Empower Results®

Request for Proposal (RFP) for Escambia County School District

Dental Timeline

Timeline	Date
Send Draft to ECSD	
Review RFP with Committee	
Make revisions	
Send Final RFP to Procurement	April 21, 2020
Release RFP to bidders	April 24,2020
Send RFP to Specific vendors	April 24,2020
Letter of intent due to Procurement	April 28,2020
Bidders' questions due to Procurement	April 29, 2020
Questions sent to Aon	April 29, 2020
Answers to all questions	May 1, 2020
Amendment sent to bidders containing all questions and answers	May 1, 2020
Proposals due from bidders	May 22, 2020
Bids sent to Aon	May 22, 2020
Start Analysis	May 22, 2020
Follow-up Questions to bidders	May 29, 2020
Responses to follow-up questions	June 4, 2020
Review analysis with ECSD prior to Presentation to committee	June 23, 2020
Analysis presented to Committee	June 25, 2020
Decision on Finalists	June 25, 2020
Notify vendors of Finalists	June 25, 2020
Best and Final Offer	June 29, 2020
Vendor selected	June 30, 2020
Vendor decision presented to Trustees	TBD
Board approval	TBD
Vendor implementation	TBD
Benefit effective date	January 1, 2021

(ECSD)

Responsibility
Aon
Procurement
Aon
Bidders
Bidders
Procurement
Aon
Procurement
Bidders
Procurement
Aon
Procurement
Bidders
ECSD/Aon
Aon
ECSD/Aon
Procurement/Aon
Finalist
ECSD
ECSD/Aon
ECSD
Vendor
Vendor

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Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Introduction

Escambia County School District hereinafter referred to as "ECSD"

Letter of Intent

Vendors are required to send a Letter of Intent via email to Aon (susan.grimm@aon.com and jenny.lui@aon.com) and the School District of Escambia County (jdombroskie@ecsdfl.us) to notify your intent to submit a proposal.

Current Plan Information

A description of the ECSD's current plan design can be found on the "Plan Design & Rates" worksheet. Please quote on the proposed plan designs illustrated in the worksheets and utilizing the plan documents provided.

Proposals

Vendors are not required to submit All 3 proposal options (Option 1,Option 2, and Option 3). If you would like to be considered for only one or multiple options, that is acceptable. Please note, you must check the applicable boxes at the top of the Questionnaire to identify your submission(s). In addition, ECSD currently has a 2 tier rate structure in place but is also interested in a 4 tier rate/premium equivalent structure. Please include structures in your submission.

Scope of RFP

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Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Introduction

OPTION 1: ECSD currently has a self-funded Direct Reimbursement Dental Plan and is marketing for a TPA/ASO Administrator. There are currently 2 plan design levels ($800 & $1,200 maximum allowance plans) which the District is asking proposers to match **(OPTION 1.A.)**, in addition to submitting your proposal for a slightly different plan design **(OPTON 1.B.**).

The TPA/ASO Administrator must be able to: Make reimbursements to a member via direct deposit; handle two-party checks; provide assignments; and accept promissory notes from member to provider. The Administrator must have a robust portal that is user friendly and members can find the following information: EOBs, balance of plan allowance, filed claims, review benefit plan information, etc.

OPTION 2: ECSD employees are interested in a POS (point of sale) plan where the plan design is more traditional (100 / 80 / 50) with a PPO Network. If you would like to propose an additional alternative plan design please do, however you must also submit a proposal with the requested plan design.

OPTION 3: ECSD is also interested in receiving a fully insured quote with a similar 100 / 80 / 50 plan with a PPO Network.

Proposal Format

Your firm's completed proposal questionnaire will consist of 2 parts, all of which must be received in a single submission by the deadline to be considered for this marketing. Below is an overview of what each part is intended to address.

Part 1: Proposal Questionnaire File: A Questionnaire sheet to provide Explanations, and a Financial Quote Worksheets is contained in this Excel file. Your firm is expected to respond to the Questionnaire and the various worksheets by entering responses in this file in its entirety. The majority of the questions on the Questionnaire tab have been structured to elicit declarative responses through the use of drop down boxes. Please note that ECSD is interested in a 2 tier and 4 tier rate structure. The entire workbook should be submitted in the original Excel format; with the exception of the "Officer" worksheet. The "Officer" worksheet should be filled out, printed, signed and returned as a hard copy document.

To record your response:
* Click on the response cell in the Response column;
* Click on the down arrow which appears directly to the right of the cell;
* Click on the response that best describes your answer.

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Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Introduction

To enter your responses where a numeric, percent or ratio value is indicated as the answer format, simply enter the value in the corresponding response cell.

Next to each response cell, additional space is available for a brief text explanation. However, if the length of the explanation is greater than 400 characters, you must go to the "**Explanation**" worksheet to provide your detailed explanation. All explanations must be numbered to correspond to the questions to which they pertain and should be brief.

Electronic File Attachments: Any attachments that you are being asked to provide about your firm must also be submitted electronically. An explanation of each attachment that you are required to provide appears in the Questionnaire; please be sure to follow the naming conventions that are provided for each attachment.

In order to help you organize your proposal and ensure that it is complete, please review the following list to ensure that you have provided each required item for your proposal.

Tab #	Worksheet Description	Name of Worksheet Tab
1	Introduction, Background Information & Scope	READ ME FIRST - Intro
2	Plan Questionnaire	Dental Questionnaire
3	Cost of the Plan	Fees
4-7	Plans & Premium Equivalents	Plan Designs & Rates
8	Administrative Fees	Fees
9	Disruption (provider)	Provider Disruption
10	Network Analysis	Network Access Analysis
11	Instructions for completing Network Access	Network Access Inst
12	Analysis (discount)	Discount Analysis
13	Requested Reporting	Reporting
14	GEO Access	GEO Access Request Standards
15	Performance Guarantees	Performance Guarantees

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Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Introduction

16	Explanation of answers provided in Questionnaire	Explanation
17	Officer Statement	Officer Statement to be returned as hard copy

Part 2: Attachments: Please be sure to follow the naming conventions that are provided in the questionnaires, for each attachment. In order to help you organize your proposal and ensure you have provided each required item, please review the following list to ensure that you have provided each required item.

Attachments - Dental	Name the File
Dental Employer Contract	[Your Organization's Name]_Sample Dental Employer Contract
Implementation Schedule	[Your Organization's Name]_Dental Implementation Schedule
Charges- Submitted & Allowed	[Your Organization's Name]_Sub & Allowed
Marketing Materials	[Your Organization's Name]_Dental Marketing Materials
Enrollment Materials	[Your Organization's Name]_Dental Enrollment Materials
Explanation of Benefits	[Your Organization's Name]_Sample EOB
Experience Reports	[Your Organization's Name]_Dental Sample Experience Reports
Underwriting Worksheet	[Your Organization's Name]_Underwriting Worksheet
Reasonable and Customary Charge Levels	[Your Organization's Name]_Dental Charge Level Chart
Mobile App	[Your Organization's Name]_Mobile App
GEO Access	[Your Organization's Name]_GEO Access Report

Part 3: Hard copy original documents: In order to help you organize your proposal and ensure you have provided each required item, please review the list provided in Section V of the RFP document to ensure that you have provided each required item.

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Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Introduction

Cost of Submitting Proposal

All costs associated with your proposal, including preparation and presentation, will be borne by your firm and not ECSD.

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

Introduction

Escambia County School District, is soliciting bids to process employee dental claims in accordance with the employee Dental Benefit plan approved by the School Board. Approximately $1.2M claims annually for 5,930 active and retired employees are processed through a Direct Reimbursement process that is currently administered by UGP. The District is interested in a renewable annual agreement with the initial term effective January 1, 2021.

PROPOSERS SUMITTING A PROPOSAL FOR OPTIONS #1, #2 OR #3 MUST ANSWER THE FOLLOWING QUESTIONS

	MINIMUM REQUIREMENTS	Response	Explanation
	The effective date of coverage is acknowledged and accepted.		
	You must be licensed in Florida.		
3.	Administrative fees must be guaranteed for a minimum of three (3) years from the effective date, with rate increase caps for years 4 and 5.		
4.	Renewal rates must be submitted 120 days prior to the renewal date.		
5.	You have reviewed and accept the notice of termination requirements.		
6.	You have reviewed and accept the requirements relative to attendance at client and open enrollment meetings.		
7.	Coverage must be provided on a no-loss / no-gain basis so the current group does not suffer a loss of benefit solely due to the transfer of coverages to your firm.		
8.	Your systems must be compliant with the HIPAA Electronic Data Interface (EDI) requirements.		
9.	You have reviewed and accept the requirements for eligibility administration.		
10.	You have reviewed and accept the payment terms and conditions as set forth.		
11.	The quoted rates / fees are NET of commissions.		
12.	You have reviewed and accept the electronic reporting requirements.		
13.	You have reviewed and accept the Proposed Performance Guarantees.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

14.	You have reviewed and accept the member communication requirements.		
15.	You have reviewed and accept the Florida-based client management team requirement.		

	PLAN ADMINISTRATION AND SERVICE CAPABILITIES	Response	Explanation
	Dental General Information		
1.	Dental Organization / ASO Name		
2.	Date formed		
3.	Company Ratings: A.M Best, Moody's, Standard & Poor's		
4.	Number of Employees		
5.	Number of groups over 5,000 employees in force		
6.	Number of public sector and/or school district clients		
7.	Number of covered/serviced employees		
8.	Have you recently been acquired or been involved with any merger/acquisition? If yes describe		
9.	What customer service office will be responsible for this account?		
a.	NAIC for Liable Underwriting Source		
b.	Street Address		
c.	City		
d.	State		
e.	Zip		
f.	Web Address		
	Dental Contacts		
1.	Please indicate the contact who can answer questions related to this dental RFP.		
a.	Primary Contact		
	Name		
	Title		
	Address		
	City		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

	State		
	Zip		
	Phone Number		
	Fax Number		
	E-mail Address		
b.	Secondary Contact		
	Name		
	Title		
	Address		
	City		
	State		
	Zip		
	Phone Number		
	Fax Number		
	E-mail Address		
	Dental Contract Information		
1.	**January 1, 2021** is the contract effective date		
2.	The contract is to be issued in Florida unless you obtain permission from ECSD to use an alternative situs.		
3.	Please include a copy of a sample employer contract that includes all exclusions and limitations that the vendor expects will apply to ECSD. Attach and name the file: **"[Your Organization's Name]_Sample Dental Employer Contract".**		
4.	Please attach a dental implementation schedule Including action items and due dates. In the attached, confirm the Company will prepare and distribute to District employees 30 days prior to effective date, a notice announcing the new address for filing a claim, point of contact, phone number, and step-by-step procedure to be followed in filing a claim, follow-up on a claim, and appealing a disputed claim. Attach and name the file: **"[Your Organization's Name]_Dental Implementation Schedule"**.		
	Dental Eligibility		
1.	Employee: All full-time employees as defined as working more than 20 hours per week.		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

2.	Spouse: Legal spouse		
3.	Children: Unmarried children under age 19, 25 if full-time student. Includes: - Natural children - Children places for adoption and legally adopted children - Stepchildren - Eligible dependent for whom have court-approved legal guardianship		
4.	Retiree - if: Eligible for benefits under the Florida Retirement System		
	Effective Date of Coverage		
1.	If hired the 1st through the 15th of the month, effective date will be the first of the month following date of hire If hired the 16th through the end of the month, effective date will be the first of the second month following date of hire		
	Claims Administration		
1.	The Company will accept fiduciary responsibility for all payments made in error for any reason. The financial error rate will be less than 2%		
2.	Describe the edits used to ensure the integrity of the data and to guard against duplicate payments.		
3.	Will the claims system automatically audit for duplicate payments?		
4.	Describe your systems, including back-up accommodations.		
5.	Your system requires **no** manual operations at any point during the claims process.		
6.	All dental procedures are coded using the ADA CDT (current dental terminology) code for in-network claims, out-of-network and out-of-area claims.		
7.	The claims system maintains on-line eligibility files that are updated at least monthly.		
8.	The claims system maintains dependent eligibility files.		
9.	Claims system can meet COB requirements.		
10.	COB data is updated at least annually.		
11.	Your company can administer eligibility requirements and update systems at least monthly. The claims system will maintain eligibility of dependents. Electronic transmission to receive and update files will be acceptable.		
12.	Please note the source of your R&C information (HIAA, MDR, internally developed, other)		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

13.	The security of the system, includes safeguards against employee embezzlement and theft.		
14.	Plan summaries are stored in the system for screening purposes.		
15.	You maintain geographically specific reasonable and customary (R&C) charge screens for dental procedures.		
16.	Your company can provide claims adjudication at varying R&C percentiles beginning with the 50th percentile.		
17.	In the event of contract termination, how will you process the following?		
a.	Claims in house, but not processed		
b.	Claims mailed prior to termination but not received by your organization until after the termination?		
c.	Claims mailed after the termination?		
18.	Please answer the question by selecting 1 of the 4 options available and fill in the blanks in the explanation column if applicable. In the event of contract termination, how will you process the "run-out" claims? 1) Service not available, 2) A predetermined fee per capita. $___ per capita for ____ months? 3) A predetermined fee for claim processed. $_____ per claim? 4) A predetermined percentage of paid claims. %___ of paid claim?		
19.	What are your current claims/customer service standards? What were your actual results for 2018 and 2019?		
20.	Describe insurance coverage limits for Errors and Omissions		
21.	Describe insurance coverage limits for Employee bonding		
	Dental Specifications		
1.	Audit Rights: It will be the right of ECSD or its representative(s) to audit claims at any time. Will you agree to an independent audit?		
2.	ECSD Logo: ECSD may wish to have its logo appear on various printed materials. The designated vendor must agree to this at no additional cost and must ensure that logo placement and color requirements are met.		
3.	The vendor agrees not to appoint any agent, general agent, or broker, nor authorize payment of any kind to a party not approved in writing by ECSD.		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

