



Student Insurance Advisory Committee

Kansas Board of Regents
2026-01-21 1:00 - 3:00 CST

Table of Contents

I. Call to Order	
II. Introductions	
III. Approve Minutes of October 22, 2025.....	2
IV. 2026-2027 KBOR Student Health Insurance Plan Renewal.....	4
V. Reports from UnitedHealthcare Student Resources	
A. Point in Time Overview.....	8
B. Quarterly Reports.....	9
C. ECI Service Reports	
1. Executive Summary.....	43
2. Waiver Summary.....	44
3. Toll-Free Calls.....	50
4. Waiver Process Time.....	51
5. Statistics.....	52
6. Customer Service-Ticket Request.....	58
VI. Good of the Order	

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
October 22, 2025

The October 22, 2025, meeting of the Student Insurance Advisory Committee was called to order by Chair David Miller at 1:00 p.m. The meeting was held virtually via Zoom. *Proper notice was given according to law.*

MEMBERS PRESENT:	David Miller, WSU COBO rep, Chair	Jennifer Williams, KSU
	Tabatha Tafoya, ESU	Matt Anderson, KUMC
	Kiera Pulliam, PSU	Josh Manahan, Student
	Carol Solko-Olliff, FHSU	Anoushka Raju, Student
	Morgan Swartzlandr, KU	

Also participating were Ellison Rooney, Shaun Dagenhart, Hannah Dooley, UHCSR; and John Yeary, Gage Rohlf, Becky Pottebaum, and Kristin Scruggs, KBOR

INTRODUCTIONS

The members and participants on the call went through and introduced themselves and the institution or agency they represent.

APPROVAL OF MINUTES

Kiera Pulliam moved to approve the October 22, 2025, minutes. Following the second of Carol Solko-Olliff, the motion carried.

UNITEDHEALTHCARE ANCILLARY PRODUCTS OVERVIEW

Ellison Rooney and Shaun Dagenhart reviewed the ancillary benefits included in the Student Health Insurance Plan and discussed options for enabling additional services. Key offerings include Travel Assistance, which provides emergency evacuation, repatriation, and support for students traveling more than 100 miles from home; Virtual Visits through Teladoc, offering medical, mental health, and nutrition services at no cost to insured students; and the Student Assist Program, which delivers concierge support, legal and financial consultations, crisis counseling, and access to the Calm app. Telehealth services are currently inactive but can be activated at no additional cost for all campuses. These benefits do not impact premiums, and Ellison and Shaun committed to sharing resources to support further discussion.

REPORTS FROM UNITEDHEALTHCARE STUDENT RESOURCES

Ellison Rooney provided a review of the 2024–2025 policy year. Total enrollment reached approximately 5,100 students, reflecting a 5% decline in international student participation, primarily due to visa-related challenges.

Claims for the year totaled \$10 million against \$14 million in premium, indicating continued stability and a notable reduction in dependent claims. Network performance remained strong, with 99% of claims processed in-network.

Key cost drivers included hospital services, prescriptions (approximately \$2 million annually), and laboratory charges. Ambulance costs tripled despite similar claim volumes. Specialty pharmacy expenses were impacted by high-cost drugs such as Stelara and Humira, though 24% of enrolled students accessed prescriptions—predominantly generics. Large claimants remained consistent, with all major claims attributed to students rather than dependents.

Operational concerns were discussed, including the complexity of qualifying life event forms and the need for a streamlined process and centralized resource repository. Consensus was reached on exploring form consolidation, clarifying qualifying life event procedures, and improving access to updated documentation.

Renewal rates will be released in early January for committee review ahead of the January 22 meeting.

GOOD OF THE ORDER

Becky Pottebaum opened the discussion by seeking feedback on plans to expand meeting frequency and enhance agenda planning for the upcoming year. She proposed increasing the number of meetings from three to four to better align with renewal timelines and avoid compressed December sessions. Becky invited members to recommend topics that would add value and strengthen future discussions.

David Miller inquired about activating Teladoc virtual visit services, noting that implementation could occur quickly if all campuses agreed. Becky clarified that while UnitedHealthcare can enable the service easily, internal approval may require consultation with General Counsel to determine whether the decision necessitates full committee and board review. She committed to updating the committee once guidance on next steps is received.

The group agreed to revisit the topic following subcommittee discussions and confirmation of procedural requirements.

FUTURE SIAC MEETINGS

Future SIAC meetings are scheduled for 1:00 p.m. (unless otherwise noted):

- January 21, 2026
- April 22, 2026

ADJOURNMENT

The meeting adjourned at 2:05 p.m.



Kansas State System

UW Company UnitedHealthcare Insurance Company
 Account # 200118
 Option # 1
 Policy Effective Date 08/01/2026
 Administrator UHCSR
 PPO Network UHC Choice Plus

StudentResources

Proposal 1
 Version #: 1
 1/2/2026
 Date of Proposal:
 Offer Effective Until:
 State: Kansas

2025-2026 Policy Year			2026 - 2027 Policy Year						
Basic	Student	Annual	Net PPACA	Projected PPACA Fees			Annual	% Change	
				PCORI	Insurer Fee	Reinsurer Fee			
		\$ 5,105.00	\$ 5,264.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 5,269.00	3.21%

NOTE: The rates quoted are applicable to the proposed plan design. UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Policyholder; and (iii) as otherwise permitted in our policy.

The rates quoted here are based on the following assumptions, Modifications and / or Alternate Quotes. Changes to the assumptions may result in an adjustment to rates or revocation of the quote.

1. No changes in benefits, eligibility or enrollment process, unless noted below.
2. Assumes a duplication of the 2025-2026 policy year benefits, except as noted below.
3. Includes all benefits as mandated by the state of Kansas.
4. Above rates include broker commission of 1%.
5. Above rates do not include any administrative fees payable to the University/College.
6. Services and procedures provided at the SHC are based on those in effect for the 2025-2026 policy year. Any removal or addition of services and procedures require Underwriting review and approval prior to finalization of terms.
7. SHC fees/reimbursement levels and their corresponding Services and Procedures are subject to an annual review by UHCSR prior to the finalization of terms.
8. Pricing includes coverage for all additional state required Essential Health Benefits that are being included with our recent policy filing.

Bid Version 1 1/2/2026
Modifications:

Alternate Quotes	Premium PM \$ Δ Per Year
------------------	--------------------------------



Kansas State System

UW Company UnitedHealthcare Insurance Company
 Account # 200118
 Option # 2
 Policy Effective Date 08/01/2026
 Administrator UHCSR
 PPO Network UHC Choice Plus

StudentResources

Proposal 1
 Version #: 1
 1/2/2026
 Date of Proposal:
 Offer Effective Until:
 State: Kansas

2025-2026 Policy Year			2026 - 2027 Policy Year								
Basic	Annual	Net PPACA	Projected PPACA Fees						Annual	% Change	
			PCORI	Insurer Fee	Reinsurer Fee	Add'l Prem Tax					
Student	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08			\$ 2,747.00	3.23%	
Spouse	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08			\$ 2,747.00	3.23%	
Each Child	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08			\$ 2,747.00	3.23%	
All Children	\$ 5,322.00	\$ 5,485.60	\$ 8.24	\$ -	\$ -	\$ 0.16			\$ 5,494.00	3.23%	
All Dependents	\$ 7,983.00	\$ 8,228.40	\$ 12.36	\$ -	\$ -	\$ 0.24			\$ 8,241.00	3.23%	

NOTE: The rates quoted are applicable to the proposed plan design. UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Policyholder; and (iii) as otherwise permitted in our policy.

The rates quoted here are based on the following assumptions, Modifications and / or Alternate Quotes. Changes to the assumptions may result in an adjustment to rates or revocation of the quote.

1. No changes in benefits, eligibility or enrollment process, unless noted below.
2. Assumes a duplication of the 2025-2026 policy year benefits, except as noted below.
3. Includes all benefits as mandated by the state of Kansas.
4. Above rates include broker commission of 1%.
5. Above rates do not include any administrative fees payable to the University/College.
6. Services and procedures provided at the SHC are based on those in effect for the 2025-2026 policy year. Any removal or addition of services and procedures require Underwriting review and approval prior to finalization of terms.
7. SHC fees/reimbursement levels and their corresponding Services and Procedures are subject to an annual review by UHCSR prior to the finalization of terms.
8. Pricing includes coverage for all additional state required Essential Health Benefits that are being included with our recent policy filing.

Bid Version 1 1/2/2026
 Modifications:

Alternate Quotes	Premium PM \$ Δ Per Year
------------------	--------------------------------



Kansas State System

UW Company UnitedHealthcare Insurance Company
 Account # 200118
 Option # 3
 Policy Effective Date 08/01/2026
 Administrator UHCSR
 PPO Network UHC Choice Plus

StudentResources

Proposal 1
 Version #: 1
 1/2/2026
 Date of Proposal:
 Offer Effective Until:
 State: Kansas

2025-2026 Policy Year			2026 - 2027 Policy Year						
Basic	Annual	Net PPACA	Projected PPACA Fees			Annual	% Change		
			PCORI	Insurer Fee	Reinsurer Fee				
Student	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%	
Spouse	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%	
Each Child	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%	
All Children	\$ 5,322.00	\$ 5,485.60	\$ 8.24	\$ -	\$ -	\$ 0.16	\$ 5,494.00	3.23%	
All Dependents	\$ 7,983.00	\$ 8,228.40	\$ 12.36	\$ -	\$ -	\$ 0.24	\$ 8,241.00	3.23%	

Continuation - 3 Month Max		
Student	\$ 2,661.00	\$ 2,742.80
Spouse	\$ 2,661.00	\$ 2,742.80
Each Child	\$ 2,661.00	\$ 2,742.80
All Children	\$ 5,322.00	\$ 5,485.60
All Dependents	\$ 7,983.00	\$ 8,228.40

NOTE: The rates quoted are applicable to the proposed plan design. UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Policyholder; and (iii) as otherwise permitted in our policy.

The rates quoted here are based on the following assumptions, Modifications and / or Alternate Quotes. Changes to the assumptions may result in an adjustment to rates or revocation of the quote.

1. No changes in benefits, eligibility or enrollment process, unless noted below.
2. Assumes a duplication of the 2025-2026 policy year benefits, except as noted below.
3. Includes all benefits as mandated by the state of Kansas.
4. Above rates include broker commission of 1%.
5. Above rates do not include any administrative fees payable to the University/College.
6. Services and procedures provided at the SHC are based on those in effect for the 2025-2026 policy year. Any removal or addition of services and procedures require Underwriting review and approval prior to finalization of terms.
7. SHC fees/reimbursement levels and their corresponding Services and Procedures are subject to an annual review by UHCSR prior to the finalization of terms.
8. Pricing includes coverage for all additional state required Essential Health Benefits that are being included with our recent policy filing.

Bid Version 1 1/2/2026

Modifications:

Alternate Quotes	Premium
	PM \$ Δ Per Year



Kansas State System

UW Company UnitedHealthcare Insurance Company
 Account # 200118
 Option # 4
 Policy Effective Date 07/18/2026
 Administrator UHCSR
 PPO Network UHC Choice Plus

StudentResources

Proposal 1
 Version #: 1
 1/2/2026
 Date of Proposal:
 Offer Effective Until:
 State: Kansas

2025-2026 Policy Year			2026 - 2027 Policy Year								
Basic	Annual	Net PPACA	Projected PPACA Fees						Annual	% Change	
			PCORI	Insurer Fee	Reinsurer Fee	Add'l Prem Tax					
Student	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%			
Spouse	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%			
Each Child	\$ 2,661.00	\$ 2,742.80	\$ 4.12	\$ -	\$ -	\$ 0.08	\$ 2,747.00	3.23%			
All Children	\$ 5,322.00	\$ 5,485.60	\$ 8.24	\$ -	\$ -	\$ 0.16	\$ 5,494.00	3.23%			
All Dependents	\$ 7,983.00	\$ 8,228.40	\$ 12.36	\$ -	\$ -	\$ 0.24	\$ 8,241.00	3.23%			

NOTE: The rates quoted are applicable to the proposed plan design. UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Policyholder; and (iii) as otherwise permitted in our policy.

