas at El Paso	2,254	713
Galveston	The University of Texas Medical Branch at Galveston	10,429	3,908
Houston	The University of Texas Health Science Center at Houston	5,216	1,352
	The University of Texas M.D. Anderson Cancer Center	17,849	2,660
Odessa	The University of Texas of the Permian Basin	313	97
San Antonio	The University of Texas at San Antonio	3,470	644
	The University of Texas Health Science Center at San Antonio	5,459	1,402
Tyler	The University of Texas at Tyler	633	201
	The University of Texas Health Center at Tyler	790	591
TOTAL		83,505	19,773

1.1 OBJECTIVES OF THE EMPLOYEE BENEFITS PROGRAM

The primary objective of the Employee Benefits Program is to maximize the benefits and services that the System's eligible employees, retired employees, and their covered dependents receive for each dollar spent on insurance benefits.

1.2 SUMMARY OF CURRENT BENEFIT PLANS

The System has over 103,200 employees and retired employees plus approximately 102,000 dependents participating in the Employee Group Insurance Program. In addition, there are approximately 1,000 COBRA participants participating in the health plans, plus over 600 COBRA participants in the dental plans. The System offers a self-funded PPO plan/Indemnity health plan (UT SELECT) in all areas. Approximately 101,000 employees and retired employees and 76,000 dependents are covered under UT SELECT. UT SELECT medical benefits are currently administered by Blue Cross Blue Shield of Texas (BCBSTX). Outpatient prescription drugs under UT SELECT are provided under a Prescription Drug Program (PDP) currently administered by Medco Health Solutions, Inc. (MEDCO).

The System currently offers a self-funded dental PPO plan (UT DENTAL SELECT) and a fully insured dental health maintenance organization (DHMO) plan. Approximately 71,770 employees and retired employees plus 65,275 dependents are currently enrolled in the UT DENTAL SELECT plan. Approximately 12,350 employees and retired employees plus 9,965 dependents are enrolled in the DHMO plan.

1.3 PURPOSE OF THIS RFP

The System desires to contract for audit services for the self-funded benefit plans provided to the participants of the UT SELECT Plan and the UT DENTAL SELECT Plan. The term of the engagement will be for an initial three year contract with the possibility of one three year renewal period. The audit for the initial contract period will cover the Plan Years 2011, 2012, 2013. The services requested include auditing claims administration, contract compliance, and compliance with third party administrative reporting requirements.

1.4 SUMMARY OF DESIRED SERVICES

This section describes the scope of the audit services that the System desires to be conducted for each plan. Third party administrators for these plans may change during the term of the contract. The selected vendor is expected to cover the costs of all audit services described in the fee proposal.

1.4.1 SERVICE REQUIRED FOR ALL AUDITS

The audit results of the UT SELECT Self-Funded PPO Plan/Indemnity Health Plan, the UT SELECT Plan Prescription Drug Plan and the UT DENTAL SELECT Plan shall be issued separately. The audit results of all three plans may be combined into one (1) 3-ring binder for convenience of issuance. Tabs separating the UT SELECT Plan from the UT DENTAL SELECT Plan are requested. Each finding, suggestion, and/or recommendation must be easy to reference in the audit results.

Five identical copies of the 3-ring binder with an accompanying Management Letter(s), if applicable, and one (1) diskette containing the electronic version of the reports are to be delivered to the OEB at the conclusion of the selected vendor's audit services for each plan year.

Recommendations or comments related to internal control, potential program issues, or managerial issues shall be addressed to the OEB in a Management Letter.

The selected vendor shall make an informal presentation of the audit results and Management Letter(s) to the OEB Staff.

The selected vendor shall follow-up on prior audit recommendations with certain administrators as determined by the OEB in advance of field work.

1.4.2 SERVICES REQUIRED FOR AN AUDIT OF THE UT SELECT SELF-FUNDED PPO PLAN/INDEMNITY HEALTH PLAN ADMINISTRATOR

The services to be performed shall consist of a review of the medical claims payments and processing procedures used by the System's UT SELECT Plan administrator (currently BCBSTX) on behalf of persons covered. The scope shall not encompass a review of the financial statements of the plan administrator, nor an audit of its accounting records. However, some review of official records shall be required to ensure that the data used to develop the annual plan accounting statements are supported by accounting procedures and records. The project shall consist of the following:

1.4.2.1 A review and verification of the accuracy and appropriateness of the annual plan accounting statements. The review and verification shall be sufficient to ensure that claims payments, administrative fee payments, the OEB reimbursements and all other information on the reports are accurately reported and charged or related to the appropriate plan years. Additionally, the review shall determine the appropriateness of refunds to the plan as a result of the administrator's audits of hospital charges negotiated by the administrator and or receipt of refunds associated with subrogation.

1.4.2.2 A review shall be performed of the allowable charge procedures utilized by the plan administrator in the claims payment process to ensure that the allowable amounts are properly developed and updated to reflect the costs of medical care in that plan year. The review shall also include procedures utilized by the plan administrator on claims that require manual pricing.

For this purpose, a claim will be considered to have been processed if paid or denied or if an information request has been sent to the claimant. The number of days involved in the processing will be tabulated by counting the number of days between the date received and the date on which the determination is made and adding one day in recognition of the fact that a check or correspondence is unlikely to be mailed until the day after the determination is made.