4.	We understand that terminology and contract provisions may vary among the involved vendors. We will permit such alternative language provided benefit payment levels are not adversely impacted.		
5.	Vendor agrees to accept this contract without preliminary funding prior to binding coverage January 1, 2021.		
6.	Describe your process for Coordination of benefits.		
a.	Has the process been contemplated in your quote?		
b.	Is it negotiable?		
c.	If so, what is the associated cost?		
7.	Please include copies of current marketing materials that you feel would be of assistance in evaluating your program. Attach and name the file: **"[Your Organization's Name]_Dental Marketing Materials"**.		
8.	Please include copies of current member enrollment materials that you feel would be of assistance in evaluating your program. Attach and name the file: **"[Your Organization's Name]_Dental Enrollment Materials"**.		
9.	Supply a sample EOB with EOB messages. The EOB shall include as a minimum, the name of the Insured, the patient covered, the Dentist providing the Services, the date services were provided, the ADA 4-digit procedural code number and description of services provided, and all itemized charges, deductibles applied, net reimbursement made, and balance due to the Dentist by the employee. If a claim is not payable, an explanation for its rejection shall be stated. Attach and name the file: **"[Your Organization's Name]_Sample EOB"**.		
10.	What method does your firm utilize to determine Usual and Customary: HIAA, company profile, network contracted rates, RVS, etc.?		
a.	If HIAA (or related database, identify the percentage used.		
b.	Can the client select a different level?		
c.	If a schedule, provide the name and conversation factors.		
11.	How often are allowances revised? (Quarterly, monthly, semi-monthly, other)		
12.	For services not covered or not eligible for reimbursement, describe any discounts that members are eligible to receive. Also indicate any specific steps necessary on behalf of members to secure those discounts.		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

	Administrative Capabilities		
1.	Confirm your organization will accept a self reported (self-bill) eligibility invoice and payment from ECSD on a monthly basis without reconciliation requirements.		
2.	Confirm the District will wire transfer funds on a weekly basis to an account of the Company's choice within three workdays after receipt of documentation with details of checks issued for claims paid. Documentation may be paper or electronic form. No funds will be transferred without supporting documentation.		
3.	Confirm acceptance of ECSD's eligibility file layout and payment process. Include details of any standard limitations to file receipt, banking, or wire transfers.		
4.	Confirm that the Company will receive, process and issue a check to the employee in **ten (10) workdays** or less from receipt of claim request. All disputes shall be reported to the Director of Risk Management for resolution. Reports shall track the average time required to process claims and indicate all exceptions.		
5.	Confirm that you will accept electronic file transfers for eligibility in HIPAA 834 / 5010 format		
6.	Confirm that you will provide a complete, final Summary Plan Description / Benefit Certificate within 30 days of the effective date of the plan (1/1/2020).		
7.	Does your organization provide online access to ECSD Risk Management staff to view and download claim and network utilization reports?		
8.	Please confirm that current retirees and future retirees may enroll in the proposed plans, as defined and administered by ECSD.		
9.	Please see **"Reporting" Tab** within this RFP. Please confirm you can meet the requested frequency and reports availability.		
10.	Please attach a copy of a standard plan experience report provided on a monthly basis that ECSD can review regularly to evaluate your program. The frequency that the reports are available will be indicated. Reports will track and group charges by the ADA 4-digit procedure code. Attach and name the file: **"[Your Organization's Name]_Dental Sample Experience Reports"**.		
	Online Capabilities		
1.	Please confirm which of the following tasks can members and sponsor representatives perform **ONLINE**?		
a.	Enrollment (New Hires and Open Enrollment)		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

b.	Change in Status		
c.	Billing (Plan Administrators only)		
d.	Claim Inquiry (Direct Deposit Capabilities)		
e.	Provider Search		
f.	ID Card Request (only if applicable)		
g.	Electronic EOB		
h.	Terminations		
2.	Is there additional cost for ONLINE services?		
a.	If yes, describe.		

	NET COST CONSIDERATION	Response	Explanation
	Dental Rate Development and Financial Information		
	A description of the current Administrative Fees and Current Rates are located in the "Fees" and "Plan Design and Rates" tab of the Questionnaire		
1.	Confirm your organization is providing a rate guarantee for Administrative Fees for a minimum of three (3) years with rate increase caps for years 4 and 5, as stated in the Minimum Requirements Section of this RFP.		
2.	Confirm whether the Administrative Fee is included in premium equivalent rates.		
3.	Confirm you have uploaded an underwriting worksheet to support proposed rates Attach and name the file: **"[Your Organization's Name]_Underwriting Worksheet"**.		
4.	Please provide a copy of your most recent annual financial statement, or other documentation reflecting financial performance.		
5.	Vendor's credibility factors used to generate quote		
6.	Trend used		
7.	Vendor's expected or targeted loss ratios		
8.	Do you have any discount programs?		
a.	If so, please provide:		
9.	Please confirm that any additional charges identified are completely cross-referenced in your response to the cost forms.		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

10.	Please specify the portion of the ACA Health Insurer Fee that is included in the proposed rates.		
11.	Please attach a chart of your Reasonable and Customary Charge Levels. Attach and name the file: **"[Your Organization's Name]_Dental Charge Level Chart"**.		
12.	Please see "Performance Guarantee" tab of this Questionnaire and confirm you agree with the requested PGs.		
13.	This RFP has described the communications efforts and requirements associated with the award of this contract. Do you have suggestions for less costly, more effective ways for communicating, in lieu of meetings?		
a.	What would be the impact on cost?		

	PLAN DESIGN	Response	Explanation
	Dental Plan Design		
	A description of ECSD's current plan designs can be found in the "Plan Design and Rates" tab.		
1.	Indicate all age and frequency limits within the proposed plans for the follow services:		
a.	Routine Adult Cleanings		
b.	Routine Child Cleanings		
c.	Topical Fluoride Treatments		
d.	Sealants		
e.	Space Maintainers		
f.	X-Rays / Bitewings		
g.	Panoramic X-rays		
h.	Appliances		
i.	Orthodontia		
2.	Specify restrictions, limitations, or exclusions related to composite fillings.		
3.	Specify restrictions, limitations, or exclusions related to porcelain and high noble metal crowns.		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

4.	Confirm Annual Deductible is waived for Preventive Care and Diagnostic services.		
5.	Please describe the "Missing Tooth" clause included in your policy.		
6.	Please confirm how local anesthesia is a covered service under the dental plans.		
7.	Is General Anesthesia covered?		
a.	If yes, please provide details, limitations, and exclusions		
8.	Preventive and Diagnostic care is excluded from annual maximum accumulators		
9.	Cover sealants up to age 19		
10.	Annual Maximum benefit carryover/extension feature		
11.	Benefits in excess of the Annual Maximum		
12.	Added coverage for additional cleanings for specific medical conditions (e.g. maternity, diabetes) aimed to improve health and promote wellness		
13.	Discounts for additional services		
14.	Added benefits for non-network providers		
15.	Wellness benefits that integrate with the health plan or wellness program		
16.	Other (please describe)		
17.	Confirm you can administer taking over the Orthodontic Benefit if the patient was already fully banded prior to the effective date of the contract.		
18.	What happens to work in progress when coverage is terminated?		
19.	Does your policy differ for orthodontia treatment? If so, please explain.		
20.	Do you require pre authorization (submission of a treatment proposal for predetermination of costs) prior to service for any dental procedures or for treatment exceeding a specified dollar amount?		
21.	Describe your process for handling appeals.		
22.	What is the pre-determination of benefits threshold amount in your proposed plans?		
23.	Describe Late Entrant definition and any rules that apply.		
24.	Will Late Entrant rules be waived for all employees joining the plan 1/1/2020, regardless of prior coverage?		
25.	Do you have an extension of benefits when an employee initiates treatment while covered and completes it after termination of coverage?		

Please check all boxes that apply to your submission	Proposal Submission
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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

26.	If member cost is greater than $250, are Dentists required to follow the Least Expensive Alternative Treatment plan?		
27.	How and when do you assume responsibility for orthodontic treatment that is in process on the effective date?		
28.	How are out-of-area dental emergencies handled?		

	RELATED EXPERIENCE AND REFERENCES	Response	Explanation
	Qualifications of Staff - Account Management		
1.	Confirm at least the following dentist-specific database information is available to members by calling the member services department or viewing online: name, specialties, age, sex, years in practice, board certification, education, fluent languages, hours of operation, accepting new patients, and number of complaints.		
2.	Can dental network members access emergency care 24 hours a day, 7 days a week via a national toll-free number?		
3.	Identify key personnel that will directly support this contract, and whose performance appraisal is impacted by their performance on this contract. Do not include first-line supervisor personnel at this point. Be sure to include, at least, the below functions. Also, please indicate the expected percentage of time that each manager will devote to this contract and the number of years of experience in handling contracts similar in scope to ECSD.		
a.	Senior Corporate Officer with ultimate decision-making authority for this contract		
b.	Account Manager		
c.	Network Building/Provider Relations Manager(s)		
d.	Account Manager		
e.	Customer Service Manager		
f.	Dental Director		
g.	Utilization Review Director		
h.	Senior Underwriter		
4.	Describe how your company will support ECSD.		
	Qualifications of Staff - Claims Adjudicators		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

1.	Number of full-time equivalent (FTEs) claims adjudicators that will be assigned to ECSD's contract.		
2.	Will these claims adjudicators be dedicated solely to ECSD's contract?		
3.	What are the qualifications of the claims adjudicators to be assigned to the contract?		
a.	Educational Degree		
b.	Years of Experience		
c.	Number of Clients served		
4.	What type of formal training is done for your claims adjudicators?		
5.	Describe your process for solving escalated complaints of claims adjudication.		
	Qualifications of Staff - Customer Service/Call Center Representative		
1.	Number of full-time equivalent (FTEs) customer service/call center representatives will be assigned to the contract		
2.	Will these customer service/call center representatives be dedicated solely to ECSD's contract?		
3.	What are the qualifications of the customer service/call center representatives to be assigned to the contract?		
a.	Educational Degree		
b.	Years of Experience		
c.	Number of Clients served		
d.	Bilingual staff		
4.	Confirm extension of customer services hours during open enrollment (nightly and weekends).		
5.	Describe your process for solving escalated complaints of call center service.		
	Member Satisfaction and Quality of Services		
1.	Describe your processes and controls in providing member services (by phone, letter in person and/or on-line)		
2.	Confirm whether ID cards are provided to members (if applicable).		
3.	Confirm there is a single toll-free, customer service telephone number for addressing claims payment, member services and any appeals.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

4.	Confirm that a dedicated individual or the Company will refer all disputes concerning payments to the District's Director of Risk Management		
5.	Indicate any minimum requirement for employee/retiree and dependent participation. Please be specific as to specific funding and/or plan design alternatives.		
6.	Confirm each dependent member can choose dentists independently.		
7.	Confirm any age requirement for pediatrics.		
8.	Does your organization have a mobile app? If so, please attach details on services available through the app. Name the document: **"[Your Organization's Name]_Mobile App"**.		
9.	Does your organization have a secure website for employees to log in and view claims experience?		
10.	Can members see pre-treatment estimates online?		
11.	What decision making tools are available to members?		
12.	Can members file claims online for out of network services online?		
	LEGAL/CONTRACTUAL & COMPLIANCE	**Response**	**Explanation**
	Compliance, Privacy, and Confidentiality		
1.	Indicate status as a small or minority business enterprise, or provide a plan to incorporate small or minority business in your proposal.		
2.	The vendor adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.		
3.	How are Business Associate Agreements to be addressed?		
4.	The vendor will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.		
5.	The vendor agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.		
6.	The vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

7.	The vendor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the vendor agrees to the same restrictions and conditions that apply to vendor with respect to such information.		
8.	The vendor agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI.		
	Dental Legal/Contractual/Compliance		
1.	Vendor has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which ECSD has employees.		
a.	If the answer to the preceding question is **"no"**, for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state.		
2.	Vendor is bonded		
3.	Vendor maintains a fidelity bond.		
4.	Vendor maintains professional liability insurance that exceeds $5 million per claim and $20 million aggregate.		
a.	If not please explain amount of coverage.		
5.	Liability insurance covers:		
a.	Dental review decisions		
b.	Dentist contracting		
6.	Please describe any judgment or settlement during the past three years or pending litigation that could result in judgments or settlements in excess of $100,000.		
7.	The vendor maintains executed contracts with all providers participating in the network.		
8.	The vendor agrees to comply with all provisions set forth within all federal and state legislation requirements, including but not limited to HIPAA and ACA.		
9.	Your organization is not a creditor of any provider in the network.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

10.	Vendor agrees to indemnify and hold ECSD harmless for Vendor's negligence or for Vendor's failure to perform under the Agreement. ECSD shall not provide any indemnity in favor of the Vendor. Vendor agrees to language contained in worksheet "Hold Harmless".		
11.	The vendor agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.		
	References		
1.	List three current clients as references that are using the same or similar services as requested in this RFP.		
a.	Company Name		
	Address		
	Contact Name		
	Contact Phone Number		
	Years as Client		
	Number of Claims Processed Annually		
b.	Company Name		
	Address		
	Contact Name		
	Contact Phone Number		
	Years as Client		
	Number of Claims Processed Annually		
c.	Company Name		
	Address		
	Contact Name		
	Contact Phone Number		
	Years as Client		
	Number of Claims Processed Annually		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

	OPTIONAL CONSIDERATIONS	Response	Explanation
1.	Please confirm your company will agree to provide a pre-implementation audit credit of $25,000 to be used prior to, or within the first 6 months of the effective date.		
2.	Please confirm your company agrees to provide a claims audit credit of $35,000 to be used within the initial contract period.		
3.	Confirm proposal includes a one-time $10,000 allowance for implementation communication and support.		