The rates quoted here are based on the following assumptions, Modifications and / or Alternate Quotes. Changes to the assumptions may result in an adjustment to rates or revocation of the quote.

1. No changes in benefits, eligibility or enrollment process, unless noted below.
2. Assumes a duplication of the 2025-2026 policy year benefits, except as noted below.
3. Includes all benefits as mandated by the state of Kansas.
4. Above rates include broker commission of 1%.
5. Above rates do not include any administrative fees payable to the University/College.
6. Services and procedures provided at the SHC are based on those in effect for the 2025-2026 policy year. Any removal or addition of services and procedures require Underwriting review and approval prior to finalization of terms.
7. SHC fees/reimbursement levels and their corresponding Services and Procedures are subject to an annual review by UHCSR prior to the finalization of terms.
8. Pricing includes coverage for all additional state required Essential Health Benefits that are being included with our recent policy filing.

Bid Version 1 1/2/2026
 Modifications:

Alternate Quotes	Premium PM \$ Δ Per Year
------------------	--------------------------------

Premium & Paid Claims with Point-in-Time Comparison

Show Item

Kansas State System (200118) Option(s): All

			YTD paid thru December 20xx	paid thru December 2025
Kansas State System (200118)	2022-23	Premium	\$9,455.3K	\$17,087.5K
		Paid Claims	\$3,379.5K	\$10,773.6K
		Loss Ratio	35.7%	63.0%
2023-24	2023-24	Premium	\$9,072.3K	\$16,579.2K
		Paid Claims	\$2,821.9K	\$9,815.9K
		Loss Ratio	31.1%	59.2%
2024-25	2024-25	Premium	\$8,337.0K	\$14,872.6K
		Paid Claims	\$2,820.2K	\$10,489.1K
		Loss Ratio	33.8%	70.5%
2025-26	2025-26	Premium	\$7,996.8K	
		Paid Claims	\$3,008.4K	
		Loss Ratio	37.6%	



Kansas State System (200118)

Policy Option(s)

- 1
- 2
- 3
- 4

Annualized Membership

2025-26 policy year is an estimate.

Students

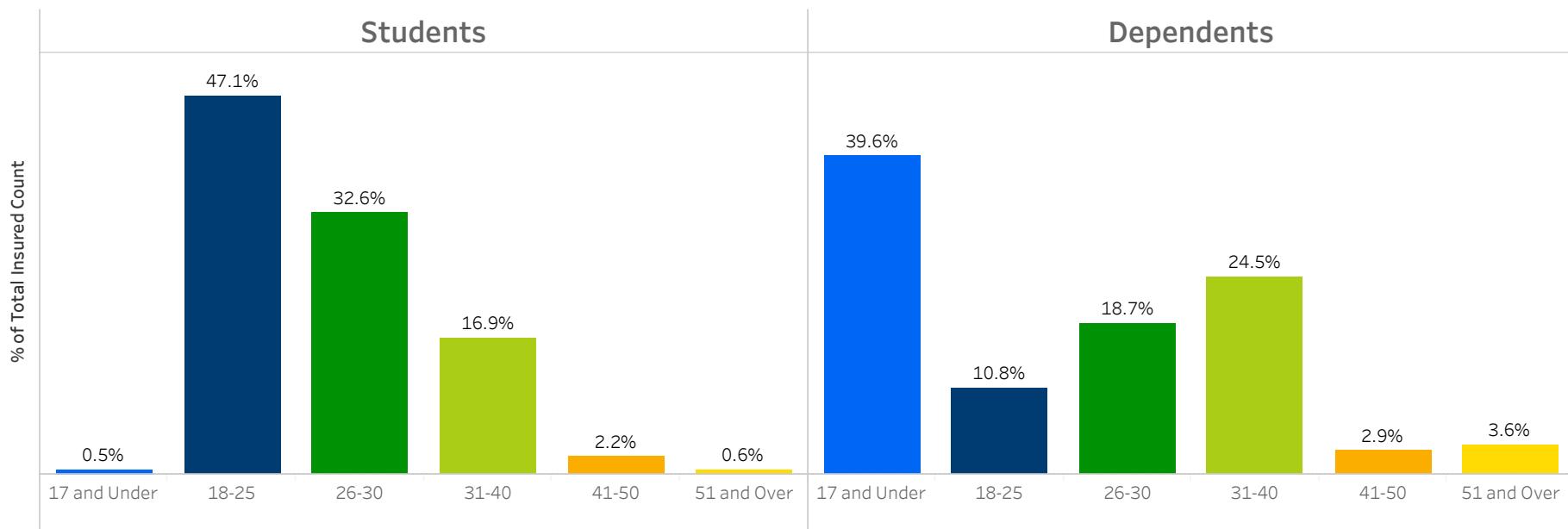
Dependents

2025-26	Students	5,134
	Dependents	73
2024-25	Students	5,063
	Dependents	81
2023-24	Students	5,609
	Dependents	113
2022-23	Students	6,112
	Dependents	139

2025-26 Membership by Age Group

17 and Under 26-30
18-25 31-40

41-50 51 and Over

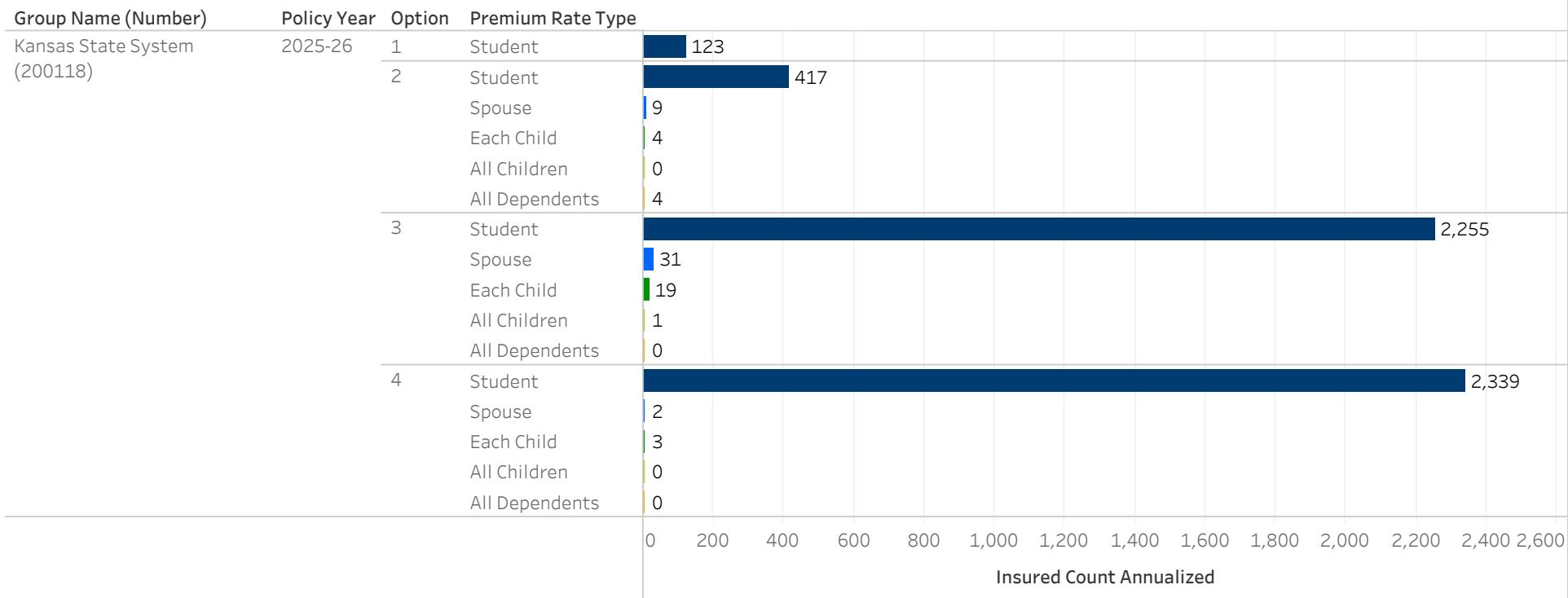


Kansas State System (200118) - Membership as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Annualized Insured Counts

*2025-26 Policy Year Annualized Insured Count is an estimate.



Kansas State System (200118) - Annualized Membership as of January 10, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Annualized Membership by Rate Type

*2025-26 Policy Year Annualized Insured Count is an estimate.

Group Name (Number)	Premium Rate Type	2025-26
Kansas State System (200118)	Student	5,134
	Spouse	42
	Each Child	26
	All Children	1
	All Dependents	4
Grand Total		5,207

*Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2025-26) annualized membership is estimated for each rate type by totaling the monthly membership count year-to-date divided by the prior years membership received year-to-date.

Kansas State System (200118) - Annualized Membership as of January 10, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Insured Count by Rate Type and Option

Kansas State System (200118)

Policy Year 2025-26

Total Number of Insureds with active coverage as of January 12, 2026

Group Name (Number)	Client Name (Number)	Premium Rate Type	1	2	3	4	Total
Kansas State System (200118)	Emporia State University (197)	Student	5	2	64	99	161
		Spouse			2		2
		Total	5	2	66	99	163
	Fort Hays State University (2005)	Student	6	3		175	184
		Total	6	3		175	184
	Kansas State University (470)	Student	36	116	781	813	1,212
		Spouse		2	15		17
		Each Child			6		6
		All Children			2		2
		Total	36	118	804	813	1,237
	Pittsburg State University (2009)	Student	5	1	44	112	161
		Spouse			1		1
		Total	5	1	45	112	162
	University of Kansas - Medical Center (2070)	Student	9	254	198	18	475
		Spouse		10	6		16
		Each Child		7	3		10
		All Children			2		2
		All Dependents				3	3
		Total	9	271	209	21	506
	University of Kansas (471)	Student	83	38	1,067	791	1,967
		Spouse		1	24	4	28
		Each Child			12	6	17
		All Children		2	4	2	8
		All Dependents		7	3	6	16
		Total	83	48	1,110	809	2,036
	Wichita State University (180)	Student	12	52	368	824	1,242
		Spouse		1	5		6

Kansas State System (200118) - Total Insured Counts - Active Coverage as of January 12, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Insured Count by Rate Type and Option

Kansas State System (200118)