1.4.2.3 A review shall be performed to verify the financial accuracy of claim payments. The results for network claims should be reported separately from out-of-network claims. The processing errors must not

exceed 1% of the claim amount processed during any plan year as outlined in the RFP for a Self-Funded PPO/Indemnity Plan. The first audit review of BCBSTX claims processed shall be for the time period of September 1, 2010, through August 31, 2011, as follows:

Two statistically valid, stratified, random samples of health claims. One sample is to be selected from network health claims, and a second sample is to be selected from non-network and out-of-area health claims. Each sample shall include a significant number of health claims for a total of approximately 500 health claims. Claims shall be selected from all health claims processed during the selected time frame, which shall be de-identified and provided by the OEB to the selected Vendor via FTP and will be PGP-encrypted.

The claim samples enumerated above shall be selected using methodology outlined in the RFP for a Self-Funded PPO/Indemnity Plan and approved by the OEB. The RFP outlines samples designed to ensure a 95% confidence level with a 1.5% precision rate. Once the samples have been selected, the sample files shall be returned to the OEB so the OEB can populate the de-identified fields with needed Personal Health Information (PHI) and then returned to the selected vendor.

1.4.2.4 In addition to other procedures considered necessary by the selected Vendor to determine accuracy, the claims review process shall include the following:

A computation of each claim selected for testing to determine its accuracy including analysis of any refunds due and/or payable.

A review of the nature of the claim to ascertain the allowable cost as defined in the contract, e.g., processed within the proper allowable amount charge guidelines, medical necessity guidelines, preexisting conditions exclusion, pre-certification requirements and other benefit limitations.

A comparison of each claim to supporting documentation submitted by the individual or the provider of services to ensure that the claim reflects the documentation and that it is properly authorized for payment.

A comparison of each claim to other claims for that individual with the same dates of service to ensure congruency of payment with all claims for the date of service.

A review of the imaged records, microfilm copies and source documents, if available, to see if there is any indication of fraud.

A review to ensure the payment is not a duplicate payment.

An analysis of payment and denial errors by type of error to indicate the error types occurring most frequently and the dollar amounts associated with each error type. Analysis shall distinguish overpayments and erroneous payments from underpayments and erroneous denials and shall address the reasons for the over and underpayments.

A comparison of the current year audit results to industry norms shall also be made, if the information is available.

A review to determine if the administrator is following all procedures necessary to obtain a level of Coordination of Benefits (COB) recoveries consistent with industry standards and the characteristics of the plan's participants.

A review of the member's specific coverage on the administrator's records compared to the coverage indicated on the OEB records.

Verification that the claimant is a System employee, retiree or other qualified participant and that the claimant was covered at the time the claim was incurred.

1.4.2.5 Verify that the processing time from the date an addition, termination, or change of coverage initiated at the institution level to the date it is recorded by the administrator is in accordance with the RFP for a Self-Funded PPO/Indemnity Plan. The time period for the first study shall be from September 1, 2010, through August 31, 2011.

1.4.2.6 Verify that an adequate system of internal audits and claims processing controls are used by the administrator to ensure the validity and contractually correct processing and payment of health claims.

1.4.2.7 A review of claims processing or other problem areas uncovered as a result of the audit which may warrant further detailed review. This summary shall emphasize areas of claims administration which, if changed or corrected, could result in cost savings to the System. Special emphasis shall be given this section of the review and should be conducted by an individual experienced and competent in claims administration.

1.4.2.8 Verify that an adequate system is used for determining the medical necessity of the claims submitted.

1.4.2.9 Verify that adequate training procedures are used by the administrator to ensure that recently hired personnel are adequately trained in claims processing.

1.4.2.10 Verify that an adequate system is used by the administrator to identify potential areas of claims abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary physician services, etc. The adequacy of the system shall be determined by

Processing the fictitious test data and live transactions and analyzing the processing of the transactions. The tests shall be applied only to health claims.

Analyzing information about the system of controls, e.g., number of probable fraudulent claims detected, dollar amount of overcharges, length of time between when a claim is processed and when it is identified as potentially fraudulent.

1.4.2.11 Verify that an adequate system of program edits and claims processing procedures are in place to monitor and discover fraud, erroneous payments, duplicated payments, etc., for individuals who file a large volume of claims which may total several thousand dollars while each individual claim may be relatively small and, therefore, may escape some review processes.

1.4.2.12 An analysis of the total amount of overpayments for each plan year by type of overpayment (hospital, provider, member), rate of collection of overpayment by type, total dollar amount of overpayments, total dollar amount of refunds collected, summary of reasons for overpayments, and recommended methods for reducing overpayments.

1.4.2.13 An analysis of the administrator's management of the System's grievance appeal process, including the number of grievances which are referred to the administrator's Medical Division for additional review, the number of those referred which result in additional payment, and the percentage of these to the total number of grievance appeals processed.

1.4.2.14 Verify the reasonableness of information reported on the Administrative Performance Report for the Plan Year.

1.4.3 SERVICES REQUIRED FOR AN AUDIT OF THE UT SELECT SELF-FUNDED PRESCRIPTION DRUG PLAN ADMINISTRATOR

The services to be performed shall consist of a review of both the mail order and retail pharmacy network (in and out of network) prescription processing for a combined total of 220 claims (the 20 largest prescriptions filled plus a random sample of 200 others) for the self-funded prescription drug plan. The plan is currently administered by Medco Health Solutions, Inc. (MEDCO). Claims shall be selected from all pharmacy claims processed during the selected timeframe, which shall be de-identified and provided by the OEB to the selected Vendor via FTP and will be PGP-encrypted.

