

Revised cy18-10090

Amendment Request

This request form is not required for amendments to grant contracts. Route a completed request, as one file in PDF format, via e-mail attachment sent to: Agsprs.Agsprs@tn.gov

APPROVED	
Kevin C. Bartels for Michael F. Perry	Digitally signed by Kevin C. Bartels for Michael F. Perry DN: cn=Kevin C. Bartels for Michael F. Perry, o=CPO, ou, email=Kevin.C.Bartels@tn.gov, c=US Date: 2018.01.16 13:13:41 -06'00'
CHIEF PROCUREMENT OFFICER	DATE

Agency request tracking #	31865-00355
1. Procuring Agency	Department of Finance and Administration Division of Health Care Finance and Administration
2. Contractor	DentaQuest USA Insurance Company, Inc.
3. Edison contract ID #	36736
4. Proposed amendment #	3
5. Contract's Effective Date	May 15, 2013
6. Current end date	September 30, 2018
7. Proposed end date	April 30, 2019
8. Current Maximum Liability or Estimated Liability	\$46,100,000.00
9. Proposed Maximum Liability or Estimated Liability	\$52,420,000.00
10. Office for Information Resources Pre-Approval Endorsement Request – <i>information technology service (N/A to THDA)</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached
11. eHealth Pre-Approval Endorsement Request – <i>health-related professional, pharmaceutical, laboratory, or imaging</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached
12. Human Resources Pre-Approval Endorsement Request – <i>state employee training service</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached
13. Explain why the proposed amendment is needed	
This competitively procured Contract is for provision of statewide dental benefits management (DBM) services for TennCare members under the age of 21 to a population averaging 875,000 children aged 0	

Agency request tracking #

31865-00355

– 20. These dental services include establishment and management of a dental provider network, credentialing and contracting with providers, utilization management and utilization review, provider profiling, identification, investigation and referral of suspected fraud cases, ensuring effective dental care within a predictable budget, claims processing adjudication and payment, management of third party liability, and enrollee outreach.

TennCare is currently preparing for release the Request for Proposal (RFP) to procure a new DBM contract. The new contract start date is projected to begin September 1, 2018, one (1) month before the current DentaQuest contract ends. However, this amendment includes term extension option that will extend the current allowed end date from September 30, 2018 to encompass an additional seven (7) months, with a new contract end date of April 30, 2019. The need for the term extension is due to the Tennessee Eligibility Determination System (TEDS) implementation, the federal CMS requirement to develop an updated member eligibility determination system compliant with CMS requirements. Any migration or changes to the new DBM would require extensive resources from TennCare and our MMIS partner, working closely with the new DBM partner for all system and transition milestones that would need to occur for there to be a smooth transition. In order to have successful implementation, this transition is projected to take a period of eight (8) months, which will add an additional seven (7) months to the current contract term. Additionally, during the remainder of the current contract and throughout the seven (7) month term extension, TennCare is including contract language that requires the Contractor to administer the TennCare Perinatal and Postpartum Oral Health Program (TPPOHP), providing outreach and limited dental benefits to approximately 50,000 TennCare enrollees who are pregnant women twenty-one (21) years of age and older. This new scope is pending approval of Governor's budget, thereby providing funding for this program. Moving forward, the new DBM contract will continue this program to eligible enrollees.

14. If the amendment involves a change in Scope, describe efforts to identify reasonable, competitive, procurement alternatives to amending the contract.

The existing scope of work to the competitively procured dental benefits manager contract is modified to include requirements and processes into scope changes in federal regulations as it applies to appeals and appeal processes, as well as the TennCare Perinatal and Postpartum Oral Health Program and provides limited benefits to approximately 50,000 TennCare enrollees who are pregnant women twenty-one (21) years of age and older. This program new program population is being added to the RFP scope of work as well.