Policy Year 2025-26

Total Number of Insureds with active coverage as of January 12, 2026

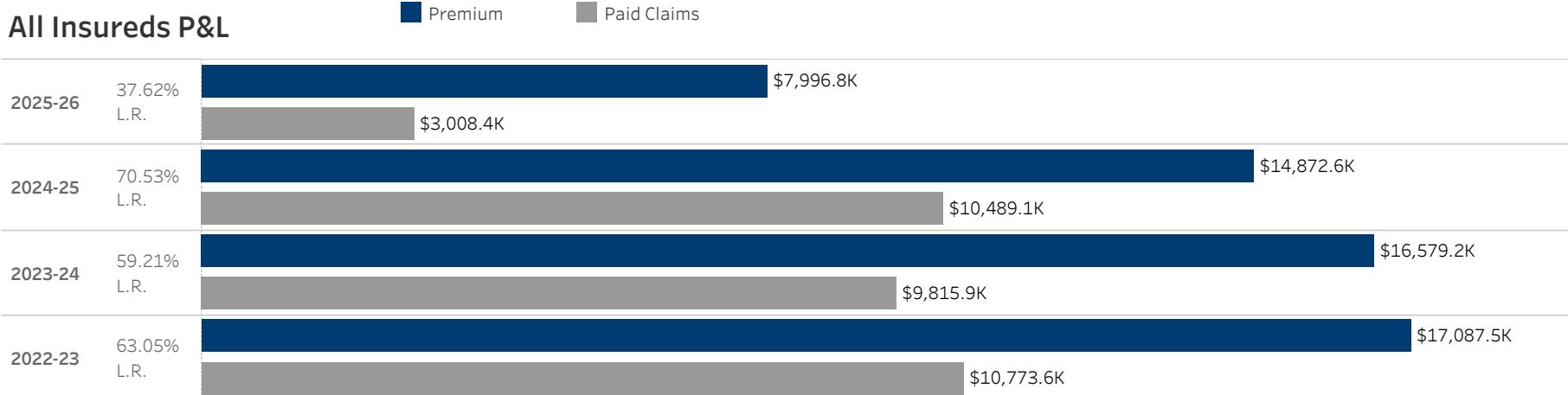
Group Name (Number)	Client Name (Number)	Premium Rate Type	1	2	3	4	Total	
Kansas State System (200118)	Wichita State University (180)	Each Child				1	1	
		All Children		3			3	
		All Dependents			3	3	3	
		Total	12	56	376	827	1,254	
Total			156	499	2,610	2,856	5,542	
# of Unique Members			156	499	2,610	2,856	5,542	

Kansas State System (200118) - Total Insured Counts - Active Coverage as of January 12, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Plan Experience Overview

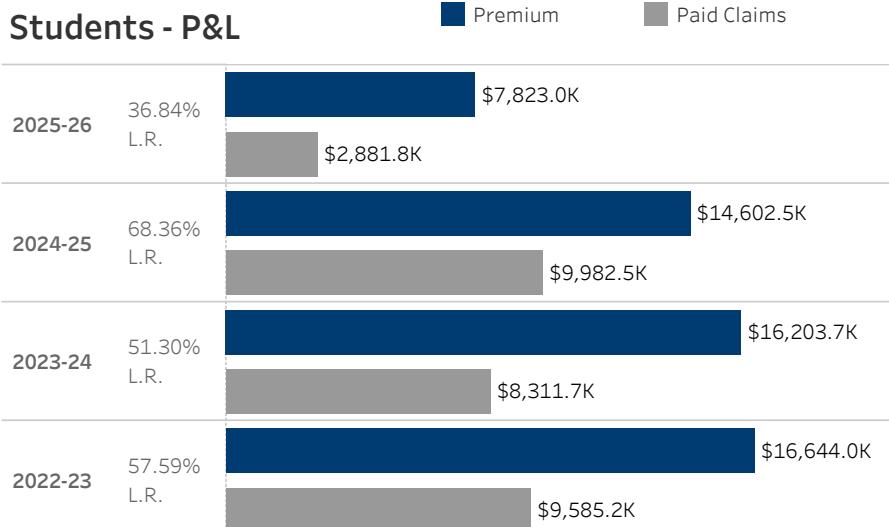
All Insureds P&L



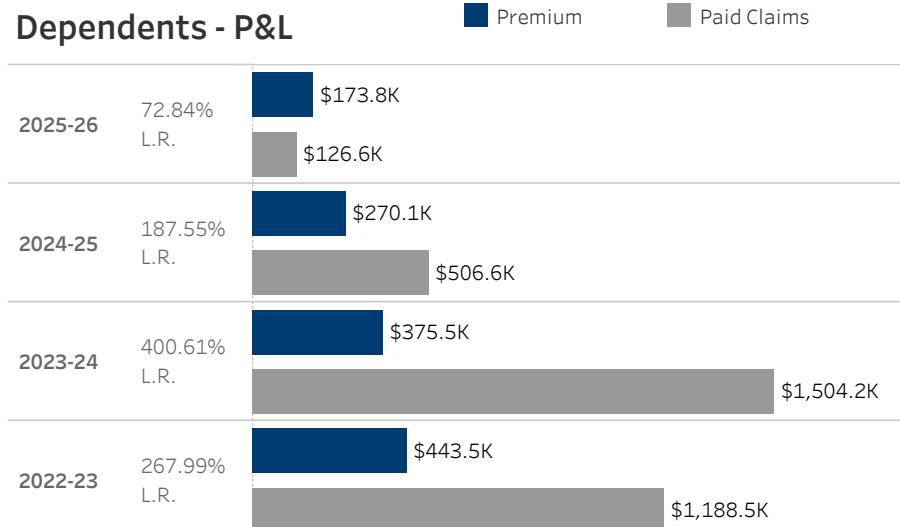
Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

Students - P&L



Dependents - P&L



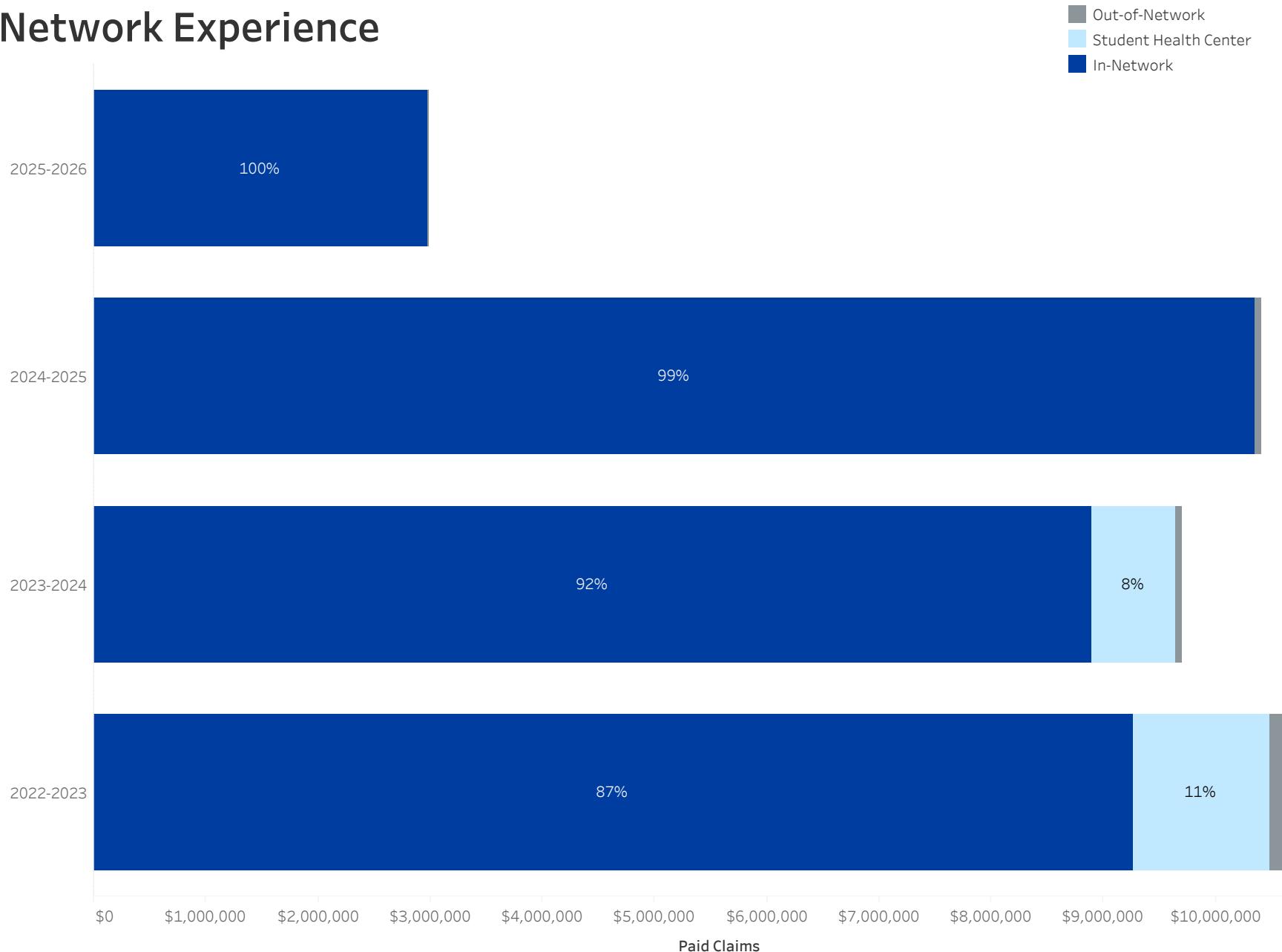
Values are displayed in thousands

Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Network Experience



Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

SR Charge Category Utilization as of 1/1/2026

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Charge Service Type	Charge Description Category	2024-2025				2025-2026			
		Claimant Count	Claims	Claimed Amount	Paid Claims	Claimant Count	Claims	Claimed Amount	Paid Claims
Grand Total				\$33,964,644	\$10,489,103			\$7,636,641	\$3,008,357
Outpatient	Total			\$19,963,546	\$7,418,859			\$6,363,161	\$2,673,273
	ADJUSTMENTS	858	1,948	\$0	(\$75,079)	158	329	\$0	\$690
	AMBULANCE	29	39	\$253,755	\$145,755	4	4	\$6,847	\$2,095
	ANESTHETIST	132	192	\$144,648	\$51,164	28	38	\$39,009	\$10,263
	ASSISTANT SURGEON	16	19	\$36,544	\$2,176	1	3	\$350	\$87
	CAT SCAN / MRI	267	643	\$1,677,123	\$330,197	119	215	\$626,033	\$127,467
	CHEMOTHERAPY	11	93	\$1,279,129	\$279,476	2	4	\$36,976	\$16,979
	CLAIM INTEREST	51	78	\$0	\$1,803	2	2	\$0	\$1
	CONSULTANT					1	1	\$225	\$0
	DENTAL	9	14	\$3,598	\$881	5	5	\$2,727	\$20
	DURABLE MED/BRACES/APPL	181	302	\$139,414	\$30,252	64	86	\$45,402	\$8,923
	HOSPITAL MISCELLANEOUS	1	1	\$770	\$456				
	INJECTIONS	1,716	3,691	\$787,532	\$568,346	1,012	1,447	\$284,702	\$210,578
	LABORATORY	3,940	11,219	\$2,879,150	\$1,224,944	2,096	3,968	\$1,415,270	\$702,524
	MEDICAL EMERGENCY	233	278	\$1,190,863	\$246,187	86	99	\$439,801	\$101,326
	OTHER	22	109	\$7,920	\$7,920	15	28	\$959	\$959
	OTHER INSURANCE	4	5	\$0	(\$128,506)				
	OUTPATIENT SURGERY	577	908	\$549,159	\$160,233	192	235	\$117,522	\$33,105
	OUTPATIENT SURGICAL FACILITIES	123	168	\$2,616,377	\$617,978	32	34	\$404,125	\$120,847
	PHYSICIAN VISITS	3,257	11,847	\$2,039,263	\$987,291	1,774	4,086	\$778,850	\$386,509
	PHYSIOTHERAPY	289	1,527	\$488,555	\$158,664	135	550	\$192,711	\$55,540
	PRESCRIPTIONS	3,072	24,840	\$4,890,584	\$2,522,661	1,831	8,679	\$1,710,631	\$819,232
	RADIATION THERAPY	3	96	\$167,693	\$33,316				
	REFUNDS	11	12	\$0	(\$1,637)				
	SUPPLIES/MISC	437	599	\$114,204	\$62,903	173	229	\$18,755	\$15,022
	URGENT CARE	7	8	\$3,246	\$299	1	1	\$612	\$0