The audit of the self-funded prescription drug plan shall concentrate on the time of service, dispensing accuracy, claim pricing, billings to the OEB, generic substitutions, Drug Utilization Review (DUR), and fraud detection/prevention. A statistically valid sample in each of the areas listed shall be selected so that the combined samples from all categories will not be less than 220 and will achieve at least a 95% confidence level with a 1.5% precision rate.

The first audit review of pharmacy claims processed shall be for the time period of September 1, 2010, through August 31, 2011. Audit reviews shall include the following reviews and/or tests:

- 1.4.3.1** Initial receipt of prescription or refill requests via mail, Web site, fax or telephone
- 1.4.3.2** Fraud prevention and detection measures
- 1.4.3.3** Use of overrides and address changes
- 1.4.3.4** Accuracy and authenticity of received date
- 1.4.3.5** Accuracy and credibility of imaged or microfilmed records

- 1.4.3.6 Accuracy and effectiveness of backlog controls, processing in order of date received and collated processing of multiple prescriptions for the same person, which are submitted together and/or received by the plan administrator on the same date.
- 1.4.3.7 Accuracy and security controls for the posting of co-payments received with prescriptions
- 1.4.3.8 The mail order pharmacy turn-around time as measured from the date the prescription is received to the date the drug is mailed to the plan participant. The OEB requires the selected Vendor to review mail order claims from the facility with the highest percentage of scripts for the System participants for the fiscal year reviewed.
- 1.4.3.9 Verify that the plan administrator's pricing accuracy is a function of the plan administrator's use of the most current average wholesale pricing (AWP) and HCFA "MAC" pricing.
- 1.4.3.10 Verify and report that the plan administrator accurately checks the proper co-payment is collected at the mail order pharmacy.
- 1.4.3.11 Verify that the plan administrator utilizes fraud detection/prevention procedures on the retail pharmacy network claims.
- 1.4.3.12 Validating a sample of point-of-sale transactions against the prescription document or by contacting the physician
- 1.4.3.13 Test a sample of refills issued by retail network pharmacies to determine if they were actually requested by the patient.
- 1.4.3.14 Testing for validity of prescriptions ordered by telefax. Faxed orders should be from the physician only but can nevertheless be a source of fraud.
- 1.4.3.15 Verification that the claimant is a System employee, retiree or other qualified participant and that the claimant was covered at the time the claim was incurred.
- 1.4.3.16 Verify the reasonableness of information reported on the PBM Administrative Performance Report for the Plan Year.

1.4.4 SERVICES REQUIRED FOR AN AUDIT OF THE UT DENTAL SELECT SELF-FUNDED DENTAL PLAN ADMINISTRATOR

The services to be performed shall consist of a review of the dental claims payments and processing procedures used by the System's self-funded Dental Plan administrator. The current plan administrator is DELTA DENTAL. The scope shall not encompass a review of the financial statements of the Dental Plan administrator, nor an audit of its accounting records. However, some review of official records shall be required to ensure that the data used to develop the annual accounting statements are supported by accounting procedures and records. The project shall consist of the following:

1.4.4.1 A review and verification of the accuracy and appropriateness of the annual accounting statements for Plan Years 2011, 2012, and 2013. The review and verification shall be sufficient to ensure that claims payments, administrative fee payments, the OEB reimbursements and all other information reported to the OEB are accurately reported and charged or related to the appropriate fiscal years. Additionally, the review shall determine the appropriateness of refunds to the plan as a result of the administrator's audits of dental office charges negotiated by the administrator.

1.4.4.2 A review shall be performed of the allowable charge procedures utilized by the Dental Plan administrator in the claims payment process to ensure that the allowable amounts are properly developed and updated to reflect the costs of dental care. The review shall also include procedures utilized by the Dental Plan administrator on claims that require manual pricing. The review of allowable amounts shall be for the allowances developed or used during Plan Year 2011.

For this purpose, a claim will be considered to have been processed if paid or denied or if an information request has been sent to the claimant. The number of days involved in the processing will be tabulated by counting the number of days between the date received and the date on which the determination is made and adding one day in recognition of the fact that a check or correspondence is unlikely to be mailed until the day after the determination is made.

1.4.4.3 A review shall be performed to verify the accuracy of claims process and payment. Review and ensure that transitional benefits are

paid in accordance with the policies and procedures of the Dental Plan administrator. The first audit review of DELTA DENTAL claims processed shall be the time period from September 1, 2010 through August 31, 2011. Reviews will be conducted as follows:

Two statistically valid, stratified, random samples of dental claims. One sample is to be selected from network dental claims, and a second sample is to be selected from non-network and out-of-area dental claims. Each sample shall include a significant number of dental claims for a total of approximately 100 dental claims. Claims shall be selected from all dental claims processed during the selected timeframe, which shall be de-identified and provided by the OEB (or plan administrator) to the selected Vendor via FTP and will be PGP-encrypted.

The samples enumerated above shall be selected using methodology determined in consultation with and approved by the OEB. Samples shall be designed to achieve 95% confidence level with a 1.5% precision rate. The stratified random samples of dental claims shall be selected based on allocations of the samples to ranges (strata) by claim amount.