Signature of Agency head or authorized designee, title of signatory, and date (the authorized designee may sign his or her own name if indicated on the Signature Certification and Authorization document)



1/11/18

Revised cy17-9208

Rule Exception RequestRoute completed request, as one file in PDF format, via e-mail attachment sent to: Agsprrs.Agsprsr@tn.gov

APPROVED
<hr/> CHIEF PROCUREMENT OFFICER (Required for all Rule Exception Requests)

APPROVED
<hr/> COMPTROLLER OF THE TREASURY (ONLY for applicable statutorily required approvals e.g., records, annual report and audit, or monitoring provisions)

Request Tracking #	31865-00355
1. Contract #	36736
2. Goods or Services Caption	Statewide Dental Benefits Management Services for TennCare Members
3. Contractor	DentaQuest USA Insurance Company, Inc. (DentaQuest)
4. Contract Period (with ALL options to extend exercised)	May 15, 2013 – April 30, 2019 (72 months)
5. Contract Maximum Liability (with ALL options to extend exercised)	\$52,420,000.00
6. Rule(s) (for which the exception is requested) Please include citation and written explanation of Rule(s) to be excepted.	Rule # 0690-03-01-.14(2)(c) – requirement that any multi-year contract shall not be for a period longer than sixty (60) months unless approved by the Chief Procurement Officer as being in the best interests of the State.
7. Explanation of Rule Exception Requested	The Department of Finance and Administration, Division of TennCare, is requesting approval to extend the current competitively procured contract for an additional seven (7) months beyond the current contract term, resulting in the entire contract term of seventy-two (72) months.
8. Justification	Contract # 36736 is the competitively procured contract with DentaQuest for the provision of statewide dental benefits management (DBM) services for TennCare members under the age of 21 to a population averaging 830,000 children aged 0 – 20. These dental services include establishment and management of a dental provider network, credentialing and contracting with providers, utilization management and utilization review, provider profiling, identification, investigation and referral of suspected fraud cases, ensuring effective dental care within a predictable

	<p>budget, claims processing adjudication and payment, management of third party liability, and enrollee outreach. Additionally, DentaQuest manages dental benefits for the Employment and Community First CHOICES (ECF) Program, providing covered adult dental benefits to approximately 1700 eligible adults age 21 and older who have an intellectual or developmental disability, and are enrolled in the ECF CHOICES program.</p> <p>TennCare is currently preparing to release the Request for Proposal (RFP) to procure a new DBM contract. The new contract start date is projected to begin September 1, 2018, one (1) month before the current DentaQuest contract ends. However, TennCare is requesting an extension to the DentaQuest contract that will extend the current allowed end date from September 30, 2018 to encompass an additional seven (7) months, with a new contract end date of April 30, 2019. The need for the term extension is due to the Tennessee Eligibility Determination System (TEDS) implementation, the federal CMS requirement to develop an updated member eligibility determination system compliant with CMS requirements. Any migration or changes to the new DBM would require extensive resources from TennCare and our MMIS partner, working closely with the new DBM partner for all system and transition milestones that would need to occur for there to be a smooth transition. In order to have successful implementation, this transition is projected to take a period of eight (8) months, which will add an additional seven (7) months to the current contract term. Additionally, during the remainder of the current contract and throughout the seven (7) month term extension, TennCare is including contract language that requires the Contractor to administer the TennCare Perinatal and Postpartum Oral Health Program (TPPOHP), providing outreach and limited dental benefits to approximately 50,000 TennCare enrollees who are pregnant women twenty-one (21) years of age and older. This new scope is pending approval of Governor's budget, thereby providing funding for this program. Moving forward, the new DBM contract will continue this program to eligible enrollees.</p> <p>TennCare respectfully requests approval of this rule exception to extend the contract beyond the five (5) year original term.</p>
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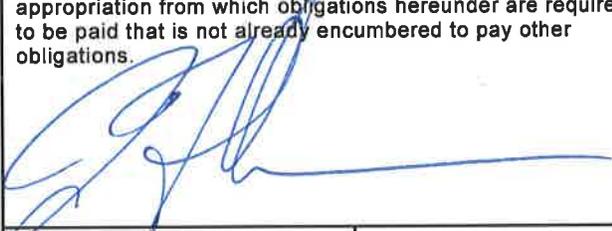
Agency Head Signature and Date (contracting agency head or authorized signatory)