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 1/1/2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

SR Charge Category Utilization as of 1/1/2026

Kansas State System (200118)

Policy Option(s): All | Insured Location: All

Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Charge Service Type	Charge Description Category	2024-2025				2025-2026			
		Claimant Count	Claims	Claimed Amount	Paid Claims	Claimant Count	Claims	Claimed Amount	Paid Claims
Outpatient	XRAYS	1,399	2,746	\$694,018	\$191,181	701	1,076	\$241,653	\$61,106
Inpatient	Total			\$14,001,098	\$3,070,243			\$1,273,480	\$335,084
	ADJUSTMENTS	14	55	\$0	\$106,122	3	3	\$0	\$1,070
	ANESTHETIST	38	62	\$95,539	\$50,147	12	13	\$24,803	\$9,660
	ASSISTANT SURGEON	13	14	\$31,847	\$2,726	1	1	\$575	\$123
	CLAIM INTEREST	3	3	\$0	\$13				
	DENTAL	5	5	\$1,254	\$0	6	6	\$7,724	\$1,810
	HOME HEALTH CARE	33	73	\$57,585	\$19,469	15	66	\$29,770	\$14,405
	HOSPITAL	105	205	\$12,768,546	\$2,550,950	32	34	\$965,849	\$238,962
	INJECTIONS	8	10	\$899	\$336	3	3	\$268	\$113
	INPATIENT SURGERY	53	81	\$226,766	\$87,743	20	24	\$66,701	\$30,021
	MEDICAL EMERGENCY	25	37	\$257,781	\$70,799	11	11	\$81,032	\$13,969
	PHYSICIAN VISITS	107	500	\$507,993	\$160,659	35	90	\$85,077	\$18,598
	PRESCRIPTIONS	40	148	\$14,428	\$8,550	20	38	\$5,036	\$2,604
	PROFESSIONAL FEE	140	311	\$38,460	\$12,730	145	203	\$6,645	\$3,748

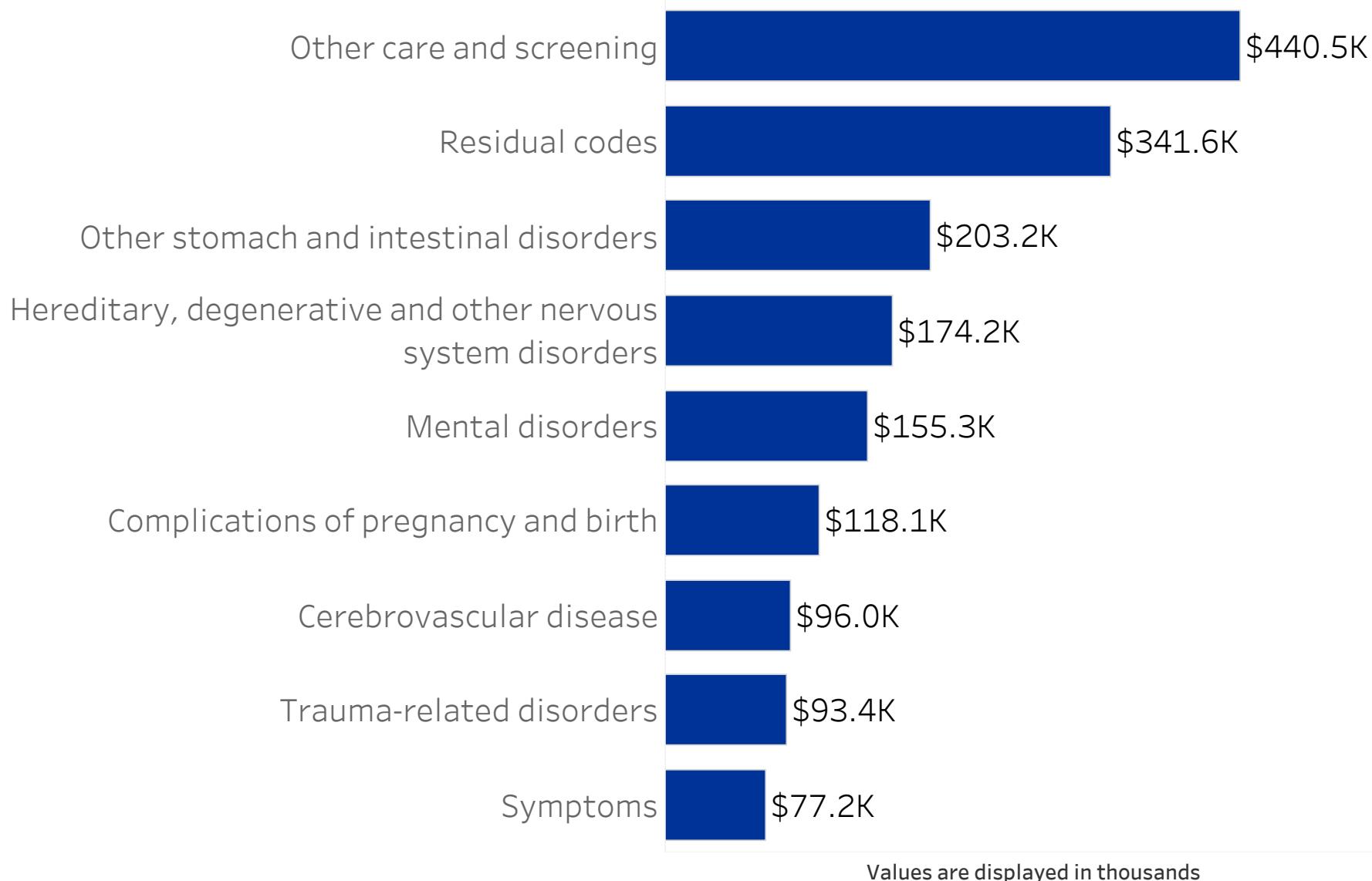
Insured Type: All | Charge Type: All | Charge Service Type: All | Charge Code Description: All | Cause Code: All

Kansas State System (200118) - Utilization as of 1/1/2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top 10 Diagnoses 2025-26 Policy Year

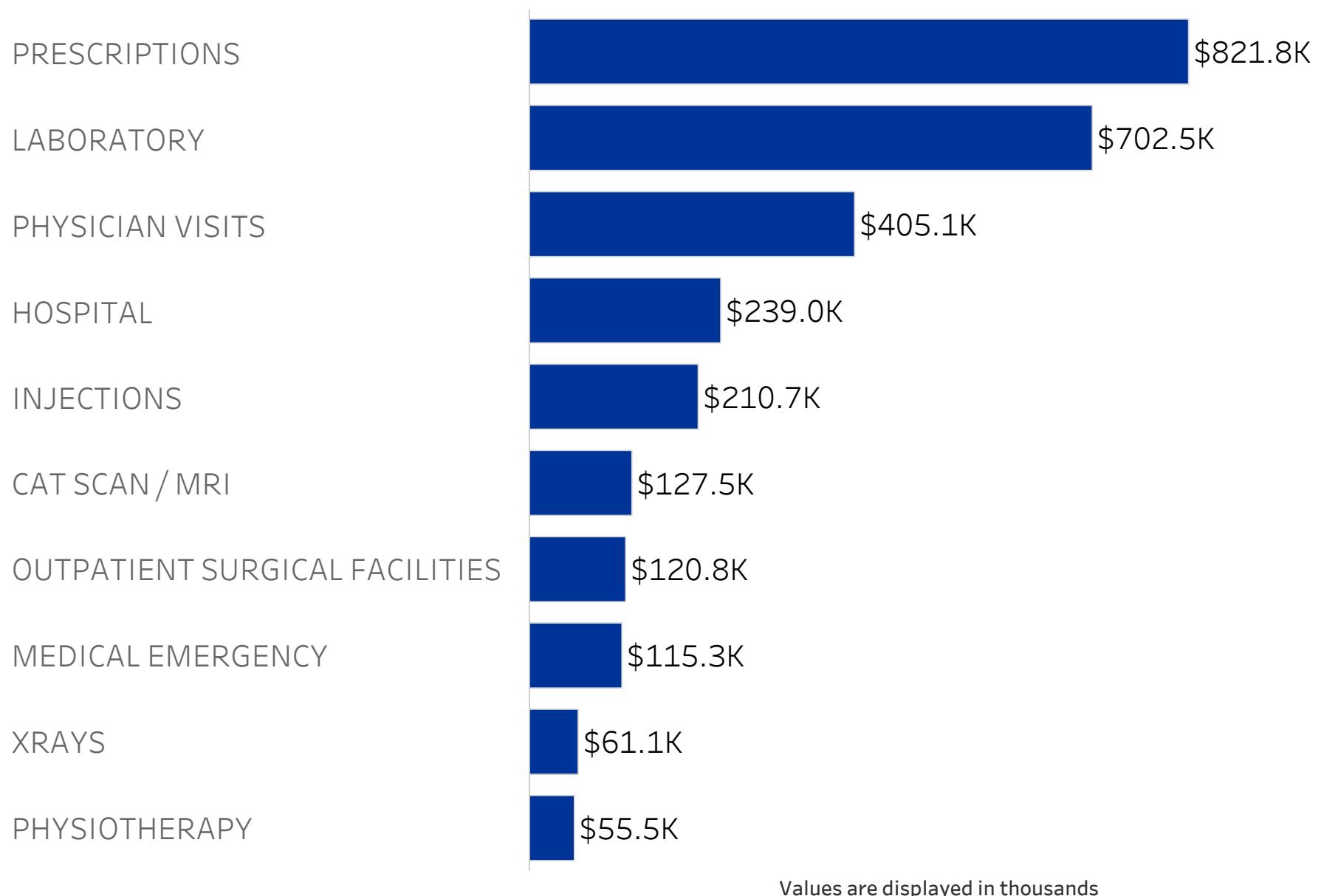
Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories. Diagnoses information does not include Prescription Drugs or Student Health Center ledger billed claims.



Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top 10 SR Charge Categories 2025-26 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Claims greater than \$100,000

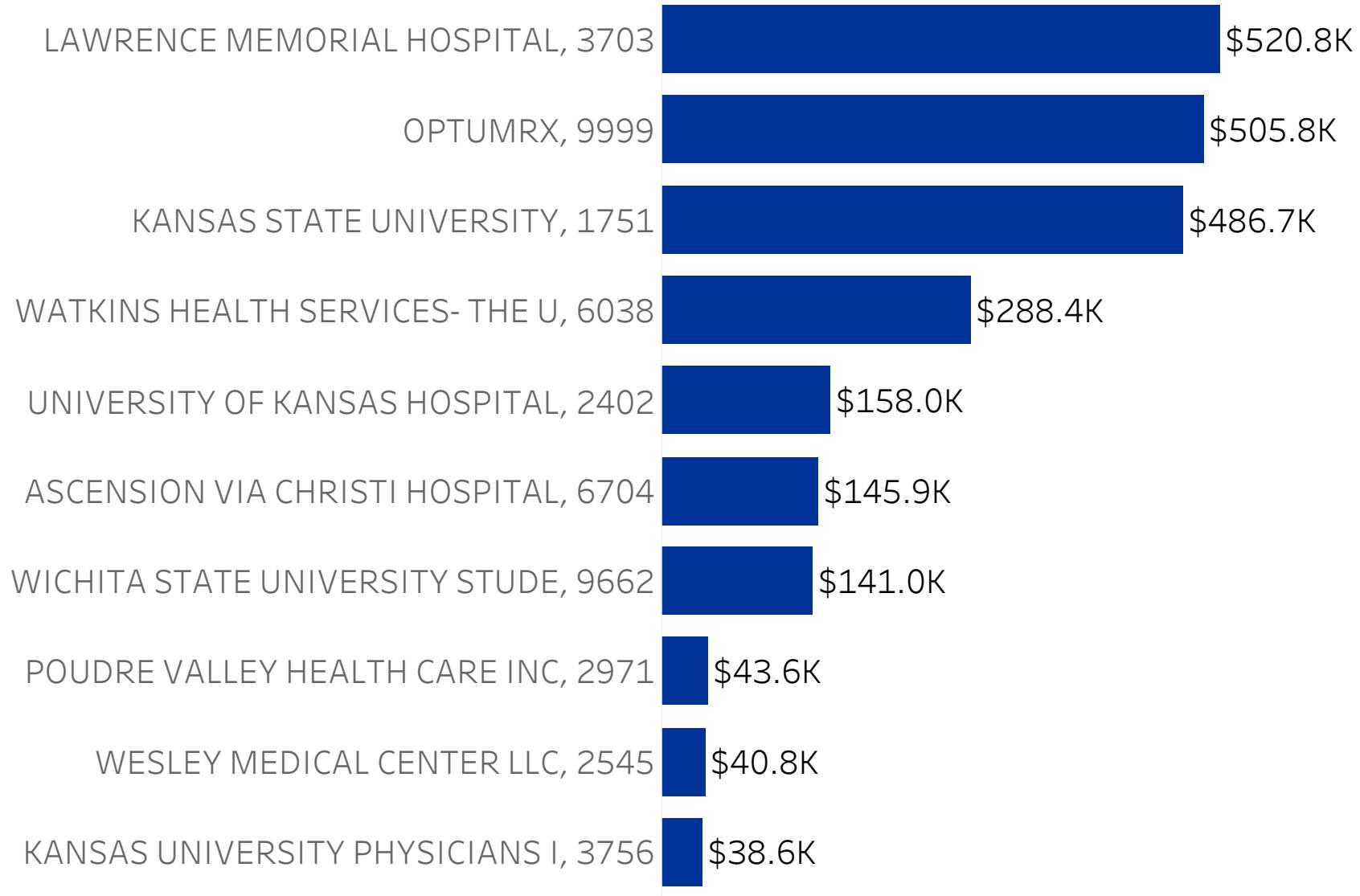
Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2024-25	August 15, 2024	Student	PBM CLAIMS	\$150,470	\$108,383
	April 11, 2025	Student	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	\$399,916	\$181,846
	August 20, 2024	Student	PBM CLAIMS	\$217,123	\$160,917
	September 13, 2024	Student	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	\$347,679	\$230,808
	October 3, 2024	Student	PBM CLAIMS	\$178,929	\$129,389
	April 9, 2025	Student	MULTIPLE SCLEROSIS	\$305,157	\$183,189
	August 13, 2024	Student	PBM CLAIMS	\$153,859	\$110,809
	March 16, 2025	Student	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	\$6,406,081	\$897,361
	May 2, 2025	Student	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	\$1,239,722	\$256,085
	November 15, 2024	Student	ANEURYSM OF OTHER PRECEREBRAL ARTERIES	\$628,752	\$149,232
	November 5, 2024	Student	OTHER HYPERTROPHIC CARDIOMYOPATHY	\$580,408	\$167,709
2025-26	August 20, 2025	Student	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	\$263,857	\$175,270
	September 25, 2025	Student	MULTIPLE SCLEROSIS	\$260,749	\$174,010

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top Billing Providers

2025-26 Policy Year



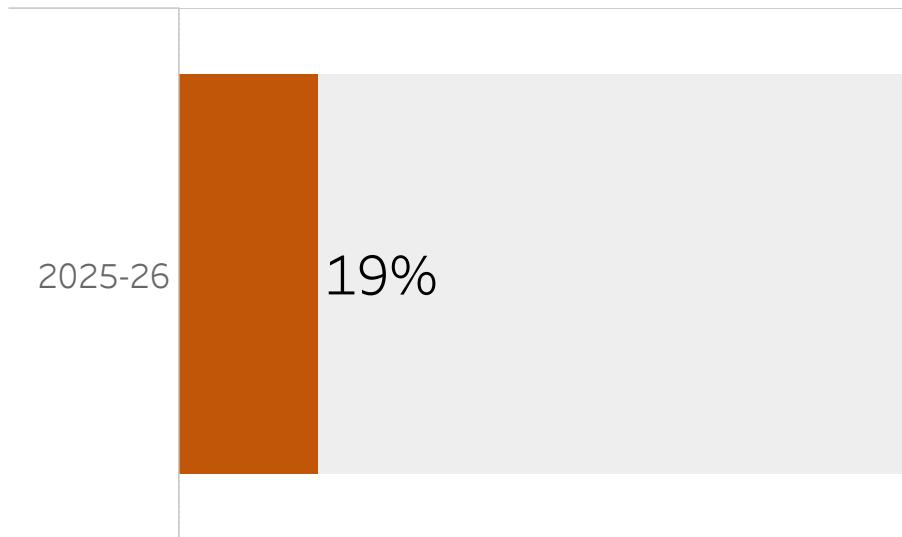
Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top Rx Report

Percentage of Members Utilizing Rx



Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
COMIRNATY 2025-26	3	132	128	\$0	\$19,911
FLUCELVAX 2025-2026	3	124	122	\$0	\$5,967
FLUBLOK 2025-2026	3	91	89	\$0	\$8,062
FLUARIX 2025-2026	3	92	87	\$0	\$2,938
AMPHETAMINE/DEXTROAMPHETAM..	1	359	82	\$1,111	\$3,079
ESCITALOPRAM OXALATE	1	156	56	\$233	\$78
PREDNISONE	1	66	54	\$20	\$3
SPIRONOLACTONE	1	140	49	\$343	\$172
AMOXICILLIN	1	61	48	\$43	\$12
BUPROPION HYDROCHLORIDE ER (XL)	1	173	46	\$315	\$175

Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
DESCOVY	3	6	\$0	\$51,540
SKYRIZI	2	2	\$0	\$42,815
DUPIXENT	2	3	\$16,740	\$25,110
ZYMFENTRA 2-PEN	9	1	\$7,696	\$24,503
KISQALI	3	1	\$6,139	\$24,099
BIMZELX	3	1	\$7,900	\$23,094
COMIRNATY 2025-26	3	128	\$0	\$19,911
HUMIRA PEN	2	1	\$7,923	\$18,224
SPRAVATO 84MG DOSE	3	4	\$9,288	\$17,646
KISQALI	2	1	\$0	\$15,219

Top Therapeutic Classes by Claimant Count

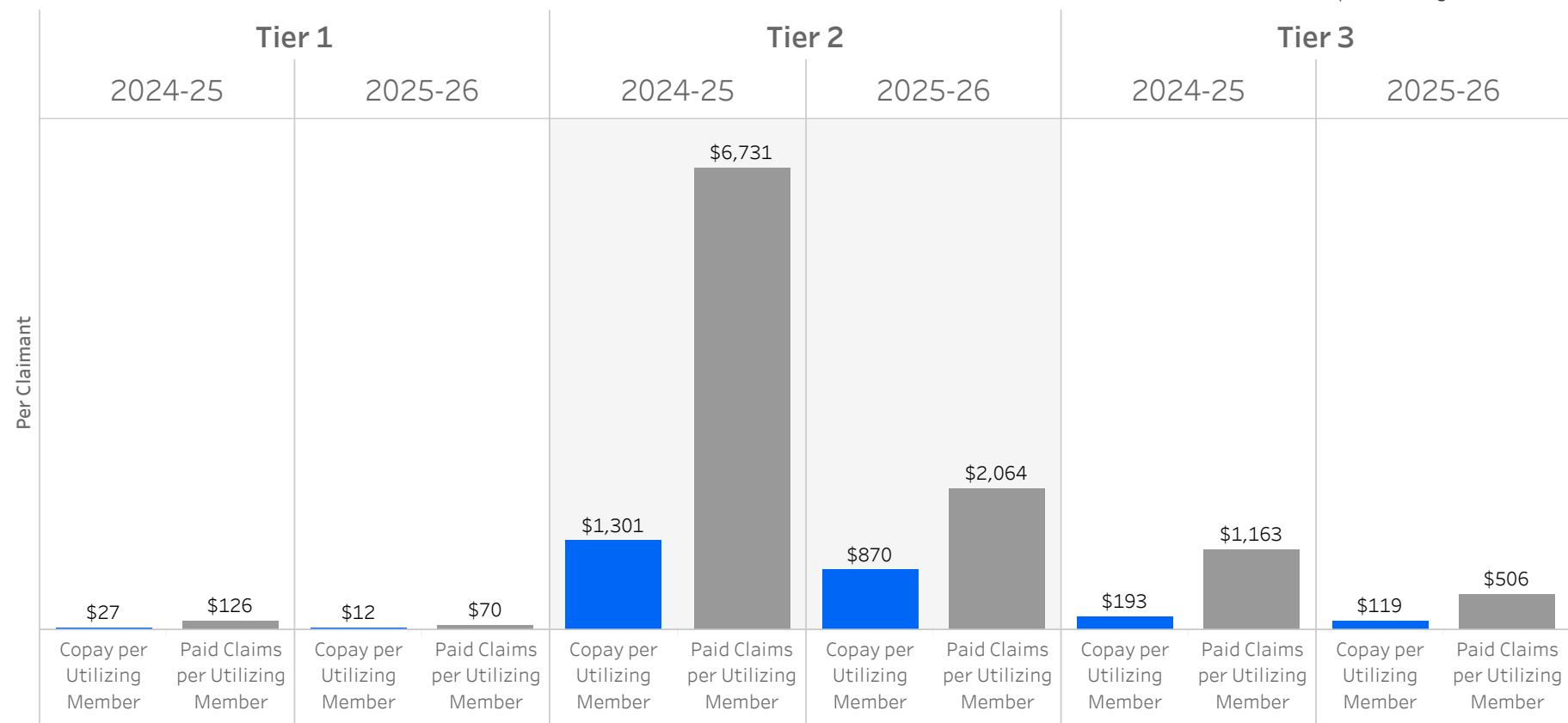
	Claimant Count	Copay	Paid Claims
ANTINEOPLASTICS	355	\$6,184	\$84,780
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	224	\$5,980	\$8,522
MISCELLANEOUS	170	\$5,940	\$11,242
SYSTEMIC CONTRACEPTIVES	162	\$910	\$20,084
AMPHETAMINE PREPARATIONS	114	\$2,699	\$17,301
PENICILLINS	88	\$63	\$23
OTHER ANTIHYPERTENSIVES	67	\$236	\$1,104
ANTIARTHRITICS	66	\$12,917	\$25,689
Null	65	\$58,841	\$116,945
ANTIFUNGALS	58	\$342	\$722

Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Rx Copay and Paid Claims per Utilizing Member (per Claimant) by Tier