1.4.4.4 In addition to other procedures considered necessary by the selected Vendor to determine accuracy, the claims review process shall include the following:

A computation of each claim selected for testing to determine its accuracy.

A review of the nature of the claim to ascertain the allowable cost as defined in the contract, e.g., processed within the proper allowable amount charge guidelines, dental necessity guidelines, preexisting conditions exclusion, and other benefit limitations.

A comparison of each claim to supporting documentation submitted by the individual or the provider of services to ensure that the claim reflects the documentation and that it is properly authorized for payment.

A comparison of each claim to other claims for that individual with the same dates of service to ensure congruency of payment with all claims for the date of service.

A review of the imaged records, microfilm copies and source documents, if available, to see if there is any indication of fraud.

A review to ensure the payment is not a duplicate payment.

An analysis of payment and denial errors by type of error to indicate the error types occurring most frequently and the dollar amounts associated with each error type. Analysis shall distinguish overpayments and erroneous payments from underpayments and erroneous denials, and shall address the reasons for the over and underpayments.

A comparison of the current year audit results to industry norms shall also be made, if the information is available.

A review of the member's specific coverage on the administrator's records compared to the coverage indicated on the OEB records.

Verification that the claimant was a System employee, retiree or other qualified participant and that the claimant was covered at the time the claim was incurred.

1.4.4.5 Verify that the processing time from the date an addition, termination, or change of coverage initiated at the agency level to the date it is recorded by the administrator is in accordance with the RFP for a Self-Funded Dental Plan. The time period for the first study shall be from September 1, 2010, through August 31, 2011.

1.4.4.6 Verify that an adequate system of internal audits and claims processing controls is used by the administrator to ensure the validity and contractually correct processing and payment of health claims.

1.4.4.7 A review of claims processing or other problem areas uncovered as a result of the audit which may warrant further detailed review. This summary shall emphasize areas of claims administration which, if changed or corrected, could result in cost savings to the System. Special emphasis shall be given this section of the review and should be

conducted by an individual experienced and competent in claims administration.

1.4.4.8 Verify that an adequate system is used for determining the dental necessity of the claims submitted.

1.4.4.9 Verify that adequate training procedures are used by the administrator to ensure that recently hired personnel are adequately trained in claims processing.

1.4.4.10 Verify that an adequate system is used by the administrator to identify potential areas of claims abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary dental services, etc. The adequacy of the system shall be determined by:

Processing the fictitious test data and live transactions and analyzing the processing of the transactions. The tests shall be applied only to dental claims. The auditor's findings from the tests shall be enumerated in an exhibit to the final report.

Analyzing information about the system of controls, e.g., number of probable fraudulent claims detected, dollar amount of overcharges, length of time between when a claim is processed and when it is identified as potentially fraudulent.

1.4.4.11 Verify that an adequate system of program edits and claims processing procedures are in place to monitor and discover fraud, erroneous payments, duplicated payments, etc., for individuals who file a large volume of claims which may total several thousand dollars while each individual claim may be relatively small and, therefore, may escape some review processes.

1.4.4.12 An analysis of the total amount of overpayments for each Fiscal Year by type of overpayment (provider, member), rate of collection of overpayment by type, total dollar amount of overpayments, total dollar amount of refunds collected, summary of reasons for overpayments, and recommended methods for reducing overpayments.

1.4.4.13 An analysis of the administrator's management of the grievance appeal process, including the number of grievances which are referred to the administrator for additional review, the number of those referred

which result in additional payment, and the percentage of these to the total number of grievance appeals processed.

1.4.4.14 Verify the reasonableness of information reported on the Administrative Performance Report for the Plan Year.

1.5 SELECTION CRITERIA

Submissions in response to this RFP will be evaluated on the basis of the criteria included in this section. The criteria are not necessarily listed in order of importance, but are intended to provide for an objective evaluation of each conforming submission. Goals of the process include determination of the vendor that can provide the best service available for participants and the System during the period of the contract.

1.5.1 COMPLIANCE WITH THE RFP

Submissions containing deviations are strongly discouraged. Deviations must be specifically identified and described in detail in order to be considered. While a submission with minor deviations from the RFP will not be disqualified, preference will be shown to those responding vendors with the fewest, least significant deviations. The System will interpret the responses to match the specifications herein except for deviations specifically noted and described in response to this item. Deviations will not become a part of the final contract unless expressly accepted and agreed to by the System in writing. In all cases, the RFP, the RFP response, and contract terms shall control.

1.5.2 TIME TABLE

The responding vendor's ability to meet the required due dates as specified in the Time Table in Section 5.0 of this RFP will be an important consideration in the evaluation of the vendor's submission.

1.5.3 THE CONTRACT

The vendor selected will be required to include, as part of the response, a statement affirming the vendor's willingness to accept and to sign by February 29, 2012, a contract containing the terms set forth in the Sample Contract that is attached as Appendix A of this RFP.

2.0 GENERAL INFORMATION AND REQUIREMENTS

2.1 SUBMISSION FOR AUDIT SERVICES

The vendor must make a submission for the services requested in this RFP that is guaranteed for the three years in which the contract is in effect. The submission must be all inclusive of all services described in the RFP. The System will not pay additional expenses for travel to or from the audit site or for any other expenses incurred by the selected vendor in performing the audit.