Greg B. White

1/11/18



CONTRACT AMENDMENT COVER SHEET

Agency Tracking # 31865-00355	Edison ID 36736	Contract #	Amendment # 03		
Contractor Legal Entity Name DentaQuest USA Insurance Co., Inc.			Edison Vendor ID 0000008993		
Amendment Purpose & Effect(s) Extends Term, Updates Scope, and Increases Maximum Liability					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: April 30, 2019			
TOTAL Contract Amount INCREASE or DECREASE <u>per this Amendment</u> (zero if N/A):			\$ 6,320,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$1,012,500.00	\$1,012,500.00			\$2,025,000.00
2015	\$6,350,000.00	\$6,350,000.00			\$12,700,000.00
2016	\$6,350,000.00	\$6,350,000.00			\$12,700,000.00
2017	\$6,337,500.00	\$6,337,500.00			\$12,675,000.00
2018	\$3,000,000.00	\$3,000,000.00			\$6,000,000.00
2019	\$3,160,000.00	\$3,160,000.00			\$6,320,000.00
TOTAL:	\$26,200,000.00	\$26,200,000.00			\$52,420,000.00
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. 			<i>CPO USE</i>		
Speed Chart (optional) TN0000000167		Account Code (optional) 70803000			

**AMENDMENT #3 TO CONTRACT # 36736
 BETWEEN THE STATE OF TENNESSEE,
 DEPARTMENT OF FINANCE AND ADMINISTRATION,
 DIVISION OF TENNCARE
 AND
 DENTAQUEST USA INSURANCE CO., INC.**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" or "TennCare" and DentaQuest USA Insurance Company, Inc., hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract Sections A.216 – A.223 are added as follows:

A.216. Upon approval of Governor's budget providing funding for the Perinatal and Postpartum Oral Health Program, the Contractor shall administer the TennCare Perinatal and Postpartum Oral Health Program (TPPOHP), providing outreach and limited dental benefits to approximately 50,000 TennCare enrollees who are pregnant women twenty-one (21) years of age and older. This program will raise awareness of the consequences associated with oral disease by teaching enrollees:

- a. the importance of good oral health during pregnancy;
- b. the value of establishing good oral health habits for their babies; and
- c. how to access covered dental services during pregnancy.

A.217. The Contractor shall provide the enrollees benefits from the date of notification of the diagnosis of pregnancy until two (2) months postpartum or as otherwise determined by the State. Covered benefits include the following services:

- a. Diagnostic
- b. Preventive – Fluoride treatments, Silver Diamine Fluoride (SDF), and teeth cleaning
- c. Restorative – Fillings
- c. Periodontal – Scaling and Deep Cleaning
- d. Oral Surgery – Extractions (simple, surgical, and soft tissue impacted), as well as
- e. Adjunctive General Services – Emergency relief of pain and Nitrous oxide analgesia

Applicable current dental terminology codes for (TPPOHP) include:

D0000's Codes Diagnostic	D1000's Codes Preventive	D2000's Codes Restorative	D4000's Codes Periodontal	D7000's Codes Oral Surgery	D9000's Codes Adjunctive General Services
D0120	D1110	D2140	D4341	D7140	D9110
D0140	D1354	D2150	D4342	D7210	D9230
D0150	D1208	D2160	D4355	D7220	
D0160		D2161			
D0270		D2330			
D0272		D2331			
D0273		D2332			
D0274		D2335			