█ Copay per Utilizing Member
█ Paid Claims per Utilizing Member



Rx Utilization by Tier

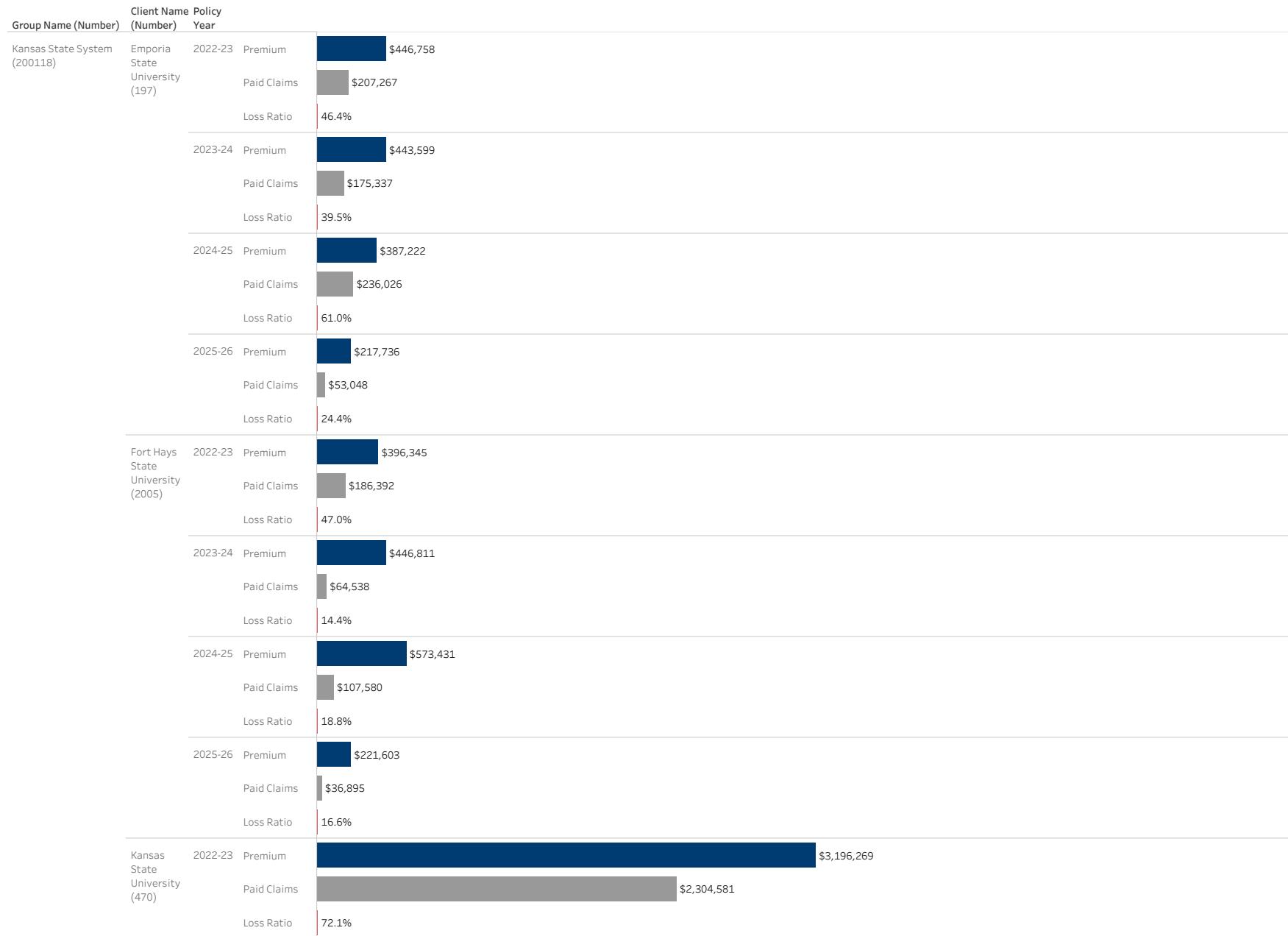
Tier	2024-25				2025-26			
	Claimant Count		Copay	Paid Claims	Claimant Count		Copay	Paid Claims
1	1,478	\$40,250	\$185,497		897	\$10,932	\$62,441	
2	133	\$173,070	\$895,238		89	\$77,435	\$183,736	
3	548	\$105,993	\$637,368		408	\$48,723	\$206,531	

Kansas State System (200118) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of January 1, 2026



The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

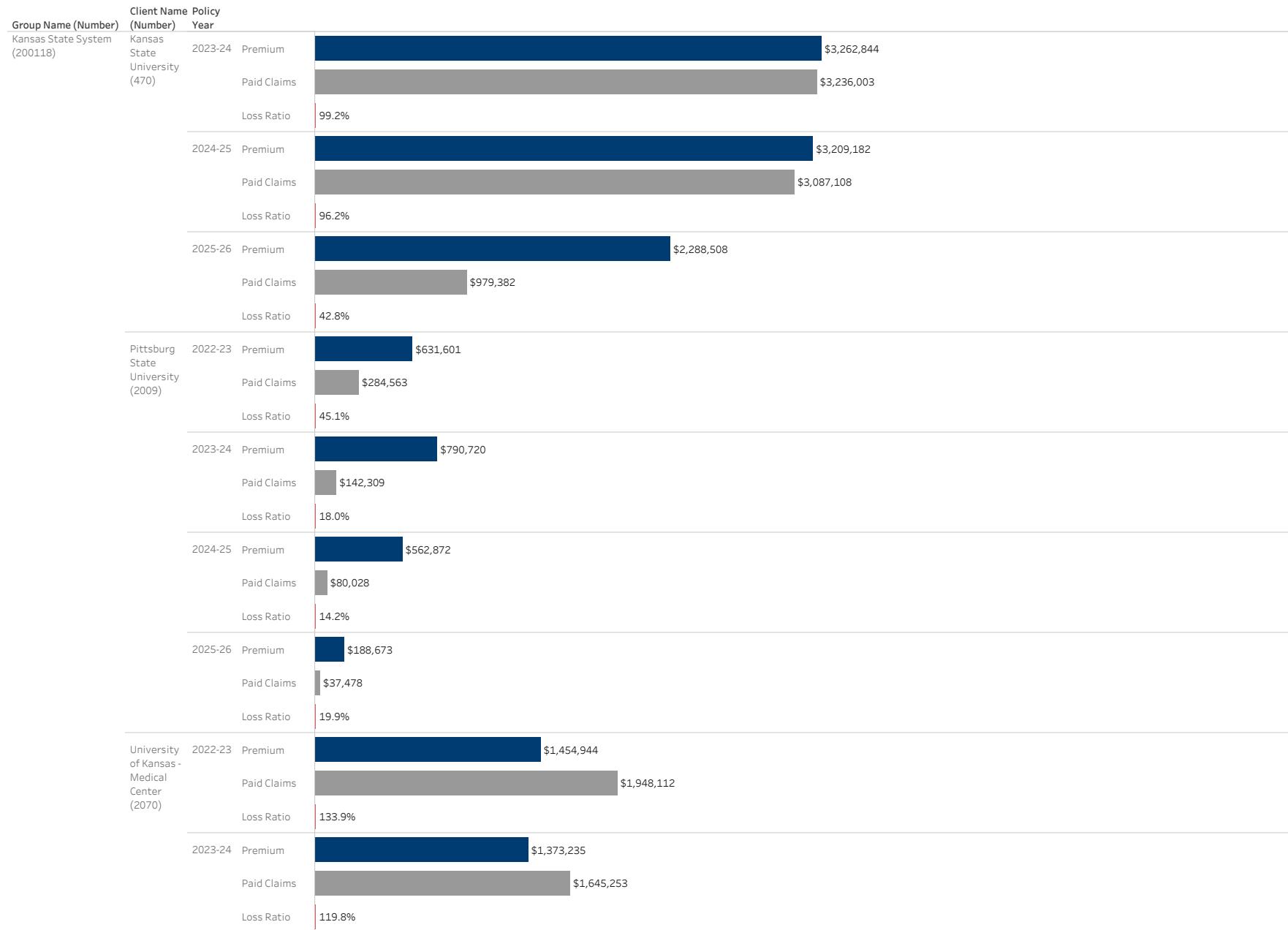
Premium & Paid Claims

Kansas State System (200118) Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of January 1, 2026



Measure Names
█ Premium
█ Paid Claims
█ Loss Ratio

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

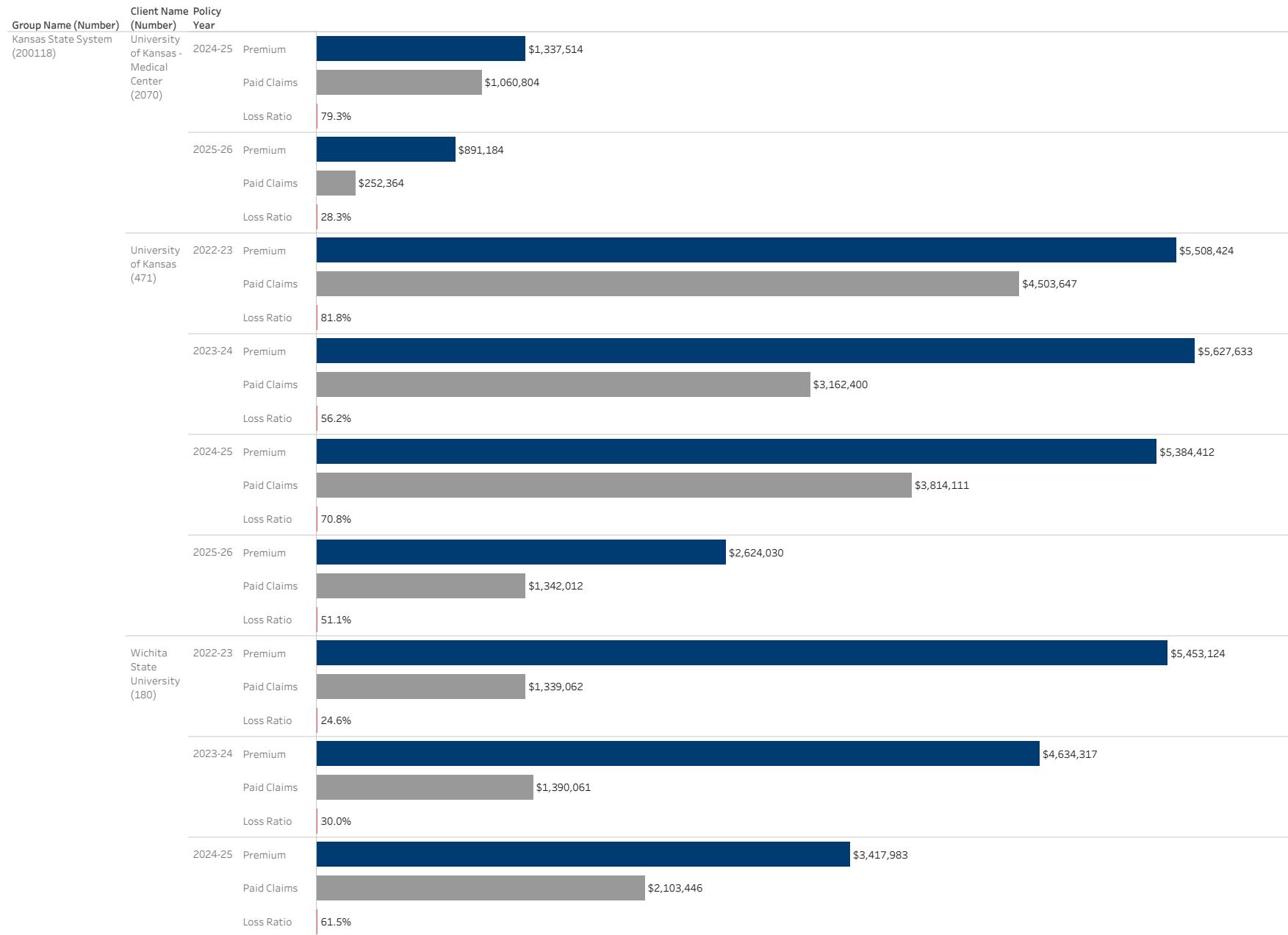
Premium & Paid Claims

Kansas State System (200118) Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of January 1, 2026