2.2 CONFLICT OF INTEREST

No member of the System Board of Regents, nor any System employee (including the Chancellor, Vice Chancellor for Administration, Assistant Vice Chancellor for Employee Services, and Office of Employee Benefits management), shall have any direct interest in the awarding of the Contract or any indirect conflict of interest involving the vendor, including, but not limited to any financial interest.

2.3 AGENT OF RECORD

The System shall not designate an Agent of Record or any other such company employee or commissioned representative. All requests for the System to provide such designation shall be rejected. Vendors are specifically instructed to submit directly to the System.

2.4 RESPONSES, ORDERING OF CONTENTS, DEVIATIONS

The content of all responses submitted must be ordered to correspond with the specifications as they appear in the RFP. Unless a deviation is specifically noted in the response, it will be assumed that this responding vendor agrees to meet all specifications exactly as set forth in this RFP.

2.5 ACCEPTANCE OF QUALIFICATIONS

The System retains the right to reject any and/or all qualifications submitted and/or calls for new qualifications if the System deems it to be in the best interests of UT SELECT, UT DENTAL SELECT, and its participants. The System reserves the right to enter into discussions and negotiations with one or more vendors selected at its discretion to

determine the best and final terms. The System is not under obligation to hold these discussions or negotiations with each responding vendor that makes a submission. The System is under no legal obligation to execute a Contract on the basis of this RFP or upon receipt of qualifications.

2.6 TERM OF ACCEPTANCE

It is the intent of the System to enter into an initial contract to take effect on March 1, 2012 and run through February 28, 2015. This contract may be renewed at System's options for one additional three year periods.

2.7 USE OF THE SYSTEM INFORMATION FOR SOLICITATION PROHIBITED

The selected vendor must specifically agree that it shall never use any information about employees or retired employees received from any source for any marketing purpose or to solicit other business of any type. This agreement extends to the provision to other vendors' lists of the System employees or retired employees, discussions, advertisement, distribution, or other marketing by the vendor or a parent or subsidiary to coverage, products, or materials other than those explicitly relating to the selected vendor's participation in the PDP plan. This prohibition applies to any use of the vendor's System-specific Web site. This prohibition applies even after termination of the Contract.

2.8 UTILIZATION OF HISTORICALLY UNDERUTILIZED BUSINESS (HUB) VENDORS

The System is committed to providing full and equal opportunity for all businesses to provide goods and services needed in support of the System's missions. This effort is carried out through the UT System Historically Underutilized Business Program. The HUB program ensures compliance with state HUB laws and educates the university and business communities about the benefits of using HUB vendors. In all contracts for professional services, contracting services, and/or commodities with an expected value of \$100,000 or more, U. T. System must indicate in the purchase solicitation whether or not U. T. System has determined that subcontracting opportunities are probable in connection with the contract. A HUB Subcontracting Plan is a required element of the vendor response to the RFP.

In the case of this RFP, UT System has determined that subcontracting

opportunities are probable. Accordingly, all responding vendors must submit an appropriate HUB Subcontracting Plan with the Response. A copy of UT System's Policy on Utilization Historically Underutilized Businesses with the required forms is attached to this RFP as Appendix E. Completing the Plan accurately is **critical**. If the Plan is not completed entirely, the System cannot open the RFP Response for consideration.

- 2.8.1 When subcontracting opportunities are probable, and a responding vendor proposes to subcontract *any* part of the work, the vendor must submit a HUB Subcontracting Plan as prescribed by Texas Building and Procurement Commission identifying all subcontractors. The form for submitting the plan is included on pages 8–10 of the attached Policy.
- 2.8.2. When subcontracting opportunities are probable, but the vendor can perform such opportunities with its employees and resources, the vendor must include the Self Performance HUB Subcontracting Plan, Section 9 – Self Performance Justification as the HUB Subcontracting Plan (HSP). A copy of the Self-Performance Justification is included as Section 9 of the HSP and can found on page 10 of the attached Policy.

IMPORTANT: All proposals submitted in response to this RFP will be screened to ensure compliance with Section 3 of the HSP. A proposal that is does not comply with this Section 3 of the HSP will be automatically rejected as non-compliant. More information for vendors about UT System's HUB Policy can found at <http://www.utsystem.edu/hub/vendors.htm>

2.9 CERTIFICATION

An authorized officer of any responding vendor make a submission must certify that the responding vendor complies with the RFP specifications by signing and returning the Signature Page in Section 10 in this RFP.

2.10 ADDITIONAL INFORMATION FROM ORGANIZATIONS

The responding vendor understands that the System reserves the right to request additional documentation from responding vendors and agrees to provide the information requested.

2.11 REFERENCES

Each responding vendor must provide a list of current major customers for which it is providing similar auditing services as those requested in this RFP. These customers may be contacted by the System to provide information regarding the vendor's overall record of service.

The provision of references by the responding vendor shall constitute verification that the System has the responding vendor's permission to contact these organizations and obtain any required information without seeking permission of the responding vendor.

2.12 NON-RESPONSIVE SUBMISSIONS

The System will not accept for consideration any submissions that do not comply with the criteria set forth herein.

2.13 CONFIDENTIAL STATUS

Unless required to release such information by applicable statute or court order, submissions by organizations will be deemed confidential until an announcement regarding the selection or rejection has been made. However, once a submission has been accepted or rejected, it becomes subject to release.