D0330		D2391			
		D2392			
		D2393			
		D2394			
		D2920			
		D2931			

- A.218. The Contractor shall establish a process, as approved by the state, for determining the pregnancy status of the enrollee. Once the pregnancy status of the enrollee is determined, the Contractor shall establish a dental home for the enrollee and notify the enrollee in writing about their dental home. The Contractor shall send dental home contact information to the mothers and information regarding how to access benefits and the resources available in the program. The Contractor shall also facilitate setting up dental appointments between the enrollee and their dental home dentist(s).
- A.219. The Contractor shall provide to enrollees education and outreach, including but not limited to mailings that include the following two brochures, as approved by the State: *A Pregnant Women's Guide to Healthy Gums* and *A Guide to Your Young Child's Oral Health*. The Contractor shall also send enrollees a reminder notice to schedule an appointment with their Dental Home, as well as provide additional call and digital strategies as options for supplemental outreach to increase access and utilization.
- A.220. The Contractor shall mail letters, as approved by the State, to participating TennCare dentists and physicians that describe the TennCare Perinatal and Postpartum Oral Health Program objectives and the importance of screening pregnant women for oral health. The dentist packets shall include research links to articles on the oral health of mothers in relationship with babies, as well as a copy of the TPPOHP welcome member materials.
- A.221. The Contractor shall implement TPPOHP no later than August 1, 2018.
- A.222. The Contractor shall provide TPPOHP reports in the format and frequency specified by TennCare.
- A.223. The implementation of the TPPOHP program is contingent upon TennCare receiving approval from CMS, the availability of funding and, as otherwise determined by the State.

2. Contract Section B.1 and B.2 are deleted in their entirety and replaced with the following:

- B.1. This Contract shall be effective for the period beginning May 15, 2013 and ending on April 30, 2019. Actual delivery of services shall begin on October 1, 2013 after completion of transition, should one be necessary, and completion of readiness review. The Contractor hereby acknowledges and affirms that the State shall have no obligation for services rendered by the Contractor which were not performed within this specified contract period.
- B.2. Term Extension. The State reserves the right to extend this Contract for an additional period or periods of time representing increments of no more than one year and a total contract term of no more than six (6) years, provided that such an extension of the contract term is effected prior to the current, contract expiration date by means of a contract amendment. If a term extension necessitates additional funding beyond that which was included in the original Contract, an increase of the State's maximum liability will also be effected through contract amendment, and shall be based upon payment rates provided in the original Contract.

3. Contract Section C.1 is deleted in its entirety and replaced with the following:

C.1. **Maximum Liability.** In no event shall the maximum liability of the State under this Contract exceed Fifty-Two Million Four Hundred Twenty Thousand Dollars (\$52,420,000.00). The payment rates in Section C.3 shall constitute the entire compensation due to the Contractor for the Services and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The payment rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the payment rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

4. Contract Section C.3.b.(2) is deleted in its entirety and replaced with the following:

C.3.b.(2) Should the term extension option set forth in Contract Section B.2 be utilized, for Services performed from October 1, 2016, through September 30, 2018, the following rates shall apply:

Service Description	Amount (per compensable increment)
Administrative Fee Per Child (Under Age 21) Eligible for Full Dental Benefit Package	\$ 0.30 per member per month
Perinatal and Postpartum Oral Health Program (TPPOHP) (Effective August 1, 2018)	\$ 0.30 per member per month

5. Contract Sections C.3.b.(5), C.3.b(6) and C.3.b(7) are deleted in their entirety and replaced with the following:

C.3.b.(5) Should the term extension option set forth in Contract Section B.2 be utilized, for Services performed from October 1, 2018, through April 30, 2019 the following rates shall apply:

Service Description	Amount (per compensable increment)
Administrative Fee Per Child (Under Age 21) Eligible for Full Dental Benefit Package	\$ 0.30 per member per month
Perinatal and Postpartum Oral Health Program (TPPOHP)	\$ 0.30 per member per month

- C.3.b.(6) ECF Choices program rates for period of October 1, 2018 through April 30, 2019 (should all contract extension options be utilized)

Service Description	Amount (per compensable increment)
Administrative Fee per Adult (Age 21 and Older) enrolled in ECF CHOICES program	\$ 0.75 per member per month

- C.3.b.(7) In addition to the administrative payment for Covered Services provided to members enrolled in the ECF CHOICES program and TPPOHP as specified in C.3.b(2), (5), and (6) above, the Contractor shall be reimbursed for the actual cost of Covered Services provided pursuant to the ECF CHOICES program and TPPOHP. Payments for such Covered Services provided to eligible Members enrolled in the ECF CHOICES program and TPPOHP as specified in this section shall be paid based on a monthly invoice submitted by the Contractor. The invoice shall be submitted to TennCare in the form and format specified by TennCare. Risk levels in Section C.3.c. shall not be applicable to services provided under ECF CHOICES and TPPOHP.