	Financials	Response	Explanation
1.	Guaranteed Rates: All rates are guaranteed for an initial period of 36 months with two (2) one year renewal options.		
2.	Rate/Fee Cap: Contract Years 4-5		
3.	Confirm that your quoted rates do not include commissions.		
4.	Confirm that dental rates will be paid monthly based on ECSD's enrollment counts by tier (self-bill), with no subsequent accounting or year-end reconciliation.		
5.	Confirm that in the event of termination, the proposer selected will be responsible for all claims incurred but not paid prior to termination date. These claims will be processed for at least one year and no additional premiums will be charged.		
6.	Please provide your financial allowances for:		
a.	Implementation		
b.	Wellness		
c.	Communications		
d.	Audits		
e.	Other		
7.	If your firm offers product lines not solicited in this RFP and bundling may effect pricing please provide the decrement to your pricing if your firm was to be awarded other line of coverage.		
8.	Proposer agrees to cover the cost of periodic plan wide mailings (e.g. plan information).		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

a.	Confirm that this service is included in your quoted rates.		
9.	A third party vendor, on behalf of ECSD will conduct a quality review of the plan design to be loaded in the claims system(s) prior to implementation (or as soon thereafter as reasonably possible). As the selected carrier or administrator, you agree to pay the cost of this review, up to $30,000. You will provide all necessary support to enable the third party vendor, on behalf of ECSD, to review claims in a test environment that mirrors the plan information present in the "live" claims processing system. If this review cannot be supported remotely and requires an on-site review, you will be responsible for travel costs up to $5,000. All costs associated with this review shall not be included in ECSD's retention fee.		
	Financial Information	**Response**	**Explanation**
10.	You maintain geographically specific reasonable and customary (R&C) charge screens for dental procedures.		
11.	Please note the source of your R&C information (e.g. HIAA, MDR, internally developed, other).		
	Financial - Renewal Services	**Response**	**Explanation**
12.	For the funding arrangement requested in this RFP, please indicate your willingness to comply with the following renewal requirements and services:		
13.	Notification of renewal must be accompanied by a detailed breakdown of all UW components and be provided 180 days prior to the contract anniversary date (year when rate guarantee runs out).		
14.	Rates shall be guaranteed for a minimum of 36 months from the contract anniversary date, unless an alternate date is mutually agreed to in advance by ECSD.		
19.	Your firm will allow ECSD 45 business days to pay premiums; however, ECSD typically pays within 30 days.		
20.	Although ECSD is not an ERISA plan, please confirm that your firm is held accountable for the integrity of the financial transactions similar to those standards that would be required by an ERISA plan.		

PROPOSERS SUMITTING A PROPOSAL FOR OPTION #2 AND #3 MUST ANSWER THE FOLLOWING QUESTIONS

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

	NETWORK ACCESS AND DISRUPTION	Response	Explanation
	Dental General Information		
	We will be conducting a GEO Access and Provider Disruption Analysis. Please see GEO Access Standards and Provider Disruption tabs and confirm you have responded accordingly.		
1.	Network ownership/controlling interest		
2.	Network Name		
3.	Please provide the total number of providers in Escambia County for each of the following:		
a.	Total network PPO membership as of 1/1/2019		
b.	Total network PPO membership as of 1/1/2018		
	Dental Provider Management Capabilities		
4.	During the dentist selection/credentialing process, indicate if primary verification is used to check the following items.		
a.	Graduation from an accredited US college of dentistry		
b.	Valid state license (for state of practice)		
c.	Board certification/eligibility appropriate to practice area		
d.	Federal and state DEA controlled substance registration and unrestricted prescribing privileges		
e.	Malpractice coverage		
f.	Detailed malpractice history		
g.	Detailed history of disciplinary action or litigation		
h.	Membership in professional organization		
i.	Detailed history of general health		
j.	Detailed history of chemical dependency		
k.	Detailed history of mental health		
l.	Detailed history of conviction for fraud or felony		
	Dental PPO Network Information		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

5.	Has the dental Geo-Access reporting been completed using the requested PPO Network parameters?		
6.	Confirm that if a provider has multiple locations, the provider is only counted once		
7.	Please note the dental geo-mapping method used:		
a.	Number of general/family (GFDs) accepting new patients.		
b.	Number of members per general/family dentist.		
c.	Length of GFD contract		
d.	How many providers were added to your network last year?		
e.	Number of GFDs who left the network last year (due to both voluntary and involuntary reasons).		
f.	Reimbursement - Percent of GFDs' services paid by:		
g.	Capitation		
h.	Fee Schedule		
i.	Discounted fees		
j.	Incentive programs (bonus, withholds)		
k.	GFDs' average percent discount.		
8.	Percent of dental specialists who are board certified in network by type:		
a.	Endodontists		
b.	Oral Surgeons		
c.	Periodontists		
d.	Prosthodontists		
e.	Orthodontists		
f.	Length of dental specialist contract		
9.	Reimbursement - Percent of specialists' services paid by:		
a.	Capitation		
b.	Fee Schedule		
c.	Discounted fees		
d.	Incentive programs (bonus, withholds)		
e.	Dental specialists' average percent discount.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

10.	Does your company lease networks?		
a.	Are the savings reported net of those leasing costs?		
11.	How are preferred dentists paid? Discounted fee for service? Fee schedule? Other?		
12.	Do you have differing network provider arrangements (preferred vs. participating?)		
a.	If you answered yes to the above question, please answer yes or no to the following:		
b.	Preferred providers: Are network discounts available with plan design differentials?		
c.	Preferred providers: Are network discounts available with no plan design differentials?		
d.	Participating providers: Are network discounts available with plan design differentials?		
e.	Participating providers: Are network discounts available with no plan design differentials?		
13.	Does your organization provide online access to ECSD Risk Management staff to view and modify eligibility and claims data?		
14.	How are participating dentists paid? Discounted fee for service? Fee Schedule?		
15.	Please confirm you have completed the Submitted & Allowed Worksheet		
16.	Please provide any self-reported discounts.		
17.	Do you have any wrap discounts?		
18.	Do you have a any Discount Programs?		
a.	If so, please provide:		
19.	Please be sure to include a Florida provider directory.		
20.	If a participating dentist refers a patient outside the network, are benefits paid at the PPO level?		
21.	Describe your benefits for emergency care in the service area.		
22.	Describe your benefits for emergency care outside the service area.		
23.	Is the PPO Network proposed a National network or available only in Florida?		
24.	How do you accommodate dependents who attend college away from home?		
25.	Network dentists routinely submit claims to the network and the claims administrator (For example, is it a paperless process from the employee's point of view).		
26.	Network members enrolled in the PPO never have to submit claim forms for in-network services. The Company will supply all standard claim forms if required.		

Please check all boxes that apply to your submission	Proposal Submission
	☐ Option 1.A & 1.B. (DR) ☐ Option 2 (PPO) ☐ Option 3 (FI PPO)

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Questionnaire

27.	Each of your networks serving ECSD members is supported by a computerized, on-line direct access claims processing system containing plan/claim information storage and retrieval.		
28.	With regard to network directories, please respond to the following:		
a.	How frequently are directories distributed?		
b.	How are members, plan sponsors and providers notified of changes?		
c.	Is your directory available on the Internet or WEB? If so, please explain.		

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Plan Designs and Rates

Option 1.A.

Plan Benefits	Current	Plan Deviations
Base Plan		
Maximum Dental Allowance	$800 per person, per plan year *(excluding ortho)*	
Dental Coinsurance	Plan pays 90% of first $125 *(excluding ortho)*	
Plan Year Deductible	$100 (1 deductible per person, 3 per family, per plan year)	
Remaining Coinsurance	Plan pays 50% after deductible to a max of $800	
Orthodontics	Plan Pays 50% to a lifetime max of $1,000 *(limited to dep. children to age 19)*	
Enhanced Buy-Up Plan		
Maximum Dental Allowance	$1,200 per person, per plan year *(excluding ortho)*	
Dental Coinsurance	Plan pays 100% of the first $125	
Plan Year Deductible	$100 (1 deductible per person, 3 per family, per plan year)	
Remaining Coinsurance	Plan pays 50% after deductible to a max of $1,200	
Orthodontics	Plan Pays 50% to a lifetime max of $1,000 *(limited to dep. children to age 19)*	

TWO TIER RATE STRUCTURE

Current Rates

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	1,777	$13.65	$12.65	$1.00
Employee+Family	1,061	$28.10	$12.65	$15.45
Retiree Only & LOA	1,203	$13.65	$0.00	$13.65
Retiree+Family & LOA	700	$28.10	$0.00	$28.10

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	582	$22.20	$12.65	$9.55
Employee+Family	377	$50.65	$12.65	$38.00
Retiree Only & LOA	221	$22.20	$0.00	$22.20
Retiree+Family & LOA	92	$50.65	$0.00	$50.65

Option 1.A. - Proposed

TWO TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	1,777			
Employee+Family	1,061			
Retiree Only & LOA	1,203			
Retiree+Family & LOA	700			

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	582			
Employee+Family	377			
Retiree Only & LOA	221			
Retiree+Family & LOA	92			

Option 1.A. - Proposed

FOUR TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only				
Employee+Spouse				
Employee+Child(ren)				
Employee+Family				
Retiree/LOA Only				
Retiree/LOA+Spouse				
Retiree/LOA+Child(ren)				
Retiree/LOA+ Family				

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Plan Designs and Rates

Option 1.B. - Proposed		
Proposed Plan Benefits		**Plan Deviations**
Base Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,000 *(lifetime max of $1,000)*	
Enhanced Buy-Up Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,500 *(lifetime max of $1,500)*	

TWO TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	1,777			
Employee+Family	1,061			
Retiree Only & LOA	1,203			
Retiree+Family & LOA	700			

Option 1.B. - Proposed

TWO TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	1,777			
Employee+Family	1,061			
Retiree Only & LOA	1,203			
Retiree+Family & LOA	700			

Option 1.B. - Proposed

FOUR TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only				
Employee+Spouse				
Employee+Child(ren)				
Employee+Family				
Retiree/LOA Only				
Retiree/LOA+Spouse				
Retiree/LOA+Child(ren)				
Retiree/LOA+ Family				

Option 1.B. - Proposed

FOUR TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only				
Employee+Spouse				
Employee+Child(ren)				
Employee+Family				
Retiree/LOA Only				
Retiree/LOA+Spouse				
Retiree/LOA+Child(ren)				
Retiree/LOA+ Family				

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Plan Designs and Rates

Option 2 - Traditional Plan w/ PPO Network

Proposed Plan Benefits		Plan Deviations
Base Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,000 *(lifetime max of $1,000)*	
Enhanced Buy-Up Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,500 *(lifetime max of $1,500)*	

TWO TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	1,777			
Employee+Family	1,061			
Retiree Only & LOA	1,203			
Retiree+Family & LOA	700			

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only	582			
Employee+Family	377			
Retiree Only & LOA	221			
Retiree+Family & LOA	92			

FOUR TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only				
Employee+Spouse				
Employee+Child(ren)				
Employee+Family				
Retiree/LOA Only				
Retiree/LOA+Spouse				
Retiree/LOA+Child(ren)				
Retiree/LOA+ Family				

FOUR TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Enhanced	Enrolled	Rates	ER Subsidy	EE Contrib.
Employee Only				
Employee+Spouse				
Employee+Child(ren)				
Employee+Family				
Retiree/LOA Only				
Retiree/LOA+Spouse				
Retiree/LOA+Child(ren)				
Retiree/LOA+ Family				

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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Plan Designs and Rates

Option 3 - Fully Insured

Proposed Plan Benefits		Deviations
Base Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,000 *(lifetime max)*	
Enhanced Buy-Up Plan		
Deductible	$50/$100	
Preventive	100%	
Basic	80%	
Major	50%	
Ortho	50%	
Annual Max	$1,500 *(lifetime ma)*	

TWO TIER RATE STRUCTURE

Please include proposed premium equivalent rates:

Basic	Enrolled	Current Rates	Proposed Rates
Employee Only	1,777		
Employee+Family	1,061		
Retiree Only & LOA	1,203		
Retiree+Family & LOA	700		