2.14 DISCLOSURE OF INFORMATION

The System is required to provide access to certain records in accordance with the provisions of Chapter 552 of the Texas Government Code (The Public Information Act, "the Act"). In order to permit a responding vendor to protect confidential information supporting a submission, the responding vendor must designate any information it believes is exempt from disclosure and provide legal authority in each instance. The responding vendor acknowledges and agrees that the System shall have no liability to the responding vendor or any other person or entity for disclosing information in accordance with the Act. The System shall not have any obligation or duty to advocate the confidentiality of the responding vendor's material to the Texas Attorney General or to any other person or entity. It is the responding vendor's sole obligation to advocate the confidential or proprietary nature of any information it provides in its submission, and the responding vendor understands that the Texas Attorney General may determine that all or part of the claimed confidential or proprietary information should be disclosed. In addition, the responding vendor must specifically agree that the System may release the responding vendor's entire submission, including alleged confidential

or proprietary information, upon request from a member of the Legislature where needed for legislative purposes. This section shall survive the termination of the contract.

2.15 COMPLIANCE WITH APPLICABLE LAW, CHANGES REQUIRED BY STATUTE OR REGULATION

All submissions must comply with all applicable laws and regulations governing the delivery of audit services.

The System recognizes that the requirement of these laws and regulations may change. The System requires a good faith effort on the part of the selected vendor to comply with additional responsibilities imposed by federal or state law without requiring mid-year administrative fee increases. The System reserves the right to negotiate with the contracting vendor to comply with any changes required by state or federal law or regulation.

2.16 HIPAA AND PRIVACY POLICY COMPLIANCE

The responding vendor will be required to comply with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, the regulations, rules, and mandates pertaining to the HIPAA privacy and security rules, as well as any applicable state medical privacy requirements. The vendor will also be required to comply with the System's privacy and applicable informational technology security policies. The vendor contract includes a Business Associate Agreement. Each responding vendor will be required to describe in detail its HIPAA Privacy and Security programs as well as its information security program.

2.17 SUBMISSION

Only submissions in compliance with the following will be accepted by the System:

- 2.17.1 One (1) signed original submission signed with blue ink and clearly marked "Original", three (3) identical copies of the submission and one (1) electronic copy of the submission must be received by the System on or before 3:00 PM (Central Time), on Tuesday, **January 17, 2012**. The original and copies of the submission should be delivered to:

Laura Chambers, Director
Office of Employee Benefits
The University of Texas System
702 Colorado Street, Suite 2.100
Austin, Texas 78701-3043

- 2.17.2** A responding vendor must submit one (1) electronic version of the submission on separate disks or CDs using Microsoft Word, Excel or Access. The electronic version must be labeled with the vendor name and the title of this RFP.
- 2.17.3** Submissions must be valid for one hundred twenty (120) days following the receipt date. The proposed fee(s) must be firm and guaranteed the first year the contract is effective. The System reserves the right to negotiate the renewal of the proposed fee(s) each year.
- 2.17.4** Submissions and any other information submitted by responding vendors in response to this RFP shall become the property of the System.
- 2.17.5** The System will not provide compensation to responding vendors for any expenses incurred by the vendors for the preparation of a submission or for any demonstrations, unless otherwise expressly stated in writing by the System. Responding vendors shall make a submission at their own risk and expense. Materials submitted with the RFP will not be returned to the vendor.
- 2.17.6** Submissions containing deviations, items not called for in the RFP documents, or irregularities of any kind are subject to disqualification by the System, at its option.
- 2.17.7** Each submission must provide a succinct and concise description of the responding vendor's ability to meet the requirements of the RFP. Emphasis should be on completeness, clarity of content, responsiveness to the requirements, and an understanding of the System's needs.
- 2.17.8** Representations made within the submission will be binding on the responding vendor. The System will not be bound to act by any other previous communication of any type or non-conforming submission made by the responding vendor.

- 2.17.9 A Table of Contents with page number references must be included. The Table of Contents should include sufficient detail to facilitate easy reference to the sections of the submission, as well as separate attachments. Any supplemental information and attachments not requested in the RFP but included in the submission should be clearly identified in the Table of Contents and provided as a separate section in the submission.
- 2.17.10 The materials submitted must be enclosed in a sealed envelope, box, or container. The package must show clearly the submittal deadline, the responding vendor's name, and the responding vendor's return address. The **HUB Subcontracting Plan** must be submitted with the vendor's RFP Response but should not be placed **inside the same package**.
- 2.17.11 Late submissions properly identified will be returned to the responding vendor unopened at the responding vendor's expense. Other late submissions will be held at the Office of Employee Benefits (OEB) for 30 days and then discarded. Late submissions will not be considered under any circumstances.
- 2.17.12 Non-conforming submission, including telephone submissions or submissions transmitted electronically will not be accepted.

2.18 MODIFICATION

No submission may be changed, amended, or modified after submission to the System.

2.19 ADDENDA TO RFP, INQUIRIES REGARDING SPECIFICATIONS

All questions and comments related to the RFP must be sent via e-mail by using the appropriate e-mail link on the RFP Web site:

<http://utdirect.utexas.edu/rfp/>

Any response to an inquiry that alters an interpretation of or requires a change to this RFP, will be posted as addenda on the RFP Web site. All vendors will be responsible for continuously checking this Web site for RFP addenda and other announcements. All addenda issued by the System prior to receipt of a submission shall be considered part of the RFP. All responding vendors are required to acknowledge all of the addenda issued on the space provided on the Signature Page of the submission.