The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of January 1, 2026



Measure Names
 Premium
 Paid Claims
 Loss Ratio

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Wichita State University (180)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2024-25	March 16, 2025	Student	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	\$6,406,081	\$897,361
	May 2, 2025	Student	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	\$1,239,722	\$256,085

Wichita State University (180) - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Emporia State University (197)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Kansas State University (470)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2024-25	August 15, 2024	Student	PBM CLAIMS	\$150,470	\$108,383
	August 20, 2024	Student	PBM CLAIMS	\$217,123	\$160,917
	October 3, 2024	Student	PBM CLAIMS	\$178,929	\$129,389
	August 13, 2024	Student	PBM CLAIMS	\$153,859	\$110,809
	November 15, 2024	Student	ANEURYSM OF OTHER PRECEREBRAL ARTERIES	\$628,752	\$149,232

Kansas State University (470) - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



University of Kansas (471)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2024-25	April 11, 2025	Student	BENIGN NEOPLASM OF MENINGES UNSPECIFIED	\$399,916	\$181,846
	September 13, 2024	Student	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	\$347,679	\$230,808
	April 9, 2025	Student	MULTIPLE SCLEROSIS	\$305,157	\$183,189
	November 5, 2024	Student	OTHER HYPERTROPHIC CARDIOMYOPATHY	\$580,408	\$167,709
2025-26	August 20, 2025	Student	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	\$263,857	\$175,270
	September 25, 2025	Student	MULTIPLE SCLEROSIS	\$260,749	\$174,010

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Fort Hays State University (2005)

Policy Option(s)

1
2
4

Fort Hays State University (2005) - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Pittsburg State University (2009)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



University of Kansas - Medical Center (2070)

Policy Option(s)

- 1
- 2
- 3
- 4

Claims greater than \$100,000

None - Claims greater than \$100,000 - Utilization as of January 1, 2026

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Kansas Board of Regents

KBOR Quarterly Meeting

Eligibility and Waiver Audit Services Overview of Spring 2026

Date of Report: January 8, 2026

At the request of the Kansas Board of Regents (KBOR) this document serves as an overview of the work ECI has performed for six of the seven KBOR schools: (1) University of Kansas (KU), (2) University of Kansas Medical Center (KUMC), (3) Kansas State University (KSU), (4) Emporia State University (ESU), (5) Wichita State University (WSU), and (6) Pittsburg State University (PSU).

The waiver/enrollment processes have proceeded normally for audits, enrollment if applicable, and Customer Service.

Attached are Spring (ongoing) 2026 Elev834 reports with to-date results on waiver and enrollment data for the semester, and Customer Service and Ticket reports. ECI is in the process of work for Spring 2026 which extends into early February 2026. We are experiencing a bit more pre-audits for international travel plans which don't pass audit than in prior semesters.

ECI does not report on monthly enrollments, special handling, or dependent enrollment.

As a partner to KBOR and United HealthCare Student Resources we are always looking for better ways to serve the schools of the Kansas Board of Regents. We appreciate your business.

University of Kansas

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved	23	85.2%
2	Unknown		0.0%
4	Invalid Student Insurance Information	1	3.7%
6	Carrier refuses to disclose information		0.0%
7	Auditor was unable to complete the waiver audit (other than network status)		0.0%
8	Policy is not Active		0.0%
9	Plan does not provide insured prescription drug coverage	1	3.7%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0.0%
11	Plan does not have maternity coverage with no dollar limit		0.0%
12	Plan does not have preventive routine care with no limit	1	3.7%
13	Plan does not provide coverage for pre-existing conditions		0.0%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0.0%
15	The Individual Annual Deductible is over \$500		0.0%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0.0%
17	Patient co-insurance is over 25%		0.0%
18	Insurer does not have a based of operations in the U.S. or have a U.S. based claims payer		0.0%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation		0.0%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance	1	3.7%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0.0%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0.0%
99	Void		0.0%
Grand Total		27	100%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	8
Client Request	0
Student Provided MER	0
Student Resubmitted Waiver	2
Student Updated Insurance	0
Grand Total	10
% Adjusted of Total Audits Completed	37.0%
Total Billable	Billable Count
Final, Completed Audit Results	27
Audits Adjusted	10
Total Billable	37

University of Kansas Medical Center (KUMC)

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved	2	100%
2	Unknown		0%
4	Invalid Student Insurance Information		0%
6	Carrier refuses to disclose information		0%
7	Auditor was unable to complete the waiver audit (other than network status)		0%
8	Policy is not Active		0%
9	Plan does not provide insured Prescription Drug coverage		0%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0%
11	Plan does not have maternity coverage with no dollar limit		0%
12	Plan does not have preventive routine care with no limit		0%
13	Plan does not provide coverage for pre-existing conditions		0%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0%
15	The Individual Annual Deductible is over \$500		0%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0%
17	Patient co-insurance is more than 25%		0%
18	Insurer does not have a base of operations in the U.S. or have a U.S. based claims payer		0%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation		0%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance		0%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0%
22	The following health plan types will not be accepted: Limited, Travel, Short Term Limited Duration, Disability, Hospital Indemnity, Accident Only, or Emergency/Urgent Care Only		0%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0%
99	Void		0%
Grand Total		2	100%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	0
Client Request	0
Student Provided MER	0
Student Resubmitted Waiver	0
Student Updated Insurance	0
Grand Total	0
% Adjusted of Total Audits Completed	0.0%
Total Billable	Billable Count
Final, Completed Audit Results	2
Audits Adjusted	0
Total Billable	2

Wichita State University

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved	26	86.7%
2	Unknown		0.0%
4	Invalid Student Insurance Information		0.0%
6	Carrier refuses to disclose information		0.0%
7	Auditor was unable to complete the waiver audit (other than network status)		0.0%
8	Policy is not Active	2	6.7%
9	Plan does not provide insured Prescription Drug coverage	1	3.3%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0.0%
11	Plan does not have maternity coverage with no dollar limit		0.0%
12	Plan does not have preventive routine care with no limit		0.0%
13	Plan does not provide coverage for pre-existing conditions		0.0%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0.0%
15	The Individual Annual Deductible is over \$500		0.0%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0.0%
17	Patient co-insurance is more than 25%		0.0%
18	Insurer does not have a base of operations in the U.S. or have a U.S. based claims payer		0.0%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	3.3%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance		0.0%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0.0%
22	The following health plan types will not be accepted: Limited, Travel, Short Term Limited Duration, Disability, Hospital Indemnity, Accident Only, or Emergency/Urgent Care Only		0.0%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0.0%
99	Void		0.0%
Grand Total		30	100%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	3
Client Request	0
Student Provided MER	1
Student Resubmitted Waiver	1
Student Updated Insurance	0
Grand Total	5
% Adjusted of Total Audits Completed	16.7%
Total Billable	Billable Count
Final, Completed Audit Results	30
Audits Adjusted	5
Total Billable	35

Kansas State University

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved	1	50.00%
2	Unknown		0.00%
4	Invalid Student Insurance Information		0.00%
6	Carrier refuses to disclose information		0.00%
7	Auditor was unable to complete the waiver audit (other than network status)		0.00%
8	Policy is not Active		0.00%
9	Plan does not provide insured Prescription Drug coverage		0.00%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0.00%
11	Plan does not have maternity coverage with no dollar limit		0.00%
12	Plan does not have preventive routine care with no limit		0.00%
13	Plan does not provide coverage for pre-existing conditions		0.00%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0.00%
15	The Individual Annual Deductible is over \$500		0.00%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0.00%
17	Patient co-insurance is more than 25%		0.00%
18	Insurer does not have a base of operations in the U.S. or have a U.S. based claims payer		0.00%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	50.00%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance		0.00%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0.00%
22	The following health plan types will not be accepted: Limited, Travel, Short Term Limited Duration, Disability, Hospital Indemnity, Accident Only, or Emergency/Urgent Care Only		0.00%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0.00%
99	Void		0.00%
Grand Total		2	100%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	0
Client Request	0
Student Provided MER	0
Student Resubmitted Waiver	0
Student Updated Insurance	0
Grand Total	0

% Adjusted of Total Audits Completed	0.0%
Total Billable	Billable Count
Final, Completed Audit Results	2
Audits Adjusted	0
Total Billable	2

Emporia State University

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved	2	66.7%
2	Unknown		0.0%
4	Invalid Student Insurance Information		0.0%
6	Carrier refuses to disclose information		0.0%
7	Auditor was unable to complete the waiver audit (other than network status)		0.0%
8	Policy is not Active		0.0%
9	Plan does not provide insured Prescription Drug coverage	1	33.3%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0.0%
11	Plan does not have maternity coverage with no dollar limit		0.0%
12	Plan does not have preventive routine care with no limit		0.0%
13	Plan does not provide coverage for pre-existing conditions		0.0%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0.0%
15	The Individual Annual Deductible is over \$500		0.0%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0.0%
17	Patient co-insurance is more than 25%		0.0%
18	Insurer does not have a base of operations in the U.S. or have a U.S. based claims payer		0.0%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation		0.0%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance		0.0%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0.0%
22	The following health plan types will not be accepted: Limited, Travel, Short Term Limited Duration, Disability, Hospital Indemnity, Accident Only, or Emergency/Urgent Care Only		0.0%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0.0%
99	Void		0.0%
Grand Total		3	100%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	1
Client Request	0
Student Provided MER	0
Student Resubmitted Waiver	0
Student Updated Insurance	0
Grand Total	1
% Adjusted of Total Audits Completed	
33.3%	
Total Billable	Billable Count
Final, Completed Audit Results	3
Audits Adjusted	1
Total Billable	4

Pittsburg State University

Waiver Audit Summary Report

Plan Year 2025-26

Spring 2026 (Ongoing)

Approval/ Disapproval Code	Approval/ Disapproval Description	Number of Audits	% of Audits
1	Approved		0.0%
2	Unknown		0.0%
4	Invalid Student Insurance Information		0.0%
6	Carrier refuses to disclose information		0.0%
7	Auditor was unable to complete the waiver audit (other than network status)		0.0%
8	Policy is not Active		0.0%
9	Plan does not provide insured Prescription Drug coverage		0.0%
10	No coverage for inpatient and/or outpatient mental health services with no limit		0.0%
11	Plan does not have maternity coverage with no dollar limit		0.0%
12	Plan does not have preventive routine care with no limit		0.0%
13	Plan does not provide coverage for pre-existing conditions		0.0%
14	Plan does not provide Unlimited benefits with no per-service, per-diagnosis, or per-accident limitations		0.0%
15	The Individual Annual Deductible is over \$500		0.0%
16	Plan does not have out-of-pocket maximum of \$8,200 per member or \$16,400 per family (Including deductible and all co-pay amounts)		0.0%
17	Patient co-insurance is more than 25%		0.0%
18	Insurer does not have a base of operations in the U.S. or have a U.S. based claims payer		0.0%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation		0.0%
20	The insurance company is not authorized to do business in the state by the Kansas Department of Insurance		0.0%
21	This plan does not provide coverage for all required service types such as pediatric dental and vision for covered dependents		0.0%
22	The following health plan types will not be accepted: Limited, Travel, Short Term Limited Duration, Disability, Hospital Indemnity, Accident Only, or Emergency/Urgent Care Only		0.0%
23	Plan documents reviewed are not in English and converted to U.S. dollars or the insurance company contact telephone number is outside of the U.S.		0.0%
99	Void		0.0%
Grand Total		0	0%