Enhanced	Enrolled	Current Rates	Proposed Rates
Employee Only	582		
Employee+Family	377		
Retiree Only & LOA	221		
Retiree+Family & LOA	92		

FOUR TIER RATE STRUCTURE *(Base Plan)*

Please include proposed premium equivalent rates:

Basic	Enrolled	Current Rates	Proposed Rates
Employee Only			
Employee+Spouse			
Employee+Child(ren)			
Employee+Family			
Retiree/LOA Only			
Retiree/LOA+Spouse			
Retiree/LOA+Child(ren)			
Retiree/LOA+ Family			

FOUR TIER RATE STRUCTURE *(E*

Please include proposed premium equiv

Basic	Enrolled	Current Rates
Employee Only		
Employee+Spouse		
Employee+Child(ren)		
Employee+Family		
Retiree/LOA Only		
Retiree/LOA+Spouse		
Retiree/LOA+Child(ren)		
Retiree/LOA+ Family		

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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Plan Designs and Rates

Included in Proposal Please indicate Y, N or NA	Answer	Explanation
Add ECSD logo to ID card		
ID card replacement		
Customized communications		
Non-English communication materials		
Ad hoc/Customized reporting		
Member communications pertaining to proposer transition		
Interest rate charged for late wire transfers		
Member portal customization		
Customized Summary Plan Description (SPDs)		
SPD Amendments		
800 Telephone Links (installation and usage)		
Other (please list)		


nhanced Plan)
valent rates:
Proposed Rates

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Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Administration Fees

PROPOSERS SUMITTING A PROPOSAL FOR EITHER OPTION #1, #2 OR #3 MUST ANSWER THE FOLLOWING QUESTIONS

Important! Please Read:	Current	Vendor Response
Self-funded/ASO quotes: The administrative services fees should be quoted in full detail. Fees must be valid for a minimum of three years. Maximum rate increase caps must be provided for years 4 and 5. The District is currently administering a self-funded Dental Plan. The contractor will assume the responsibility of processing dental claims using a Direct Reimbursement process for district employees, retirees, and covered dependents.		
Capabilities: The company will attest to possess the necessary capacities, resources, and knowledge to implement the Dental Benefit plan as presented in the Plan Designs & Rates tab and in accordance to the terms, conditions, and specifications herein.		
Runout Provision: Upon completion of the contract term, cancellation or termination, the Vendor will administer all runout claims incurred prior to the date of cancellation, termination or completion for a period not to exceed 90 days.		

	Dental Administration Fees	Current	Vendor Response
1.	Base administration fee	$1.43	
a.	Is the Base administration fee included in the premium equivalent rate?	Included	
2.	Benefit Certification	Included	
3.	Preparation of claims for processing	Included	
4.	Computation of benefits	Included	
5.	Issuance of checks with EOB's (Explanation of Benefits) or Direct Deposit (ACH) with an electronic EOB's through the vendor portal	Included	
6.	Claims control activities	Included	
7.	Coordination of benefits	Included	
8.	Auditing services	Included	
9.	On-line employee access to vendor portal to access claims submitted and paid. The on-line portal will replace the mailing of EOB's when claim payment are disbursed by ACH payment. Notification to the employee email address of the EOB processing to be sent if available.	Included	
	Additional Items		

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Administration Fees

10.	Vendor shall prepare and print the following:	Included	
a.	Enrollment forms	Included	
b.	Claim checks issues	Included	
c.	Plan documents, if necessary	Included	
d.	I.D. Cards, if necessary	Included	

PROPOSERS SUMITTING A PROPOSAL FOR OPTION #1 MUST ANSWER THE FOLLOWING QUESTIONS

	Dental Administration	Current	Vendor Response
11.	Direct deposit of claim payments into **Employee bank accounts.** Relevant bank account information to be supplied to vendor by Employer.	Included	

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Request for Proposal (RFP) for Escambia County School District (ECSD)

Provider Disruption Report

Request for Dental Provider Utilization

Instructions:

- The "Reference #" is a critical field to the analysis and should not be adjusted, deleted, or linked to any other row of data.
- Please input a "Y", "LP", or "N" indicator in the match column requested for each provider line. In addition, indicate your match criteria in the column next to it.
  - -- Indicate 'Y' if the provider is directly contracted in the network you are proposing for .
  - -- Indicate 'LP' if the provider is in a rental, leased, or wrap network.
  - -- Indicate 'N' for providers who are not formally contracted into the network and/or who would not be listed in network directories but who offer some type of discounting from fees whether by a limited contract or by negotiation after incurral.
  - -- Indicate 'N' if the provider is out-of-network based on the network being proposed.

Note: By indicating "Y" or "LP" you are confirming that you have a high confidence match and the provider is in your network.

Therefore, do not include weak matches as a "Y" response, the following are consider to be a strong match:

*TIN Only

*Name, Address, City, State, and ZIP

*Name, City, State, and ZIP

~If you choose to report any other variation as a match, it is understood that your organization has full confidence that the provider is in your network

~Any blank responses in the "In Network?" column will be counted as a "N"

If you are proposing multiple networks, please complete separate files (or append columns) for each network and specify the applicable network within your response.

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-001	273635983	ROSS FAMILY DENTAL CLINIC	2710 West Oxford Loop		OXFORD	MS	38655		
D-002	592507835	ALFANT, MARC, DDS	729 E. STRAWBRIDGE AVE		MELBOURNE	FL	32901		
D-003	591092105	MAAL, ROBERTO D.D.S.	2350 HWY 29 SOUTH		CANTONMENT	FL	32533		
D-004	270000024	FARRUGIA, CHRIS P., D.D.S.	12385 SORRENTO ROAD SUITE B-1		PENSACOLA	FL	32507		
D-005	592148657	DAN B. HENRY, D.D.S., P.A.	4627 N. DAVIS HWY., BLDG A		PENSACOLA	FL	32503		
D-006	510417756	HINTON, ANDREW C., D.M.D.	627 NEW WARRINGTON ROAD		PENSACOLA	FL	32506		
D-007	631081555	EASTERN SHORE DENTAL, PC	2213 US HIGHWAY 98		DAPHNE	AL	36526		
D-008	650719035	MANUEL O. SAENZ, DDS	DHG AT CORAL WAY	11865 SW 26 ST, STE C-39	MIAMI	FL	33175		
D-009	161664004	AFFORDABLE DENTURES	8102 N DAVIS HIGHWAY		PENSACOLA	FL	32514		
D-010	270000070	PYRITZ, THOMAS H., D.D.S.	8580 UNIVERSITY PARKWAY		PENSACOLA	FL	32514		
D-011	270000285	BALDWIN COUNTY ENDODONTICS	921 PLANTATION BLVD		FAIRHOPE	AL	36532		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-012	592326245	SHEHEE FAMILY ORTHODONTICS	1007 AIRPORT BLVD.		PENSACOLA	FL	32504		
D-013	270000383	DRS. BLACKMAN & COPPEJANS	79 MIDTOWN PARK EAST		MOBILE	AL	36606		
D-014	593433182	JEFFREY J. KATES, DDS	2136 W FAIRFIELD DR		PENSACOLA	FL	32505		
D-015	593255718	MARK S. GRESKOVICH, DMD	ORAL AND MAXILLOFACIAL SURGERY A	4850 N. 9TH AVENUE BLDG.IV	PENSACOLA	FL	32503		
D-016	593222300	DONALD RADOMSKI,DMD	1371 COUNTRY CLUB DRIVE		GULF BREEZE	FL	32561		
D-017	270000192	EASTERN SHORE DENTAL, P.C.	PO BOX 1917		DAPHNE	AL	36526		
D-018	631252621	DOTHAN DENTAL GROUP PC	366 HEALTHWEST DRIVE		DOTHAN	AL	36303		
D-019	650719035	DAVID HORN, DMD	6035 SE FEDERAL HWY		STUART	FL	34997		
D-020	650719035	Dup - SAENZ, MANUEL O., DDS	11865 SW 26 ST., STE C-39		MIAMI	FL	33175		
D-021	593645431	KEVIN C DEAN DMD,MD	ORAL AND MAXILLOFACIAL SURGERY	4850 N 9TH AVE BLDG 4	PENSACOLA	FL	32503		
D-022	200223615	JAMES H. MCCREARY, D.M.D.	4502 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-023	593273768	TONY D CLARK, D.M.D., PA.	526 MARY ESTHER CUTOFF		FT. WALTON BCH	FL	32548		
D-024	721383657	NORTHCUTT DENTAL PRACTICE	23678 HWY 98		FAIRHOPE	AL	36532		
D-025	300033993	EMERALD COAST SMILES BY DESIGN PA	3927 CREIGHTON ROAD		PENSACOLA	FL	32504		
D-026	161650230	DRS.FERRETTI & ROSENTHAL,P.A.	4300 BAYOU BLVD #11		PENSACOLA	FL	32503		
D-027	631133538	C. DOUGLAS HARRELL,III, D.M.D.	59 NORTH SECTION STREET		FAIRHOPE	AL	36532		
D-028	592123665	BENJAMIN J. HODGES, D.M.D.	4400 BAYOU BOULVARD BLDG 3A		PENSACOLA	FL	32503		
D-029	593294416	WILLIAM MARCHI, DDS	4850 NORTH 9TH AVENUE		PENSACOLA	FL	32503		
D-030	593787731	DENTAL CLINIC	4272 AVALON BLVD		MILTON	FL	32583		
D-031	91480128	RANDOLPH F BLAKEMAN DDS	184 SARATOGA RD		GLENVILLE	NY	12302		
D-032	630927612	JAMES V. SHAMBURGER, DMD	208 W. 19TH AVENUE		GULF SHORES	AL	36542		
D-033	650719035						0		
D-034	631240256	HENRY C VAUGHN III, DMD	318 HEALTHWEST DRIVE		DOTHAN	AL	36303		
D-035	650719035	MICHAEL D QUASHA,DDS	3251 NW FEDERAL HIGHWAY		JENSEN BEACH	FL	34957		
D-036	593484886	DECANTIS, RICHARD DDS	PO BOX 622287		OVIEDO	FL	32762		
D-037	542103356	BUCKLEY & BUCKLEY DENTISTRY	PO BOX 937		ATMORE	AL	36504		
D-038	630903733	J. THOMAS SANDERS, DMD	1666 SOUTH FOREST AVENUE		LUVERNE	AL	36049		
D-039	592441820	RANDALL S. BAILEY, DMD	85 NIGHTENGALE LN		GULF BREEZE	FL	32561		
D-040	640612485	C LAMAR JONES, DDS	223 NORTH MAIN STREET		PETAL	MS	39465		
D-041	262089396	RANDALL P RIGSBY, D M D	3969 SPANISH TRAIL		PENSACOLA	FL	32504		
D-042	203669034	COASTAL ORTHODONTICS	904 GARDEN GATE CIRCLE		PENSACOLA	FL	32504		
D-043	593385034	NEWSOME, STEPHEN, B., DDS	6111 N DAVIS HWY, BLDG C		PENSACOLA	FL	32504		
D-044	203876397	BAYOU DENTAL,PA	4461 BAYOU BLVD		PENSACOLA	FL	32505		
D-045	270000062	TAYLOR DENTAL	6601 NORTH DAVIS HIGHWAY, SUITE 8		PENSACOLA	FL	32504		
D-046	204653163	TURBYFILL, DAVID T., DMD	301 N. CEDAR ST.		FOLEY	AL	36535		
D-047	650719035	NATHALIE SHOER, DMD.	860 US HWT 1	SUITE 101	NORTH PALM BEACH	FL	33408		
D-048	270000099	FAMILY & COSMETIC DENTISTRY	JAMES K. MARTIN, DMD	4850 N 9TH AVE	PENSACOLA	FL	32503		
D-049	200090164	GULF COAST FAMILY DENTISTRY	3101 F.W. MICHIGAN		PENSACOLA	FL	32526		
D-050	650719035	NATHALIE SHOER	6035 SE FEDERAL HIGHWAY		STUART	FL	34997		
D-051	592749071	HOLMES AND SCLAR, P.A.	DBA SOUTH FLORIDA OMS	7600 RED ROAD SUITE #101	MIAMI	FL	33143		