To ensure that all replies can be provided to all prospective responding vendors prior to the deadline for submissions, no questions received after 5:00 PM (Central Time) on Tuesday, January 10, 2012 will be considered or responded to by the System.

2.20 PLAN YEAR

The Plan Year is the period that begins on September 1st and ends the following August 31st. This period corresponds with the fiscal year of the System and the State of Texas.

2.21 CONFERENCE FOR INTERESTED VENDORS

To provide representatives of interested vendors an opportunity to pose questions regarding the specifications and selection process, the System has scheduled a conference for prospective respondents at the System office in Austin on Wednesday, January 4, 2012 beginning at 10:00 a.m. CST. If you are interested in attending this event, please register on-line at <http://utdirect.utexas.edu/rfp>. We will be offering a Live Meeting format as an option for those who do not wish to travel to this meeting.

3.0 THE CONTRACT AND OTHER LEGAL REQUIREMENTS

The Contract, if awarded, shall be in the format specified by the System. The System reserves the right to negotiate provisions in addition to those stipulated in the RFP. The Contract will incorporate the RFP, the responding vendor's submission thereto, and any other information the responding vendor may be required by System to provide. Until a Contract has been executed and signed, the RFP and the selected vendor's submission will be binding. A Sample Contract is included in the RFP as Appendix A. Vendors unable to agree to the Sample Contract should not make a submission in response to this RFP.

3.1 TERMS OF THE CONTRACT

No Contract will be executed until the System has accepted the responding vendor's submission and the System has notified the responding vendor of its approval. The Contract will be for a three-year term beginning, to be renewed at the System's option for three additional one year period(s) unless terminated as provided herein or in the Contract. If the current vendor makes a submission and is not selected by the Chancellor, as delegated by the Board of Regents, the current vendor shall continue to perform in good faith all obligations under its existing contract with the System until the date of termination.

The Contract shall comprise the complete and exclusive statement of each agreement between the System and the contracting vendor and supersede all prior or contemporaneous agreements, negotiations, course of prior dealings, and oral representations relating to the subject matter hereof.

The System has specific contracting requirements that cannot be waived or altered. All vendors should carefully review the Sample Contract in Appendix A. Vendors should include in their written submission all alternate requirements, terms or conditions they wish to have considered. **However, vendors should not assume that an opportunity exists to add such matters through the contract negotiation as part of the RFP process.** Unacceptable terms and conditions added by a vendor may cause the System to reject a submission, despite other factors of the evaluation. In addition, vendors should not strike-through or otherwise alter anything in the Sample Contract. Submission of an

altered Sample Contract as part of a response may cause the System to reject a submission, despite other factors of the evaluation.

In the event that a contracting vendor fails or refuses to perform any of its duties or obligations as provided by the Contract, the System, without limiting any other rights or remedies it may have by law, equity or under contract, will have the right to terminate the Contract immediately. Notwithstanding such termination, certain obligations of the vendor shall survive the termination of the Contract.

The contracting vendor must agree that it shall not publicize the Contract or disclose, confirm or deny any details thereof to third parties without the prior express written approval of the System.

This Contract is for the services of the specific vendor and the vendor's interest in such agreement. Duties there under and/or fees due there under may not be assigned or delegated to a third party. The benefits and burdens of the agreements are, however, assignable by the System.

3.2 FAILURE TO COMPLY

Failure to comply with the procedures required by the RFP or any other applicable guidelines shall be cause for immediate suspension or cancellation of the Contract. A suspended or canceled vendor that provides coverage or services will not be permitted to accept new enrollees, but must continue to provide coverage for those employees whose effective date was prior to the date of suspension or cancellation. Any suspension will remain in effect until the System is satisfied that circumstances resulting in suspension have been corrected.

3.3 VENDOR ID NUMBERS

A contracting vendor must obtain a Vendor Identification Number issued by the Comptroller of Public Accounts of the State of Texas. The vendor will be required to complete and submit a Payment Identification Form in order to receive payment.

3.4 AUTHORIZED SIGNATURES

The Chief Executive Officer, General Counsel, or an authorized officer of the contracting vendor must have signed the organization's submission Signature Page, as applicable to

the Prescription Benefits Manager services and coverage that is a part of this RFP, and include a copy of the document granting that individual the authority to do so.

6.0 INTERROGATORIES

By signing the Signature Page of the submission, the responding vendor asserts that all answers to the following interrogatories are true and correct.

Answers should be provided in sufficient detail to explain the vendor's position as to each particular issue. All key words or phrases used in the responses should be carefully defined. All responses provided shall be binding on the vendor.

DEVIATIONS FROM THE RFP

1. Identify the location of any provision in your submission that does not conform to the standards described in this RFP. For each of these deviations, provide a detailed explanation as to how the provision differs from the RFP and why. Ideally, it is UTS preference prospective vendors affirm and agree to each section of the RFP.