6. Contract Section C.3.c. is deleted in its entirety and replaced with the following:

- C.3.c. The Contractor shall assume risk levels of at least 50% based on levels submitted in Cost Proposal and as stated in Contract Section A.142, to be calculated on an annual basis for the first five (5) years of performance. For the seven (7) month period of October 1, 2018 – April 30, 2019, the risk assessment loss/savings shall be pro-rated on a monthly basis.

Risk Levels	
DBM assumes 50% of loss	DBM share 50% of any savings

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective March 31, 2018. All other terms and conditions of the Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

DENTAQUEST USA INSURANCE CO., INC.:

CONTRACTOR SIGNATURE

DATE

Steven J. Pollock, President

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE**

LARRY B. MARTIN, COMMISSIONER

DATE

Supplemental Documentation Required for
Fiscal Review Committee

*Contact Name:	Alma Chilton	*Contact Phone:	615-507-6384		
*Presenter's name(s):	William Aaron				
Edison Contract Number: <i>(if applicable)</i>	#36736	RFS Number: <i>(if applicable)</i>	31865-00355		
*Original or Proposed Contract Begin Date:	May 15, 2013	*Current or Proposed End Date:	September 30, 2018		
Current Request Amendment Number: <i>(if applicable)</i>	3				
Proposed Amendment Effective Date: <i>(if applicable)</i>	March 31, 2018				
*Department Submitting:	Department of Finance and Administration				
*Division:	Division of TennCare				
*Date Submitted:	January 19, 2018				
*Submitted Within Sixty (60) days:	Yes				
<i>If not, explain:</i>	N/A				
*Contract Vendor Name:	DentaQuest USA Insurance Co., Inc.				
*Current or Proposed Maximum Liability:	\$46,100,000.00				
*Estimated Total Spend for Commodities:	N/A				
*Current or Proposed Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet)					
FY: 2014	FY: 2015	FY: 2016	FY: 2017	FY 2018	F Y
\$ 2,025,000.00	\$ 12,700,000.00	\$ 12,700,000.00	\$ 12,675,000.00	6,000,000.00	\$
*Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from Edison) Attached					
FY: 2014	FY: 2015	FY: 2016	FY: 2017	FY: 2018	F Y
\$ 1,971,915.10	\$ 10,655,845.70	\$ 11,029,666.70	\$ 9,445,263.50	\$1,472,393.00	\$
IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent:		N/A			
IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision:		The payment process of this contract is based on a per member per month rate to be reimbursed to contractor relative to eligible enrollees receiving dental benefits. Any unused funds roll forward for use as			

Supplemental Documentation Required for
Fiscal Review Committee

		enrollee population fluctuates.	
IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:		N/A	
*Contract Funding Source/Amount:			
State:	\$23,050,000.00	Federal:	\$23,050,000.00
<i>Interdepartmental:</i>		<i>Other:</i>	
If "other" please define:			
If "interdepartmental" please define:			
Dates of All Previous Amendments or Revisions: <i>(if applicable)</i>		Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i>	
Amendment #1 July 1, 2016		Add ECF program language and extend term	
Amendment #2 September 30, 2017		Extend optional one (1) year term; update appeals language.	
Method of Original Award: <i>(if applicable)</i>		Competitive Negotiation	
*What were the projected costs of the service for the entire term of the contract prior to contract award? How was this cost determined?		\$38,000,100.00 was projected cost based on per member per month rate submitted in Cost Proposal and also based on shared risk incentive payments that were factored into the maximum liability.	
*List number of other potential vendors who could provide this good or service; efforts to identify other competitive procurement alternatives; and the reason(s) a sole-source contract is in the best interest of the State.		This contract was competitively procured.	
Provide information on the circumstances and status of any disciplinary action taken or pending against the vendor during the past 5 years with state agencies/ departments, professional organizations, or through any legal action.		No disciplinary actions identified.	
In addition, please provide any information regarding the due diligence that the Department has taken to ensure that the vendor is not or has not been involved in		HCFA googled this contractor and did not identify any illegal activity. Language in the contract requires immediate notification to the state	