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D-052	475142849	MARC A. BLACKBURN, DDS	8630 UNIVERSITY PARKWAY		PENSACOLA	FL	32514		
D-053	473081479	PETER J. CONGIUNDI, DDS	6470 TIPPIN AVENUE		PENSACOLA	FL	32504		
D-054	251698677	LECOM SCHOOL OF DENTAL MEDICINE	4800 LAKEWOOD RANCH BLVD.		BRADENTON	FL	34211		
D-055	593457258	SPANISH TRAIL DENTISTRY, PA	4359 SPANISH TRAIL		PENSACOLA	FL	32504		
D-056	408789233	DR. CLARK CHILDRESS, DDS	219 OAK AVENUE		COOKEVILLE	TN	38501		
D-057	474780023	BBH SBMC LLC	PO BOX 11407		BIRMINGHAM	AL	35246		
D-058	581386008	NORTH GEORGIA DENTAL CARE	2350 ATLANTA HWY STE 100		CUMMING	GA	30040		
D-059	30468198	KEITH V HOLLAND, DDS, LLC	4114 HERSCHEL ST #106		JACKSONVILLE	FL	32210		
D-060	272971971	T.J. MORRIS, DDS	111 EAST RIDGELEY STREET		ATMORE	AL	36502		
D-061	472585228	WETUMPKA FAMILY DENTISTRY	4045 HIGHWAY 231		WETUMPKA	AL	36093		
D-062	593555852	PENSACOLA FOOT ANKLE CENTER	4850 N 9TH AVENUE		PENSACOLA	FL	32503		
D-063	274484828	FAIRHOPE COSMETIC DENTISTRY	101 FLY CREEK AVE SUTIE 301		FAIRHOPE	AL	36532		
D-064	270539050	ERIC S. PRYOR, DMD, LLC	127 SOUTH MAIN STREET		JASPER	GA	30143		
D-065	204641295	T. ALLEN LIGON DDS	1121 MIMOSA DRIVE		OXFORD	MS	38655		
D-066	270369393	GROVES FAMILY & COSMETIC DENTISTRY	9119 S. TOLEDO AVENUE		TULSA	OK	74137		
D-067	591360433	CENTRAL FLORIDA ORAL SURGERY	1095 TOWN CENTER DRIVE		ORANGE CITY	FL	32763		
D-068	630695110	MICHAEL A. KELLER, DD PC	2045 BROOKWOOD MEDICAL CENTER DR		BIRMINGHAM	AL	35209		
D-069	820810048	LANCE R. WASHBURN DDS, PLLC	627 NEW WARRINGTON ROAD		PENSACOLA	FL	32506		
D-070	591919041	RICHARD N. THOMAS DDS	102 ALABAMA ST., SUITE A		CRESTVIEW	FL	32536		
D-071	382677967	SHARON K PATRICK DMD	303 W. HANSELL ST.		THOMASVILLE	GA	31792		
D-072	472730315	SLEVOLJUB DJURIC DDS	12950 LILLIAN HWY		PENSACOLA	FL	32506		
D-073	471134563	FERRELL FAMILY DENTAL	8154 HWY. 59 SUITE 217		FOLEY	AL	36535		
D-074	20639376	DOMINIQUE V. BACKUS, DDS	3507 OLD MONTGOMERY HWY.		BIRMINGHAM	AL	35209		
D-075	640949275	GARDNER WADE, DDS	9828 BLUEBONNET BLVD., SUITE D		BATON ROUGE	LA	70810		
D-076	461737999	FAIRWAY DENTAL	12342 FOLEY BEACH EXPRESS		FOLEY	AL	36535		
D-077	999999999	Mark Rubenstein, M.D.	1000 NW 9th Court		Boca Raton	FL	33486		
D-078	593503649	DR HELEN TURNER	6780 BERRYHILL ST.		MILTON	FL	32570		
D-079	270000365	CHRIS BONDURANT DMD MD PC	27587 US HIGHWAY 98		DAPHNE	AL	36526		
D-080	812787801	WHITE SMILES DENTISTRY	1108 N. 12TH AVE. SUITE C		PENSACOLA	FL	32501		
D-081	999999999	Acme Totalcare Solutions, Inc.	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-082	821654594	PHILIP KOZLOW, DDS	5050 QUORUM DR #340		DALLAS	TX	75254		
D-083	208854238	ANGEL F LOPEZ DMD PA	95 ALAFAYA WOODS BLVD		OVIEDO	FL	32765		
D-084	463269807	CALUMET FAMILY DENTISTRY	116 CALUMET CENTER RD		LAGRANGE	GA	30241		
D-085	824769895	LAWRENCE DENTAL STUDIO ,LLC	5100 BOB BILLINGS PKWY STE 110		LAWRENCE	KS	66049		
D-086	203941899	MONIUCA L.DOBBIN DDS	730 CHEYENNE BLVD	STE 200	COLORADO SPRINGS	CO	80905		
D-087	811106479	BOZEMAN DENTAL GROUP	308 S DAWSON ST.		THOMASVILLE	GA	31799		
D-088	814666552	STRICKLAND ORTHODONTICS, PLLC	7489 PARKER ROAD		FAIRHOPE	AL	36532		
D-089	811723394	ORANGE BEACH FAMILY	25299 CANAL ROAD	SUITE A5	ORANGE BEACH	AL	36561		
D-090	464388648	JAMES F.MELZER	329 WESTGATE PLAZA		FRANKLIN	NC	28734		
D-091	232449454	SUSQUEHANNA PHYSICIAN SERVICE	1201 GRAMPIAN BLVD		WILLIAMSPORT	PA	17701		

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D-092	386173161	DENTAL GROUP REDWWOD	800 KIRST BLVD STE 650		TROY	MI	48084		
D-093	464089459	ROSAMOND T. SONNEN, DDS	7100 PLANTATION ROAD, SUITE 9		PENSACOLA	FL	32504		
D-094	592749071	HOLMES,STEVEN M., D.D.S.	7600 RED ROAD	#101	MIAMI	FL	33143		
D-095	591282325	ADKINS & ADKINS D.D.S., P.A.	2227 EAST OLIVE ROAD		PENSACOLA	FL	32514		
D-096	631082398	HUMPHREYS JR., LEWIS G., D.M.D	102 MEDICAL DRIVE		DOTHAN	AL	36303		
D-097	352200152	GULF COAST DENTAL	4566 HIGHWAY 20 EAST, STE 108		NICEVILLE	FL	32578		
D-098	270000217	UAB DENTAL FACULTY PRACTICE	SCHOOL OF DENISTRY	5TH FLOOR	BIRMINGHAM	AL	35294		
D-099	270000224	BROOKS, K. GLENN, D.D.S.	5514 N DAVIS HIGHWAY	SUITE 114	PENSACOLA	FL	32503		
D-100	264350248	BAILEY, KAREN, D.M.D.	2232 COPTER ROAD		PENSACOLA	FL	32514		
D-101	592939334	PAREKH, GEETA P., D.D.S.	611 EAST BURGESS ROAD		PENSACOLA	FL	32504		
D-102	270000099	JAMES MARTIN,DMD	6202 NORTH NINTH AVE		PENSACOLA	FL	32504		
D-103	592225494	TREDWAY, MONTE R., D.M.D.	6150 VILLAGE OAKS DRIVE		PENSACOLA	FL	32504		
D-104	270000296	NORTH FLORIDA OMS	4850 NORTH 9TH AVENUE		PENSACOLA	FL	32503		
D-105	593287513	LOIS J. LUNDERMAN,DDS	P.O.BOX 457		VALPARISO	FL	32580		
D-106	270000078	JAY E BOATWRIGHT III,DMD	914 E. ROYCE ST		PENSACOLA	FL	32503		
D-107	510417756	DENNIS R. HUEBNER, DDS	627 NEW WARRINGTON ROAD		PENSACOLA	FL	32506		
D-108	270000148	MCAULEY, LAURA D.D.S.	4500 Spanish Trail		PENSACOLA	FL	32504		
D-109	593429607	JIM D LASSITER,DMD	5285 COMMERCE ST.		JAY	FL	32565		
D-110	582159658	BERNAL, MIGUEL A., DDS	3673 HWY 90		PACE	FL	32571		
D-111	591233266	ALLEN L. LITVAK DMD	6105 N DAVIS HWY BLDG B		PENSACOLA	FL	32504		
D-112	640613595	TOM MASON, JR., D.D.S.	1621 PASS RD STE C		BILOXI	MS	39531		
D-113	650719035	SHUMATE, NORMAN DDS	6035 S.E. FEDERAL HIGHWAY		STUART	FL	34997		
D-114	591906362	AL M RIDLEHOOVER DDS	302 W SUNSET AVE		PENSACOLA	FL	32507		
D-115	592056636	JAMES H. BALCOM, D.D.S	4850 NORTH 9TH AVENUE,BLDG.4		PENSACOLA	FL	32503		
D-116	593255718	MARK S. GRESKOVICH, D.M.D.	4850 NORTH 9TH AVENUE,BLDG.4		PENSACOLA	FL	32503		
D-117	591301248	WATSON FAMILY DENTISTRY	5750 HIGHWAY 90		MILTON	FL	32583		
D-118	593414254	C.D. NUNNELLEY, D.D.S.	4800 W FAIRFIELD DRIVE		PENSACOLA	FL	32506		
D-119	270000083	BARBARA J. MIZELL, DMD	5528 NORTH DAVIS HWY.,STE.E		PENSACOLA	FL	32503		
D-120	593394842	TIMOTHY K. HOPE, D.M.D.	9277 S.E. MARICAMP ROAD		OCALA	FL	34472		
D-121	593391284	GREGORY WOODFIN, DMD	4857 N. 9TH AVE.		PENSACOLA	FL	32503		
D-122	593240685	OVIEDO FAMILY AND COSMETIC DENTISTRY	4250 ALAFAYA TRAIL, #192		OVIEDO	FL	32765		
D-123	631086639	CENTRAL BALDWIN DENTAL CENTER	18100 HWY 104		ROBERTSDALE	AL	36567		
D-124	591823215	CAMPANELLA, THOMAS D.D.S.	907 NEW WARRINGTON ROAD		PENSACOLA	FL	32506		
D-125	590824362	CHARLES O CROOKE DDS	404 BLOUNT BLDG		PENSACOLA	FL	32501		
D-126	920179478	WIMBERLEY DENTAL CENTER	181 FM 3237		WIMBERLEY	TX	78676		
D-127	205551396	BALDWIN DENTURE CENTER, LLC	28080 US HWY 98	SUITE A, BUILDING A	DAPHNE	AL	36526		
D-128	200185918	BEACH DENTAL	8730 THOMAS DR STE 1102		PANAMA CITY BEACH	FL	32413		
D-129	630733061	GENE BRABSTON, DMD	506 N. SECTION STREET		FAIRHOPE	AL	36532		
D-130	650719035	GONZALO CORTES	3251 NW FEDERAL HWY.		JENSEN BEACH	FL	34957		
D-131	300538526	SORENTO DENTAL CARE	12385 SORRENTO ROAD, SUITE B-1		PENSACOLA	FL	32507		

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D-132	201535125	MICHAEL T. O'DONNELL, D.M.D	57 BRUCE AVENUE		DEFUNIAK SPRINGS	FL	32435		
D-133	453933001	HODGES DENTAL CLINICS	4400 BAYOU BLVD. SUITE 3A		PENSACOLA	FL	32503		
D-134	203526215	FARLEY FAMILY DENTISTRY	902 EAST RAILROAD STREET		LONG BEACH	MS	39560		
D-135	999999999	Medicare	PO Box 93945		Cleveland	OH	44101		
D-136	630855689	DR EDWARD JONES	3457 SIERRA DRIVE		HOOVER	AL	35216		
D-137	273465978	SHELDON BLOOD, DDS	228 PULASKI STREET		LAWRENCEBURG	TN	38464		
D-138	201697660	MUSOLF DENTAL CENTER	6140 TUTT BLVD. SUITE 150		COLORADO SPRINGS	CO	80923		
D-139	813632691	LILLIAN FAMILY DENTISTRY	PO BOX 276		LILLIAN	AL	36549		
D-140	243235559	JEFFREY D. EFIRD, DDS	11 YORKSHIRE ST. STE. B		ASHEVILLE	NC	28803		
D-141	581625152	PEACHTREE CORNERS DENTAL ASSOCIATES	5635 PEACHTREE PKWY SUITE 220		PEACHTREE CORNER	GA	30092		
D-142	463111392	AFFORDABLE DENTAL CARE	3900 E. VALLEY RD. #203		RENTON	WA	98057		
D-143	593437017	STEVEN BARRY, DMD	5170 SOUTH FERDON BLVD		CRESTVIEW	FL	32536		
D-144	631061172	FRANK WILLIAMSON, DMD	4219 COTTAGE HILL ROAD		MOBILE	AL	36609		
D-145	640612485	JONES DENTAL CLINIC	223 NORTH MAIN STREET		PETAL	MS	39465		
D-146	463743006	PAUL A. QUINLAN, DDS	4311 GULF BREEZE PKWY.		GULF BREEZE	FL	32563		
D-147	999999999	SIPERSTEIN DERMATOLOGY	950 GLADES RD		BOCA RATON	FL	33431		
D-148	461439436	SIMS ORTODONTICS, LLC	1100 A-AIRPORT BLVD.		PENSACOLA	FL	32504		
D-149	205741557	CULLMAN COSMETIC & FAMILY DENTISTRY	311 6TH AVE. S.E.		CULLMAN	AL	35055		
D-150	593660984	DENTURE AND DENTAL SERVICES	12671 EMERALD COAST PKWY #205		DESTIN	FL	32504		
D-151	200037800	GLASS ORTHODONTICS	1303 MAIN ST.		DAPHNE	AL	36526		
D-152	630820222	EDWIN C. LEE, JR, DMD	959 SOUTH ALABAMA AVE.		MONROEVILLE	AL	36460		
D-153	471299412	SACKHEIM DENTAL	4627 N. DAVIS HWY, BUILDING B		PENSACOLA	FL	32503		
D-154	721493177	STEPHEN R. HOOPER	5148 AIRLINE DRIVE		BOSSIER CITY	LA	71111		
D-155	260657414	DR. SHEHZAD M. SHEIKH	46400 BENEDICT DRIVE, SUITE 205		STERLING	VA	20164		
D-156	591694816	ENDODONTIC ASSOC OF BREVARD	1250 EAU GALLIE BLVD. #C		MELBOURNE	FL	32935		
D-157	465480210	OLD HICKORY FAMILY DENTISTRY	101 MATTERHORN DRIVE		OLD HICKORY	TN	37138		
D-158	455620747	Ann Pomeranz D.M.D	7575 West University Ave	STE P	Gainesville	FL	32607		
D-159	454025103	SARAH J ROBERTS, DMD	12670 CRABAPPLE ROAD, STE 110		ALPHARETTA	GA	30004		
D-160	999999999	Acme Regional Hospital	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-161	202172817	COX FAMILY DENTISTRY, PA	101 PERPETUAL SQUARE DRIVE		ANDERSON	SC	29621		
D-162	472509941	DR. BRANDI A SIMMONS	2350 HWY 29 SOUTH		CANTONMENT	FL	32533		
D-163	621322682	J. RANDALL CROWDER, DDS	PO BOX 2569	2623 HWY 70 E	CROSSVILLE	TN	38557		
D-164	204346433	Arnold C Gangwisch , DMP ,PA	530 Florida Ave		Lynn Haven	FL	32444		
D-165	472509941	BRIGHT DOWNTOWN DENTAL ARTS	850 S. PALAFOX ST. SUITE 101B		PENSACOLA	FL	32502		
D-166	582430009	ALPHARETTA ENDODONTICS	5755 NORTH POINT PARKWAY, SUITE 8		ALPHARETTA	GA	30022		
D-167	474954266	VICTUS DENTAL	2850 MONROE STREET		PENSACOLA	FL	32514		
D-168	631173205	FARNI AND FARNI FAMILY DENTISTRY	1064 INDUSTRIAL PARKWAY		SARALAND	AL	36571		
D-169	560964984	THOMAS L.MORTON D.D.S.PA	24 DEAVERVIEW RD		ASHEVILLE	NC	28806		
D-170	630376518	FAIR HAVEN ORAL HEALTH CENTER	1424 MONTICLAIR RD		BIRMINGHAM	AL	35210		
D-171	823391189	Dr. Amir Wafiek Guirguis.	414 Union Street, 8th floor		Nashville	TN	37219		