Audits Adjusted	Total
Additional Documentation	0
Audit Adjustment	0
Client Request	0
Student Provided MER	0
Student Resubmitted Waiver	0
Student Updated Insurance	0
Grand Total	0

% Adjusted of Total Audits Completed	#DIV/0!
Total Billable	Billable Count
Final, Completed Audit Results	0
Audits Adjusted	0
Total Billable	0

Kansas Board of Regents (KBOR)
Customer Service Toll-Free Calls

Spring 2026

October 1, 2025 through December 31, 2025

Count	Time	Queue Name	Media Type
1	10/22/2025 11:07:44	-	Phone
2	10/22/2025 11:21:00	-	Phone
3	10/30/2025 06:09:15	Waiver	Phone
4	11/12/2025 11:45:57	Waiver	Phone
5	12/10/2025 02:58:48	Waiver	Phone
6	12/18/2025 12:45:32	-	Phone
Total Calls		6	

Notes:

* If the "Queue Name" is blank this means the caller experienced no wait time for Customer Service

Kansas Board of Regents

Waiver Processing Time Report

Spring 2026 (Ongoing)

January 8, 2026

University of Kansas

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
27	0.26	0.02

Wichita State University

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
30	0.45	0.03

Kansas State University

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
2	0.19	0.05

Emporia State University

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
3	0.18	0.05

Pittsburg State University

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
0	0	0

University of Kansas Medical Center

Spring 2026 Audits	Total Audits Average Processing Time (days)	Total Average QA Time (days)
2	0.01	0.14

University of Kansas

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	34
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	3
STUDENTS WHO DID NOTHING	1637
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	1674

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	17
DENIED WAIVERS	4
PENDING WAIVERS	7
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	28

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	2
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	2

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-3
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-3

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	1674
WAIVERS PROCESSED	28
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	2
STUDENTS WITH MULTIPLE RESULTS	-3
TOTAL NUMBER STUDENTS RECEIVED	1701

Wichita State University

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	118
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	2
STUDENTS WHO DID NOTHING	844
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	964

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	23
DENIED WAIVERS	3
PENDING WAIVERS	6
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	32

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	18
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	18

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-3
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-3

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	964
WAIVERS PROCESSED	32
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	18
STUDENTS WITH MULTIPLE RESULTS	-3
TOTAL NUMBER STUDENTS RECEIVED	1011

Kansas State University

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	2
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	1
STUDENTS WHO DID NOTHING	602
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	605

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	1
DENIED WAIVERS	1
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	2

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	0
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	0

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-1
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-1

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	605
WAIVERS PROCESSED	2
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	0
STUDENTS WITH MULTIPLE RESULTS	-1
TOTAL NUMBER STUDENTS RECEIVED	606

Emporia State University

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	2
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	2
DEFAULT ENROLLED PAID (ACTIVE)	74
TOTAL ENROLLMENTS	78

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	2
DENIED WAIVERS	1
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	3

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	8
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	8

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-1
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-1

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	78
WAIVERS PROCESSED	3
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	8
STUDENTS WITH MULTIPLE RESULTS	-1
TOTAL NUMBER STUDENTS RECEIVED	88

Pittsburg State University

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	0
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	0

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	0
DENIED WAIVERS	0
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	0

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	0
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	0

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	0

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	0
WAIVERS PROCESSED	0
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	0
STUDENTS WITH MULTIPLE RESULTS	0
TOTAL NUMBER STUDENTS RECEIVED	0

University of Kansas Medical Center

Statistics Report

Spring 2026 (Ongoing)

Thursday, January 8, 2026

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	0
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	110
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	110

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	2
DENIED WAIVERS	0
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	2

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	1
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	1

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	0

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	110
WAIVERS PROCESSED	2
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	1
STUDENTS WITH MULTIPLE RESULTS	0
TOTAL NUMBER STUDENTS RECEIVED	113

Kansas Board of Regents (KBOR)

Customer Service Ticket Requests

Spring 2026

October 1, 2025 through December 31, 2025

Ticket	Start Date	Close Date	Response time	Duration Time	Category	School
1	10/1/2025 9:13	10/1/2025 10:39	0:05:12	1:31:14	Insurance Enrollment / Enrollment Questions	University of Kansas
2	10/1/2025 10:45	10/1/2025 11:22	1:28:34	2:05:30	Waiver / Waiver Audit Questions	University of Kansas
3	10/1/2025 15:40	10/6/2025 10:50	0:12:19	28:22:49	Insurance Enrollment / Drop Enrollment Request	Kansas State University
4	10/1/2025 15:40	10/6/2025 10:51	0:05:39	28:16:56	Insurance Enrollment / Drop Enrollment Request	Kansas State University
5	10/1/2025 16:39	10/13/2025 12:16	0:16:50	83:53:41	Insurance Enrollment / Drop Enrollment Request	Kansas State University
6	10/3/2025 14:34	10/3/2025 15:48	0:17:10	1:31:00	Insurance Enrollment / Drop Enrollment Request	University of Kansas
7	10/17/2025 16:47	10/21/2025 10:03	1:14:48	16:30:47	Insurance Enrollment / Drop Enrollment Request	University of Kansas
8	10/20/2025 11:27	10/20/2025 14:05	0:13:56	2:52:25	Insurance Enrollment / Enrollment Questions	Wichita State University
9	10/20/2025 14:04	10/23/2025 12:04	1:20:23	32:20:29	Insurance Enrollment / Drop Enrollment Request	University of Kansas
10	10/21/2025 13:09	10/23/2025 13:00	1:53:11	23:44:20	Insurance Enrollment / Drop Enrollment Request	Kansas State University
11	10/21/2025 16:13	10/23/2025 13:02	0:25:11	19:14:04	Insurance Enrollment / Drop Enrollment Request	Kansas State University
12	10/22/2025 13:26	10/22/2025 13:43	0:00:05	0:17:16	Waiver / Waiver Audit Questions	University of Kansas
13	10/23/2025 12:07	10/27/2025 18:01	0:12:55	28:06:55	Insurance Enrollment / Drop Enrollment Request	University of Kansas
14	10/23/2025 14:40	10/27/2025 18:15	0:06:22	25:42:17	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
15	10/27/2025 14:04	10/27/2025 16:31	0:20:43	2:48:12	Waiver / Waiver Audit Questions	University of Kansas
16	10/28/2025 14:30	10/29/2025 8:44	0:25:09	5:39:32	Waiver / Waiver Audit Questions	University of Kansas
17	11/3/2025 14:22	11/11/2025 13:38	5:34:37	65:12:14	Insurance Enrollment / Drop Enrollment Request	University of Kansas
18	11/5/2025 12:06	11/11/2025 13:39	2:15:50	42:09:49	Insurance Enrollment / Drop Enrollment Request	University of Kansas
19	11/7/2025 18:34	11/11/2025 13:40	3:03:29	14:28:36	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
20	11/7/2025 19:05	11/11/2025 13:40	3:28:02	14:28:02	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
21	11/7/2025 19:03	11/11/2025 13:41	3:27:06	14:27:06	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
22	11/7/2025 19:02	11/11/2025 13:41	3:25:55	14:25:55	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
23	11/7/2025 19:01	11/11/2025 13:43	3:20:38	14:20:38	Insurance Enrollment / Drop Enrollment Request	University of Kansas
24	11/7/2025 19:00	11/11/2025 13:44	3:16:57	14:16:57	Insurance Enrollment / Drop Enrollment Request	University of Kansas
25	11/7/2025 18:59	11/11/2025 13:44	3:16:08	14:16:11	Insurance Enrollment / Drop Enrollment Request	University of Kansas
26	11/7/2025 18:59	11/11/2025 13:45	3:12:16	14:12:58	Insurance Enrollment / Drop Enrollment Request	University of Kansas
27	11/7/2025 18:58	11/11/2025 13:46	3:05:27	14:06:54	Insurance Enrollment / Drop Enrollment Request	University of Kansas
28	11/7/2025 18:54	11/11/2025 13:46	3:01:02	14:06:04	Insurance Enrollment / Drop Enrollment Request	University of Kansas
29	11/7/2025 18:43	11/11/2025 13:47	2:46:55	14:03:55	Insurance Enrollment / Drop Enrollment Request	University of Kansas
30	11/7/2025 18:41	11/11/2025 13:48	2:45:04	14:03:10	Insurance Enrollment / Drop Enrollment Request	University of Kansas
31	11/7/2025 18:41	11/11/2025 13:49	2:43:21	14:02:19	Insurance Enrollment / Drop Enrollment Request	University of Kansas
32	11/7/2025 18:39	11/11/2025 13:50	2:39:58	14:00:29	Insurance Enrollment / Drop Enrollment Request	University of Kansas
33	11/7/2025 18:39	11/11/2025 13:51	2:35:45	13:56:33	Insurance Enrollment / Drop Enrollment Request	University of Kansas
34	11/7/2025 18:38	11/11/2025 13:52	2:34:08	13:55:52	Insurance Enrollment / Drop Enrollment Request	University of Kansas
35	11/7/2025 18:37	11/11/2025 13:52	2:32:38	13:55:13	Insurance Enrollment / Drop Enrollment Request	University of Kansas
36	11/7/2025 18:36	11/11/2025 13:53	2:30:37	13:54:12	Insurance Enrollment / Drop Enrollment Request	University of Kansas
37	11/11/2025 15:29	11/17/2025 10:29	0:00:00	35:29:42	Insurance Enrollment / Enrollment Questions	University of Kansas
38	11/14/2025 15:09	11/17/2025 8:16	0:47:04	4:54:24	Waiver / Waiver Audit Questions	University of Kansas
39	11/15/2025 11:48	11/26/2025 12:57	3:31:01	85:28:57	Insurance Enrollment / Drop Enrollment Request	Kansas State University
40	11/20/2025 8:05	11/20/2025 11:30	0:05:42	3:30:36	Waiver / Waiver Audit Questions	Kansas State University
41	11/26/2025 8:44	11/26/2025 13:07	7:30:26	11:53:56	Insurance Enrollment / SHIP Enrollment Request	University of Kansas
42	12/5/2025 11:22	12/5/2025 11:22	0:23:00	0:23:00	Insurance Enrollment / Enrollment Questions	Emporia State University
43	12/9/2025 10:35	12/9/2025 10:51	0:08:26	0:24:59	Waiver / Waiver Audit Questions	University of Kansas
44	12/9/2025 14:40	12/9/2025 14:40	0:37:07	0:37:07	Insurance Enrollment / Drop Enrollment Request	Emporia State University
45	12/17/2025 15:42	12/17/2025 16:09	0:16:42	0:43:32	Waiver / Waiver Audit Questions	Emporia State University
46	12/18/2025 13:00	12/18/2025 14:25	0:15:23	1:40:18	Waiver / Waiver Audit Questions	University of Kansas
47	12/18/2025 13:03	12/18/2025 14:27	0:11:11	1:35:17	Waiver / Waiver Audit Questions	University of Kansas
48	12/19/2025 7:58	12/19/2025 8:42	0:00:00	0:42:51	Waiver / Waiver Audit Questions	University of Kansas
49	12/22/2025 9:38	12/22/2025 9:38	1:38:38	1:38:38	Insurance Enrollment / Enrollment Questions	University of Kansas
50	12/24/2025 8:03	12/28/2025 17:29	0:11:21	22:07:45	Waiver / Waiver Audit Questions	University of Kansas
51	12/26/2025 9:29	12/26/2025 9:29	1:29:17	1:29:17	Insurance Enrollment / Enrollment Questions	Wichita State University
52	12/29/2025 10:27	1/5/2026 7:31	2:27:55	44:00:00	Waiver / Waiver Audit Questions	Kansas State University