Supplemental Documentation Required for
Fiscal Review Committee

any circumstances related to illegal activity, including but not limited to fraud.	regarding illegal activity or fraud if discovered during the term of this Contract.
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CONTRACT AMENDMENT COVER SHEET

Agency Tracking # 31865-00355	Edison ID 36736	Contract #	Amendment # 02
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Contractor Legal Entity Name DentaQuest USA Insurance Co., Inc.	Edison Vendor ID 0000008993
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Amendment Purpose & Effect(s)
Extends Term, Updates Scope, and Increases Maximum Liability

Amendment Changes Contract End Date: YES NO **End Date:** September 30, 2018

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): \$ 0.00

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$1,012,500.00	\$1,012,500.00			\$2,025,000.00
2015	\$6,350,000.00	\$6,350,000.00			\$12,700,000.00
2016	\$6,350,000.00	\$6,350,000.00			\$12,700,000.00
2017	\$6,337,500.00	\$6,337,500.00			\$12,675,000.00
2018	\$3,000,000.00	\$3,000,000.00			\$6,000,000.00
TOTAL:	\$23,050,000.00	\$23,050,000.00			\$46,100,000.00

American Recovery and Reinvestment Act (ARRA) Funding: YES NO

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.



GPO USE

Speed Chart (optional) TN0000000167	Account Code (optional) 70803000
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DentaQuest USA Insurance Co., Inc.
Edison Contract ID: 36736
Vendor #: 000008993

CONTRACT EXPENDITURES BY FISCAL YEAR
(Payment Detail Attached)

FY 2014	\$1,971,915.10	
FY 2015	\$10,655,845.70	
FY 2016	\$11,029,666.70	
FY 2017	\$9,445,263.50	
FY 2018	\$1,472,393.00	(Expenditures through December 2017)
	<hr/>	
TOTAL	\$34,575,084.00	
	<hr/> <hr/>	

DentaQuest USA Insurance Co., Inc.
 Edison Contract ID: 36736
 Vendor ID: 0000008993

FY 2014 Payments

Fiscal Year	Unit	Voucher ID	Invoice	Payment Date	Payment Amount
2014	31865	00783135	October 2013	10/9/2013	\$216,515.70
2014	31865	00802006	November 2013	11/14/2013	\$216,388.50
2014	31865	00817850	December 2013	12/9/2013	\$218,439.90
2014	31865	00836808	January 2014	1/16/2014	\$220,511.60
2014	31865	00848887	February 2014	2/7/2014	\$215,220.10
2014	31865	00872604	March 2014	3/12/2014	\$217,170.00
2014	31865	00890668	April 2014	4/9/2014	\$220,237.00
2014	31865	00907495	May 2014	5/9/2014	\$223,471.80
2014	31865	00928951	June 2014	6/10/2014	\$223,960.50

Total FY 2014:

\$1,971,915.10

FY 2015 Payments

Fiscal Year	Unit	Voucher ID	Invoice	Payment Date	Payment Amount
2015	31865	00946036	July 2014	7/10/2014	\$219,656.60
2015	31865	00962967	August 2014	8/8/2014	\$228,083.10
2015	31865	00983890	September 2014	9/12/2014	\$223,888.30
2015	31865	01000293	October 2014	10/10/2014	\$227,459.70
2015	31865	01020583	November 2014	11/12/2014	\$230,472.80
2015	31865	01036336	December 2014	12/9/2014	\$156,789.30
2015	31865	01051592	January 2015	1/12/2015	\$213,687.60
2015	31865	01066715	February 2015	2/9/2015	\$220,676.30
2015	31865	01079875	Perf Bonus Yr 1	2/26/2015	\$8,000,000.00
2015	31865	01091614	March 2015	3/18/2015	\$233,833.90
2015	31865	01107422	April 2015	4/14/2015	\$228,215.20
2015	31865	01118878	May 2015	5/11/2015	\$231,009.20
2015	31865	01137661	June 2015	6/15/2015	\$242,073.70

Total FY 2015:

\$10,655,845.70

Contract Expenditures by Fiscal Year (Continued)
DentaQuest USA Insurance Co., Inc. - Edison #36736

FY 2016 Payments

Fiscal Year	Unit	Voucher ID	Invoice	Payment Date	Payment Amount
2016	31865	01156361	July 2015	7/16/2015	\$248,684.10
2016	31865	01173599	August 2015	8/10/2015	\$249,811.00
2016	31865	01188981	September 2015	9/11/2015	\$244,762.20
2016	31865	01204023	October 2015	10/8/2015	\$254,066.40
2016	31865	01222259	November 2015	11/13/2015	\$248,529.20
2016	31865	01239921	December 2015	12/14/2015	\$252,210.60
2016	31865	01253961	January 2016	1/14/2016	\$253,411.70
2016	31865	01269372	February 2016	2/9/2016	\$258,776.10
2016	31865	01286782	March 2016	3/9/2016	\$255,197.30
2016	31865	01286795	Perf Bonus Yr 2	3/9/2016	\$8,000,000.00
2016	31865	01303529	April 2016	4/12/2016	\$249,529.30
2016	31865	01327277	May 2016	5/20/2016	\$262,911.70
2016	31865	01339256	June 2016	6/9/2016	\$251,777.10

Total FY 2016:

\$11,029,666.70

FY 2017 Payments

Fiscal Year	Unit	Voucher ID	Invoice	Payment Date	Payment Amount
2017	31865	01361715	July 2016	7/18/2016	\$264,836.10
2017	31865	01373495	August 2016	8/16/2016	\$258,770.30
2017	31865	01392844	September 2016	9/14/2016	\$265,323.70
2017	31865	01404628	October 2016	10/13/2016	\$264,443.70
2017	31865	01422901	November 2016	11/14/2016	\$253,106.20
2017	31865	01437021	December 2016	12/14/2016	\$255,478.70
2017	31865	01455011	January 2017	1/13/2017	\$267,952.70
2017	31865	01470711	February 2017	2/17/2017	\$222,368.00
2017	31865	01487535	Perf Bonus Yr 3	3/3/2017	\$6,400,000.00 *
2017	31865	01487578	March 2017	3/16/2017	\$266,958.50
2017	31865	01508321	April 2017	4/14/2017	\$243,233.80
2017	31865	01520286	May 2017	5/16/2017	\$250,523.80
2017	31865	01543159	June 2017	6/20/2017	\$232,268.00

Total FY 2017:

\$9,445,263.50

* Performance Bonus Payment Pending Reconciliation in Edison Contract Record

Contract Expenditures by Fiscal Year (Continued)
DentaQuest USA Insurance Co., Inc. - Edison #36736

FY 2018 Payments

Fiscal Year	Unit	Voucher ID	Invoice	Payment Date	Payment Amount
2018	31865	01558371	July 2017	7/18/2017	\$242,886.90
2018	31865	01576454	August 2017	8/23/2017	\$238,919.40
2018	31865	01590963	September 2017	9/14/2017	\$244,409.40
2018	31865	01605165	October 2017	10/19/2017	\$248,226.40
2018	31865	01619372	November 2017	11/10/2017	\$247,199.80
2018	31865	01637203	December 2017	12/15/2017	\$250,751.10

Total FY 2018:

\$1,472,393.00