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D-172	201168528	DOUGLAS F POHL D.D.D P.A	31 PERRY AVE		FORT WALTON BEAC	FL	32548		
D-173	822473604	NATURE COAST	3835 N LECANTNO HWY		BEVERLY HILLS	FL	34465		
D-174	464309803	GULF BREEZE FAMILY DENTISTRY	1371 COUNTRY CLUB RD		GULF BREEZE	FL	32563		
D-175	591990356	RAWSON & BRAXTON	5075 Carpenter Creek Dr		PENSACOLA	FL	32503		
D-176	591360433	CENTRAL FLORIDA ORAL SURGERY	610 N. MILLS AVE		ORLANDO	FL	32803		
D-177	650719035	GRANDISON,NIGEL, D.M.D.	140 S. UNIVERSITY DRIVE		PEMBROKE PINES	FL	33025		
D-178	270000003	FAIRFIELD DENTAL CENTER	P.O. BOX 36477		PENSACOLA	FL	32516		
D-179	270000012	SPURLOCK, NOEL D.D.S.	4041 HWY 90		PACE	FL	32571		
D-180	270000342	ELBERTA FAMILY DENTAL	P. O. BOX 412		ELBERTA	AL	36530		
D-181	591682477	GREGORY A. WOOD, D.M.D., M.S.	6111 N DAVIS HIGHWAY - BLDG B		PENSACOLA	FL	32504		
D-182	592042035	J. LAARY MORRIS, DMD	4850 N. 9TH AVENUE		PENSACOLA	FL	32503		
D-183	593418340	PHILLIP M DRLICKA, DDS, PA	901 NEW WARRINGTON RD		PENSACOLA	FL	32506		
D-184	591793584	BRADLEY, WAYNE D.D.S.	6900 B NORTH 9TH AVE		PENSACOLA	FL	32504		
D-185	522133878	MIDTOWN DENTAL CENTER	6202 N. 9TH AVE	SUITE 6	PENSACOLA	FL	32504		
D-186	621295656	TORRANCE, DOUGLAS J., D.D.S.	899 LADDER TRAIL		SIGNAL MOUNTAIN	TN	37377		
D-187	593756812	BARRINEAU, NICOLE D.D.S.	3404 SANTA ROSA DRIVE		GULF BREEZE	FL	32563		
D-188	592056636	JAMES H. BALCOM,DDS.,PA	4850 NORTH 9TH AVENUE BLDG. IV	ORAL AND MAXILLOFACIAL SU	PENSACOLA	FL	32503		
D-189	267533631	DAVID WILLIAMS, D.D.S.	4357 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-190	161664004	JEFF TURNER DDS	8102 N DAVIS HIGHWAY		PENSACOLA	FL	32514		
D-191	650719035	DENTAL HEALTH GROUP, PA	P.O. BOX 2827		NORCROSS	GA	30094		
D-192	10670135	MCGILVRAY DENTAL	6029 N. NINTH AVENUE		PENSACOLA	FL	32504		
D-193	270000139	ADVANTAGE DENTAL CENTER	2915 EAST CERVANTES STREET		PENSACOLA	FL	32503		
D-194	631017980	CRAINE, STEVEN D.M.D.	P.O. BOX DRAWER 367		LOXLEY	AL	36551		
D-195	593416849	WOODBINE FAMILY DENTISTRY	5463 WOODBINE ROAD		PACE	FL	32571		
D-196	20700114	FACIAL & ORAL SURGERY OF E.S.,PC	19748 S. GREENO RD.		FAIRHOPE	FL	36532		
D-197	592297895	V. RANDALL GUELPA, DDS	4300 BAYOU BLVD.,STE.6		PENSACOLA	FL	32503		
D-198	593414254	JOHN D. HODGE, D.D.S.	4800 W FAIRFIELD DRIVE		PENSACOLA	FL	32506		
D-199	593414254	C.W. BARFIELD, D.D.S.	P.O. BOX 36477		PENSACOLA	FL	32516		
D-200	593578928	AVALON DENTAL CLINIC	4272 AVALON BOULEVARD		MILTON	FL	32583		
D-201	650719035	COHEN, LEE R., DDS	6035 SE FEDERAL HWY.		STUART	FL	34997		
D-202	417487219	DR. R.W. PETERS, D.M.D.	PO BOX 306	112 BLACKSHER STREET	BREWTON	AL	36427		
D-203	591793584	TRICIA E. BRADLEY HESS, DMD	6900 B NORTH 9TH AVENUE		PENSACOLA	FL	32504		
D-204	631287374	CHRISTOPHER M. DONALD, DDS	1281 MAIN ST.		DAPHNE	AL	36526		
D-205	260001208	JOHN A. JENNINGS, DMD	486 ANDREWS AVE.	PO BOX 1909	OZARK	AL	36361		
D-206	650719035	RONALD L. KATZ, DMD	860 US HIGHWAY ONE, #101		NORTH PALM BEACH	FL	33408		
D-207	650719035	ROBERT I. MURRAY, DMD	6035 S.E. FEDERAL HIGHWAY		STUART	FL	34997		
D-208	200037800	GLENN H. GLASS, DMD	PO BOX 2465		DAPHNE	AL	36526		
D-209	439822880	GEORGE L TALBERT, DDS	3961 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-210	591551300	WILLIAM W ROGERS III, DDS	2915 E CERVANTES ST		PENSACOLA	FL	32503		
D-211	593046821	TYRA LORIZ, DMD PA	3298 SUMMIT BLVD # 49		PENSACOLA	FL	32503		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-212	593331216	FARRUGIA, ALAN C., DDS	6601 N DAVIS HIGHWAY	SUITE 8	PENSACOLA	FL	32504		
D-213	204653163	ORAL & MAXILLOFACIAL SURGERY ASSOCIATE	4850 NORTH NINTH AVE., BLDG. IV		PENSACOLA	FL	32506		
D-214	260185892	WEBSTER FAMILY DENTISTRY, INC.	5371 GLOVER LANE		MILTON	FL	32570		
D-215	270000376	MARCUS L. MANNING, D.M.D.	P O BOX 2348	137 COVE AVENUE	GULF SHORES	AL	36547		
D-216	203840297	GERALD A. GRIGGS, DMD	P O BOX 760		BLAIRSVILLE	GA	30514		
D-217	203068158	ASPEN DENTAL	P O BOX 3189		SYRACUSE	NY	13220		
D-218	450582875	DOUGLAS W. ARNETT, D.D.S., PA	3201 E OLIVE ROAD		PENSACOLA	FL	32514		
D-219	203297290	LYNSEY W. BROWN, DMD	2313 STARMOUNT CIRCLE		HUNTSVILLE	AL	35801		
D-220	593632832	ANN POMERANZ, DMD	7575 WEST UNIVERSITY AVE. SUITE P		GAINESVILLE	FL	32607		
D-221	270000083	BARBARA MIZELL, DMD., PA	2850 MONROE ST.		PENSACOLA	FL	32514		
D-222	260731369	NAGEEN B. RAK, DDS	3474 GULF BREEZE PARKWAY		GULF BREEZE	FL	32565		
D-223	650586200	DEAN B. MANNING, DMD	2600 W. NINE MILE ROAD SUITE 8		PENSACOLA	FL	32534		
D-224	6602904	FRANK A. DENTREMONT, DMD	1121 MCKENZIE RD.		FOLEY	AL	36535		
D-225	591767173	FRANK SWERZEWSKI, DDS	2063 CENTRE POINTE BLVD.		TALLAHASSEE	FL	32308		
D-226	570958437	D. ALTON FANNING, JR. D.M.D.	1264 RIBAUT ROAD, STE 401		BEAUFORT	SC	29902		
D-227	811888264	FOLEY DENTAL ASSOCIATES	100 ELECIA LANE		FOLEY	AL	36535		
D-228	472500941	AGGIE DENTAL CENTER	2350 HWY 29 SOUTH		CANTONMENT	FL	32533		
D-229	260730038	STONEYBROOK FAMILY DENTISTRY, PA	15502 STONEYBROOK WEST PKWY	SUITE 126	WINTER GARDEN	FL	34787		
D-230	262259638	MATTHEW D. LITZ, DDS, LLC	400 CENTURY PARK SOUTH, SUITE 200		BIRMINGHAM	AL	35226		
D-231	454781448	RIVER ROCK DENTAL FAMILY	1801 EAST 51ST STREET, STE 390		AUSTIN	TX	78723		
D-232	431401246	KENT A. KEETHLER, DDS	1806 W. 5TH STREET		SEDALIA	MO	65301		
D-233	208519953	STEPHEN F. ZIEMAN, DDS	13 CENTER STREET		GULF BREEZE	FL	32561		
D-234	452544747	STUART WILLIAMS, D.D.S.	745 BILTMORE AVE.		ASHEVILLE	NC	28803		
D-235	200701644	PASUI FAMILY DENTISTRY	P.O. BOX 1489		EASLEY	SC	29641		
D-236	593737096	LAURA B. MCAULEY, DDS	4500 SPANISH TRAIL		PENSACOLA	FL	32504		
D-237	593105246	ESCAMBIA COMM CLI IN	14 WEST JORDAN ST		PENSACOLA	FL	32501		
D-238	460609881	HAVRON ENDODONTICS	8154 HIGHWAY 59, SUITE 203		FOLEY	AL	36535		
D-239	721422491	DR LESLIE PARRO GOTTSEGEN	2633 NAPOLEON AVE	SUITE 610	NEW ORLEANS	LA	70115		
D-240	464302145	MICHAEL CLAY DDS	109 SEVENTH AVE		ATMORE	AL	36502		
D-241	592015924	PAUL SAARI, DDS	5050 SOUTH LAKELAND DRIVE		LAKELAND	FL	33813		
D-242	203327629	COMPREHENSIVE DENTAL CARE	1641-1 MAHAN CENTER BLVD		TALLAHASSEE	FL	32308		
D-243	814455158	MARK MCCALL, DDS	2229 COLUMBUS AVE		WACO	TX	76701		
D-244	273626156	DR. SANTOSH SAINI	13603 W. CAMINO DEL SOL #C		SUN CITY WEST	AZ	85375		
D-245	999999999	Acme Surgical Group, Inc.	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-246	999999999	Acme Ambulance Services, Inc.	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-247	999999999	Mark A. Werner, M.D.	16201 S Military Trail		Delray Beach	FL	33484		
D-248	593088166	ROBERT W. LADLEY, DMD	320A W. BURLEIGH BLVD.		TAVARES	FL	32778		
D-249	364749860	NICHOLAS B. ROWLEY, DMD	205 W. NEW HAVEN AVE.		MELBOURNE	FL	32901		
D-250	999999999	Acme Pavillion Hospital	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-251	811702619	QUALITY DENTAL CARE	1631 RACETRACK RD SUITE 104		ST. JOHN	FL	32259		