GENERAL INFORMATION

Provide the following information regarding the responding vendor:

1. The firm's full, legal name, and the address and telephone number of the responding organization.
2. Name, title, mailing address, telephone number, FAX number, and e-mail address of contact person for this RFP.
3. Name, title, mailing address, telephone number, FAX number, and e-mail address of the person authorized to execute any contract(s) that may be awarded.
4. Name, title, mailing address, telephone number, FAX number, and e-mail address of the person who will serve as responding vendor's legal counsel.
5. A description of the firm's parent company, subsidiaries and/or affiliates and whether publicly- or privately-owned.
6. Type of incorporation (for-profit or non-profit); publicly- or privately-owned; State of incorporation and date of State of Texas Certificate of Authority.
7. If the firm is required to maintain any license(s), describe and confirm that the firm has a valid license(s).
8. Describe any litigation, regulatory proceedings and/or investigations completed, pending or threatened against the firm and/or any of its related affiliates,

- officers, directors and any person or subcontractor regarding the performance of any audit or related services. 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.
9. Is the firm presently actively considering or subject to any mergers with and/or acquisitions of or by other organizations? If so, provide specifics. Affirm that the firm agrees to notify the System's Office of Employee Benefits Director immediately upon reaching any form of binding agreement in connection with any merger, acquisition or reorganization of the firm's management.
 10. Please provide the names and qualifications of individuals your firm will assign to perform the audit services requested.

REFERENCES

1. Provide the names of three (3) major employers or carriers for which the firm currently provides audit services. Include in this listing at least one large group of over 10,000, at least one government entity, and at least one group located in Texas. For each employer, provide the names and telephone numbers of employer representatives familiar with the audit services provided.
Note: By responding to this request, the responding firm authorizes the System to contact the employers to discuss the services you have provided for these employers, authorizes the employers to provide such information to the System, and agrees to release the System and the employers from any liability arising from their actions.

HUB PARTICIPATION PROGRAM

1. Indicate whether the Texas General Services Commission certifies the responding vendor as a Historically Underutilized Business (HUB) and provide any information about past participation in a HUB program. See Appendix E.
2. Does the firm propose to utilize subcontractors in the performance of audit services? If so, provide specifics.
3. Provide an organizational chart for the firm and any subcontractors (if applicable) and resume(s) identifying the personnel who shall be responsible for the administration and management of the audit. Describe the staff (including numbers of full-time equivalent employees) that the firm and any subcontractor shall utilize to perform, deliver and provide the audit services.

THE CONTRACT

1. Confirm that the firm has reviewed and agrees to the terms of the Sample Contract. See Appendix A.
2. Confirm that the firm has taken all steps required by the firm's internal policies, including, if required, review by outside counsel, of the Sample Contracts, and confirm that no further attempts to renegotiate these terms will be made by the firm or outside counsel prior to the firm's execution of the contract.
3. Indicate the method by which the Vendor will confirm that the person executing the contract on behalf of the Vendor has the authority to do so.

DATA PROCESSING

1. Confirm that the firm agrees to all claims sample selection procedures (including FTP transmission and PGP encryption) and processes as described in the RFP. If the firm is unable or unwilling to adhere to the procedures, please explain why, in detail.

HIPAA AND INFORMATION SECURITY PROGRAMS

1. Provide a detailed description of your firm's HIPAA Privacy and Security Compliance Programs, Please include information on workforce training and monitoring and include the names and qualifications of your Privacy Officer.
2. Provide a detailed description of your firm's information technology security program. Include the name and qualifications of your chief information security officer and the processes in place for staff training and monitoring as well as your security incident response policies.

7.0 SUBMISSION RESPONSE FORMAT

The submission of fees associated with audit services should be separated into the following three categories:

- Fees for services required for an audit of the UT SELECT Self-Funded PPO plan/Indemnity health plan administrator
- Fees for services required for an audit of the UT SELECT Self-Funded Prescription Drug plan administrator
- Fees for services required for a audit of the UT DENTAL SELECT Self-Funded Dental plan administrator

NOTE: The fees reflected with this submission should cover all services proposed.

8.0 SIGNATURE PAGE

In accordance with this attached submission, _____
Name of Organization

here by agrees, if selected by The University of Texas System, to enter into negotiations for a contract to provide audit services. I have read the RFP from which this page is taken and verify that the above-named responding vendor can meet the requirements outlined.

Printed Name of Person Signing:

Title _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Primary Contact Person for this submission:

Title _____

Mailing Address _____

Telephone # _____ Fax # _____

By signing this signature page, I certify that I understand that the above-named organization is responsible for reviewing all addenda listed by the System on the RFP website as of the date this submission. I further understand that all such addenda are incorporated into the RFP. I further certify that I reviewed a total of four addenda from the RFP website in preparing this submission.

I also hereby certify that I have the authority to bind the above named organization concerning this submission.

Signature

Date

- APPENDIX A: SAMPLE CONTRACT FOR RFP PURPOSES
- APPENDIX B: REQUEST FOR PROPOSAL/ADMINISTRATIVE SERVICES FOR A SELF-FUNDED PPO/INDEMNITY PLAN TO BE EFFECTIVE SEPTEMBER 1, 2007
- APPENDIX C: REQUEST FOR PROPOSAL FOR PHARMACY BENEFIT MANAGEMENT SERVICES FOR THE PRESCRIPTION DRUG PLAN PROVIDED UNDER THE SYSTEM'S SELF-FUNDED PPO/INDEMNITY PLAN TO BE EFFECTIVE SEPTEMBER 1, 2006
- APPENDIX D: REQUEST FOR PROPOSAL FOR A SELF-FUNDED GROUP DENTAL PLAN TO BE EFFECTIVE SEPTEMBER 1, 2006
- APPENDIX E: UT SYSTEM'S POLICY ON UTILIZATION HISTORICALLY UNDERUTILIZED BUSINESSES