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D-252	822876929	NAPERVILLE COMMONS DENTAL LTD	24 W 500 MAPLE AVENUE	STE 218	NAPERVILLE	IL	60540		
D-253	561028100	JERRY L. BUTLER, DDS	851 BLOWING ROCK ROAD		BOONE	NC	28607		
D-254	260641769	TAYLOR DENTAL	6601 N DAVIS HWY, SUITE 8		PENSACOLA	FL	32504		
D-255	262964833	AUBURN DENTAL CARE	778 NORTH DEAN RD, STE 500		AUBURN	AL	36830		
D-256	263188761	GREGORY M. SWEENEY, JR., DMD, PC	30843 MILL LANE		DAPHNE	AL	36526		
D-257	272484303	MECHANICSBURG DENTAL ASSOCIATES, LLC	500 GETTYSBURG PIKE		MECHANICSBURG	PA	17055		
D-258	841161823	BIRD WITTEBBERG DENTAL	7222 COMMERCE CTR DR #247		COLORDO SPRINGS	CO	80919		
D-259	830941478	GREGORY DIGBY ,DDS	4359 SPANISH TR		PENSACOLA	FL	32504		
D-260	474529953	CHARLES GOODWIN	10001 SOUTH PENNSYLVANIA AVE	STE M220	OKLAHOMA CITY	OK	73159		
D-261	141800310	COTUGNO DENTAL ASSOCIATES	212 N MAIN ST		GLOVERSVILLE	NY	12078		
D-262	461325118	VICTORY SMILES	3707 COLLEGE PARK DRIVE #200		THE WOODLANDS	TX	77384		
D-263	582507025	NORTH POINT PERIODONTICS, P.C.	4205 N. POINT PKWY.	BLDG. A	ALPHARETTA	GA	30022		
D-264	650719035	GREAT EXPRESSIONS DENTAL CENTERS	P.O. BOX 670500		DETROIT	MI	48267		
D-265	591263586	ORAL AND MAXILLOFACIAL SURGERY	4850 NORTH 9TH AVE.,BLDG.4		PENSACOLA	FL	32503		
D-266	999999999	MEMBER SUBMITTED CLAIM	22 TECHNOLOGY PARKWAY SOUTH, STE 200		PEACHTREE CORNER	GA	30092		
D-267	592244432	MARIAN K. KEEFE, DMD	7220 PINE FOREST ROAD		PENSACOLA	FL	32508		
D-268	592114951	FELDER, BRUCE D.D.S.	3000 LANGLEY AVE BLDG.1		PENSACOLA	FL	32504		
D-269	270000010	DANIEL, R. EDWARD D.M.D.	3961 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-270	270000022	SCOTT J BOOKER,DMD	41-C FAIRPOINT DRIVE		GULF BREEZE	FL	32561		
D-271	593618357	MARSAW, FREDERICK, D.D.S.	6511 NORTH 9TH AVENUE		PENSACOLA	FL	32504		
D-272	593446353	GERSTENBERG, BRYAN D.D.S.	4828 NORTH DAVIS HWY		PENSACOLA	FL	32503		
D-273	270000244	NAVARRE FAMILY DENTISTRY	9200 B NAVARRE PKWY		NAVARRE	FL	32566		
D-274	591902519	PRUETT JR., HENRY F., D.D.S.	466 E. NINE MILE ROAD		PENSACOLA	FL	32514		
D-275	270000117	GENE A WEST,DMD	109 7TH AVE		ATMORE	AL	36502		
D-276	27000013	ADVANTAGE DENTAL CENTER	2915 EAST CERVANTES STREET		PENSACOLA	FL	32503		
D-277	593720530	GULF COAST FAMILY DENTISTRY	3101-F W. MICHIGAN AVE.		PENSACOLA	FL	32526		
D-278	300033993	EMERALD COAST SMILES BY DESIGN PA	4300 BAYOU BLVD STE 22		PENSACOLA	FL	32503		
D-279	481047272	JOSEPH R. GATTI	5100 BOB BILLINGS PKWY, STE 110		LAWRENCE	KS	66049		
D-280	721381121	R. CHRIS BONDURANT DMD MD PC	ORAL AND MAXILLOFACIAL SURGERY	27880 NORTH MAIN STREET S	DAPHNE	AL	36526		
D-281	630758740	JAMES M. BOLES	7540 CIPRIANO COURT		FAIRHOPE	AL	36532		
D-282	591783017	BRUCE C. GILMORE, DMD	1759 CREIGHTON ROAD		PENSACOLA	FL	32504		
D-283	593288145	PERDIDO DENTAL ASSOCIATES	12385 SORRENTO ROAD,STE.A-1		PENSACOLA	FL	32507		
D-284	593288145	L.MICHAEL PAPADELIAS,DMD	12385 SORRENTO ROAD,STE.A-1		PENSACOLA	FL	32507		
D-285	561988799	GERALD L. MAIZE, D.D.S.	581 WEST PALMER STREET		FRANKLIN	NC	28734		
D-286	591092105	ROBERTO R. MAAL, DDS	35 NEWPORT STREET		CANTONMENT	FL	32533		
D-287	200524023	OTTLEY SMILES DENTAL CENTER	8117 NAVARRE PARKWAY		NAVARRE	FL	32566		
D-288	593257669	MICHAEL D. LITVAK, D.D.S.	6105 NORTH DAVIS HIGHWAY		PENSACOLA	FL	32504		
D-289	592567745	PAUL O. AUSTIN, JR., D.M.D.	4900 MARKETPLACE ROAD		PENSACOLA	FL	32504		
D-290	630817416	COCKRELL DENTAL OFFICE	1040 HILLCREST RD.		MOBILE	AL	36695		
D-291	593053187	JAMES K. MARTIN, DMD	4850 NORTH NINTH AVE.		PENSACOLA	FL	32503		

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D-292	650719035	DAVID W. YATES, DMD	7554 S. FEDERAL HIGHWAY, STE. 13		PORT ST. LUCIE	FL	34952		
D-293	61767058	NGUYEN, THUY DDS	1315 E. CERVANTES ST.		PENSACOLA	FL	32501		
D-294	631153450	RUSSELL BRANDAU III,DMD	7053 PROVIDENCE PARK DRIVE SOUTH		MOBILE	AL	36695		
D-295	582120048	ATLANTA ORAL & FACIAL SURGERY	PO BOX 70188		MARIETTA	GA	30007		
D-296	650719035	GLEN CASTO, DDS	6035 S.E. FEDERAL HIGHWAY		STUART	FL	34997		
D-297	244069207	JOHN G. BUCHANAN, DDS.	245 EAST CENTER STREET		LEXINGTON	NC	27292		
D-298	650719035	ISABEL C BOSCIO, DDS	7554 S FEDERAL HWY #13		PORT ST LUCIE	FL	34952		
D-299	621079006	CLARK CHILDRESS, DDS.	219 OAK AVENUE		COOKEVILLE	TN	38501		
D-300	999999999	MISCELLANEOUS PHARMACY	2500 N. MILITARY TRAIL, SUITE 450		BOCA RATON	FL	33431		
D-301	263179150								
D-302	593105246	CANTONMENT MEDICAL CENTER	748 HIGHWAY 29 N		CANTONMENT	FL	32533		
D-303	593687624	JEFF STRICKLAND, DMD	4359 SPANISH TRAIL		PENSACOLA	FL	32504		
D-304	582517651	JAGOR AND JAGOR, DDS	5555 PEACHTREE DUNWOODY RD, SUITE G-90		ATLANTA	GA	30342		
D-305	200185918	ST. AUGUSTINE FAMILY DENTISTRY	1980 US HIGHWAY 1 SOUTH		ST. AUGUSTINE	FL	32086		
D-306	841334313	ASSOCIATES IN FAMILY DENTISTRY, LLD	333 W DRAKE RD STE 120		FORT COLLINS	CO	80526		
D-307	204025295	DR. JAMES G HART JR.	7552 NAVARRE PARKWAY, SUITE 60		NAVARRE	FL	32566		
D-308	999999999	Peter Salomon, MD	951 NW 13th ST		Boca Raton	FL	33486		
D-309	630678756	GULF COAST DENTISTRY	313 EAST 22ND AVENUE		GULF SHORES	AL	36542		
D-310	726087770	LSU SCHOOL OF DENTISTRY	1100 FLORIDA AVENUE		NEW ORLEANS	LA	70119		
D-311	364330328	FOOTHILLS DENTAL ASSOCIATES	25 FOOTHILLS PARKWAY	SUITE 101	MARBLE HILL	GA	30148		
D-312	630773943	TOD SINGLETON, DMD	130 N. RANDOLPH AVE.		EUFAVLA	AL	36027		
D-313	592756625	DR'S A.C. GANGWISCH, GRANDY & MELZER	530 FLORIDA AVE.		LYNN HAVEN	FL	32444		
D-314	205431223	KERSEY DENTAL	110 KIA DR		LAGRANGE	GA	30241		
D-315	473282804	SAND DOLLAR DENTAL	1121 S. MCKENZIE STREET		FOLEY	AL	36535		
D-316	271905543	ST JOHNS ENDODONTICS, PA	1949 CR 210 W		JACKSONVILLE	FL	32259		
D-317	262089635	FIREWHEEL SMILES	4502 RIVEROAKS PKWY 200		GARLAND	TX	75044		
D-318	631058124	BRUCE KING, DMD, PC	PO BOX 748		SEMMES	AL	36575		
D-319	562300327	JAIH JACKSON DDS	8358 MARK ST, LAKEWOOD RANCH, FL		LAKEWOOD RANCH	FL	34202		
D-320	261347922	COMPLETE DENTAL ARTS, PC	2819 HWY 34 EAST		NEWNAN	GA	30265		
D-321	200185918	ECON RIVER FAMILY DENTAL	4999 N TANNER RD		ORLANDO	FL	32826		
D-322	999999999	SANTA BARBARA RADIOLOGY	PO BOX 4219		ORANGE	CA	92863		
D-323	455145680	DESERT PEARL DENTISTRY	72000 MAGNESIA FALLS DRIVE SUITE #1		RANCHO MIRAGE	CA	92270		
D-324	823844293	TELKA BARBERI DMD	6475 JORDAN RD		DAPHNE	AL	36526		
D-325	821909932	ADVANTAGE DENTAL CENTER	2915 E. CERVANTES SST.		PENSACOLA	FL	35203		
D-326	954009308	GAIIL STRAHS, DDS	10921 WILSHIRE BLVD #407		LOS ANGELES	CA	90024		
D-327	813608826	PARKWAY FAMILY DENTISTRY	79 FALLING SPRINGS DR	STE 110	CHAPEL HILL	NC	27516		
D-328	453755411	DR.TREY'S CHILDREN	303 N.SECTION STREET		FAIRSHOPE	AL	36532		
D-329	823565888	Red Hill Dental	1957 Raymond Diehl Rd		Tallahassee	FL	32308		
D-330	550809246	EMERALD COAST DENTISTRY	6759,931 MAR WALT DR		FORT WALTON BEAC	FL	32547		
D-331	834690533	WALTON FAMILY DENTISTRY	862 MICHAEL ETCHISON RD		MONROE	GA	30655		

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D-332	650719035	CHARLES KRIKORIAN, DMD	1001 IVES DAIRY RD	STE 103	NORTH MIAMI BEACH	FL	33179		
D-333	262861565	HINMAN, JOHN III D.D.S.	4627 NORTH DAVIS HWY BLDG B		PENSACOLA	FL	32503		
D-334	270000345	CORDOVA FAMILY DENTISTRY	4790 N 9TH AVENUE		PENSACOLA	FL	32503		
D-335	721383657	NORTHCUTT DENTAL PRACTICE	23678 US HWY 98		FAIRHOPE	AL	36532		
D-336	270000229	COMPREHENSIVE DENTAL CENTER	5908 BERRYHILL ROAD		MILTON	FL	32570		
D-337	270000376	MANNING, MARCUS L., D.M.D.	P.O. BOX 2348		GULF SHORES	AL	36547		
D-338	593677827	STAMITOLES, CHARLES E, D.D.S.	1025 CREIGHTON ROAD		PENSACOLA	FL	32504		
D-339	270000249	DRS. CHICHETTI, TORGERSON & HA	1305 THOMASWOOD DRIVE		TALLAHASSEE	FL	32308		
D-340	591615230	LEBEAU, JACQUE V., D.M.D.	1401 N PALAFOX STREET		PENSACOLA	FL	32501		
D-341	270000118	LITVAK, MICHAEL D., D.D.S.	6105 N. DAVIS HIGHWAY		PENSACOLA	FL	32504		
D-342	270000083	BARBARA J MIZELL,DMD	909 E. FAIRFIELD DR		PENSACOLA	FL	32503		
D-343	270000084	GUELPA, V. RANDALL, DDS	4300 BAYOU BLVD, SUITE 6		PENSACOLA	FL	32503		
D-344	593549603	LUCAS, P.E., D.D.S.	3474 GULF BREEZE PKWY		GULF BREEZE	FL	32563		
D-345	593613188	SCOTT SCHEURICH,DMD PA	3298 SUMMIT BLVD.	SUITE 6	PENSACOLA	FL	32503		
D-346	582120048	BELINFANTE, ERIK D., MD	P.O. BOX 70188		MARIETTA	GA	30007		
D-347	650719035	SAVELLI, JUAN DMD	DENTAL HEALTH GROUP JENSEN	3251 NW FEDERAL HIGHWAY	JENSEN BEACH	FL	34957		
D-348	200957381	MARK S. DENUNZIO, D.D.S.	6111 NORTH DAVIS HIGHWAY	BUILDING B	PENSACOLA	FL	32504		
D-349	43402127	ASPEN DENTAL ASSOCIATES OF NE, PC	PO BOX 3189		SYRACUSE	NY	13220		
D-350	593687624	SPANISH TRAIL DENTISTRY	4359 SPANISH TRAIL		PENSACOLA	FL	32504		
D-351	593433182	JEFFREY J. KATES, DDS	2136 WEST FAIRFIELD DRIVE		PENSACOLA	FL	32505		
D-352	593450114	KIM U. JERNIGAN,DMD	14 W JORDAN ST STE 2G		PENSACOLA	FL	32501		
D-353	591925220	JAMES E.HALL, DMD	2400 WEST MICHIGAN AVE, SUITE11.		PENSACOLA	FL	32526		
D-354	593333532	NAVARRE FAMILY DENTISTRY	9200-B NAVARRE PARKWAY		NAVARRE	FL	32566		
D-355	650719035	DENTAL HEALTH GROUP AT NORTH PALM BEA	880 US HIGHWAY 1, SUITE 101		NORTH PALM BEACH	FL	33408		
D-356	592454019	STEPHEN F. ZIEMAN, DDS	13 CENTER STREET		GULF BREEZE	FL	32561		
D-357	200015922	ERIC M. SCHEUFLER, DMD	4850 NORTH 9TH AVENUE,BLDG.4		PENSACOLA	FL	32503		
D-358	630731794	MILES F. JONES, D.M.D.	160 NORTH SECTION STREET		FAIRHOPE	AL	36532		
D-359	592246386	R. EDWARD DANIEL, D.M.D.	3961 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-360	593618357	FREDERICK MARSAW, DDS	4300 BAYOU BLVD., SUITE 4		PENSACOLA	FL	32503		
D-361	592252097	LARRY COPENHAVER,DMD	2915 E. CERVANTES ST.		PENSACOLA	FL	32503		
D-362	631086639	WM L WINGO JR, DMD	PO BOX 1337		ROBERTSDALE	AL	36567		
D-363	204075450	ORTHODONTIC SPECIALISTS OF FLORIDA	4400 BAYOU BLVD., SUITE 27		PENSACOLA	FL	32503		
D-364	352162689	ROBERTSDALE DENTAL CENTER	18471 WILTERS ST.		ROBERTSDALE	AL	36567		
D-365	593418340	DR PHILLIP DRLICKA	901 NEW WARRINGTON RD		PENSACOLA	FL	32506		
D-366	593346845	MERKLE, MERKLE, & ASSOCIATES	9 YACHT CLUB DRIVE		FT. WALTON BEACH	FL	32548		
D-367	582515022	MANASCO, TRES H., DMD	PO BOX 967		DAPHNE	AL	36526		
D-368	631266573	NOBLET, RICHARD O., DDS	801 UNIVERSITY BLVD., STE C		MOBILE	AL	36609		
D-369	999999999	FUNDACION CARDIO-INFANTIL INST.	20-60 CONMUTADOR RR		BOGOTA				
D-370	650719035	GLENN CASTRO DDS	7554 S FEDERAL HWY		PORT ST LUCIE	FL	34952		
D-371	710881736	M. SHANNON DAUGHERTY, DMD, PC	200 GROVE PARK LANE	SUITE 600	DOTHAN	AL	36305		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-372	593457258	GEORGE L. TALBERT, DDS.	3961 SPANISH TRAIL ROAD		PENSACOLA	FL	32504		
D-373	205414574	AMANDA W. LANIER	602 N. BRANTLEY STREET		OPP	AL	36467		
D-374	260352207	FRANK DENTREMONT, DMD	P.O. BOX 645	27250-B PERDIDO BEACH BLVI	ORANGE BEACH	AL	36561		
D-375	630798689	CHARLES BLACK III, DMD	4728 AIRPORT BLVD.		MOBILE	AL	36608		
D-376	204337553	ORAL SURGERY SPECIALISTS OF TN, PC	140 EAST DIVISION ROAD STE A1-		OAK RIDGE	TN	37830		
D-377	454237656	COMFORT PLUS FAMILY DENTAL	612 RED LANE RD.		BIRMINGHAM	AL	35215		
D-378	630726980	H. RUSHTON SMITH, DMD	510 13TH STREET		TUSCALOOSA	AL	35401		
D-379	201469783	BLUE RIDGE DENTAL	101 RIVERSTONE VISTA, SUITE 202		BLUE RIDGE	GA	30513		
D-380	464302145	SAVE-ON DENTAL CARE OF ATMORE	P.O. BOX 2161		FOLEY	AL	36536		
D-381	640794475	COLE FORTENERRY, DMD PLLC	P.O. BOX 1547		MADISON	MS	39130		
D-382	202098211	LLOYD FAMILY DENTAL CARE, LLC	132 RIVERSTONE TERRACE, STE 100		CANTON	GA	30114		
D-383	471402765	SHALIMAR FAMILY DENTISTRY	1 ELEVENTH AVE. #D3		SHALIMAR	FL	32579		
D-384	272774214	TARA J. WHEELER, DMD	2122 SOUTH HICKORY STREET		LOXLEY	AL	36551		
D-385	461356722	SWEETWATER DENTISTRY	5915 SWEET WATER CIRCLE		FAIRHOPE	AL	36532		
D-386	271064114	MAGNOLIA FAMILY DENTISTRY, LLC	P.O. BOX 212		ABERDEEN	MS	39730		
D-387	611439470	ASHVILLE FAMILY DENTISTRY LLC	PO BOX 129		ASHVILLE	AL	35953		
D-388	582123592	MOUNTAIN PERIODONTICS	980 EAST MAIN STREET, STE 100		BLUE RIDGE	GA	30513		
D-389	202695442	POPE FAMILY DENTISTRY	184 OLD HWY 431, SUITE D		HAMPTON COVE	AL	35763		
D-390	276488072	CHRISTOPHER B WILEY, DDS	3463 BLUE STAR HWY		SAUGATUCK	MI	49453		
D-391	591673724	JAMES NOLAN FLACH, DDS PA	PO BOX 173		MOUNT DORA	FL	32756		
D-392	631260994	DANIEL A. NIX, DMD	5750 BENTLEY WAY		TRUSSVILLE	AL	35173		
D-393	999999999	KARALA INSTITUTE OF MED SCIENCE	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-394	631036832	AZALEA CITY DENTAL EASTERN SHORE	6593 SPANISH FORT BLVD		SPANISH FORT	AL	36527		
D-395	593349047	DRS. MARCI AND GLENN BECK, P.A.	2929 B. CAPITAL MEDICAL BLVD.		TALLAHASSEE	FL	32308		
D-396	721480708	ROOT CANAL SPECIALISTS OF BATON ROUGE	9804 BLUEBONNET BLVD, STE B		BATON ROUGE	LA	70810		
D-397	813993322	KAITLIN E. BLACKBURN, DDS, PA	466 E NINE MILE RD		PENSACOLA	FL	32514		
D-398	473318992	GABRIEL L. POLO, DDS	9420 COLLEGE PARK DRIVE, STE 230		THE WOODLANDS	TX	77384		
D-399	561133278	MOHORN, MOHORN, MORGAN & BAIRD DDS, PA	1602 BENJAMIN PARKWAY SUITE A		GREENSBORO	NC	27408		
D-400	453943150	DR. EDWARDS FAMILY DENTISTRY	105 WEST 14TH AVE		GULF SHORES	AL	36542		
D-401	452793435	MARY G. METROPOL, DMD	61 BURNDALE LANE		CAMDEN	SC	29020		
D-402	43484642	KROPA DENTAL ASSOCIATES	352 HUMPHREY STREET		SWAMPSCOTT	MA	19070		
D-403	561319745	UNIVERSITY OF NORTH CAROLINA AT CHAPEL	CB#7450		CHAPEL HILL	NC	27599		
D-404	593433182	JEFFREY J. KATES, DDS, PA	1730 E. NINE MILE RD		PENSACOLA	FL	32514		
D-405	742128380	ENDODONTIC ASSOCIATES	6750 WEST LOOP SOUTH 400		BELLAIRE	TX	77401		
D-406	270357091	AMANDA L. GODFREY, DDS	2919 S. GEORGIA		AMARILLO	TX	79109		
D-407	201320927	NORTHWEST ARKANSAS FAMILY DENTAL	659 E APPLEBY RD		FAYETTEVILLE	AR	72703		
D-408	999999999	Acme Physician Associates	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-409	721567614	TODD M BENNETT	3210 OLD SHELL RD		MOBILE	AL	36607		
D-410	562040024	JASON E. BERGMAN, DDS, MS, PA	22 MEDICAL PARK DRIVE, SUITE A		ASHEVILLE	NC	28803		
D-411	999999999	ADVANCED AEROMEDICAL, INC.	3429 CHANDLER CREED RD, SUITE 102		VIRGINIA BEACH	VA	23453		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-412	815278209	NORTON FAMILY DENTISTRY	4322 S CLEVELAND MASSILLON RD SUITE A		NORTON	OH	44203		
D-413	203598345	DR. MARK GONSEWSKI EUFAULA DENTAL	131 E BROAD ST		EUFAULA	AL	36027		
D-414	263156802	MARCUS A. DEMPSEY, DMD, LLC	225 MCFARLAND BLVD STE B		NORTHPORT	AL	35476		
D-415	811138783	Dain Paxton	620 SW Fifth Ave #1006		Portland	OR	97204		
D-416	461508541	ARIA DENTAL CENTER, PLLC	9889 BELLAIRE BLVD. #330		HOUSTON	TX	77036		
D-417	824432158	Fairhope Modern Dental	106 Lottie Lane		Fairhope	AL	36532		
D-418	201608760	CHRISTOPHER C. JERNIGAN	306 CHANNEL DRIVE		COLUMBIA	SC	29229		
D-419	820827214	RONALD ALYN MACBETH, DMD	1045 BROADWAY PARK SUITE 101		HOMEWOOD	AL	35209		
D-420	810866380	GULF COAST DENTAL	7801 HWY 59 STE F		FOLEY	AL	36535		
D-421	464240103	ROBERT D GAMOTIS	111 NORTH 16TH STREET		OPELIKA	AL	36801		
D-422	272336693	ANTUAN L HERRIOTT DMD PA	821 E SYCAMORE ST.		LINCOLNTON	NC	28092		
D-423	823535081	JUAN MARCOS	1293 SOUTH STATE ROAD 7		LAURDALE	FL	33068		
D-424	473775033	NATHAN PFISTER, DDS	200 PARKWEST CIR, SUITE 1		DOTHAN	AL	36303		
D-425	822536222	TIDEWATER, LLC	10025 H.G TRUEMAN RD		LUSBY	MD	20657		
D-426	611016203	RICHARD I COCKE PSC	41 INDUSTRIAL PARKWAY		CALVERT CITY	KY	42029		
D-427	300809703	LAKE PARK DENTAL	2300 LAKE PARK DR SUITE 160		SMYRNA	GA	30080		
D-428	592749071	HOLMES AND SCLAR, PA DBA S FL OMS	7600 RED ROAD, SUITE 101		MIAMI	FL	33143		
D-429	650719035	CANTRELL, CALEEN DDS	13876 N. KENDALL DRIVE		MIAMI	FL	33186		
D-430	650719035	SCOTT,TESSA,D.M.D.	13876 NORTH KENDALL DR		MIAMI	FL	33186		
D-431	721150320	PARKER THOMPSON,DDS	911 GARDEN GATE CIRCLE		PENSACOLA	FL	32504		
D-432	592454019	RENFROE, JAMES F. D.M.D.	13 CENTER STREET		GULF BREEZE	FL	32561		
D-433	270000075	WEST FLORIDA DENTAL CENTER,INC.	2511 S FERDON BLVD		CRESTVIEW	FL	32539		
D-434	270000203	PENSACOLA JR COLLEGE DENTAL	5555 WEST HIGHWAY 98		PENSACOLA	FL	32507		
D-435	270000216	C.D. HARRELL, III, DMD	71-A NORTH SECTION STREET		FAIRHOPE	AL	36532		
D-436	270000365	BONDURANT, R. CHRIS, D.M.D.	27880 N MAIN ST SUITE A		DAPHNT	AL	36526		
D-437	593450114	PENSACOLA FAMILY DENTAL ASSOCIATES	3298 SUMMIT BLVD STE 10		PENSACOLA	FL	32503		
D-438	592056636	ORAL & MAXILLOFACIAL SURGERY	4850 NORTH 9TH AVE	BLDG IV	PENSACOLA	FL	32503		
D-439	270000075	WEST FLORIDA DENTAL CENTER,INC	6601 NORTH DAVIS HWY	SUITE 8	PENSACOLA	FL	32504		
D-440	631036832	AZALEA CITY DENTAL	457 N CRAFT HWY.		CHICKASAW	AL	36611		
D-441	591572328	COMPREHENSIVE DENTAL CENTER	5908 BERRYHILL RD		MILTON	FL	32570		
D-442	270000130	ADVANCED DENTAL CONCEPTS	4041 HIGHWAY 90		PACE	FL	32571		
D-443	593639025	LYONS, THOMAS M., D.M.D.	3298 SUMMIT BLVD. #39		PENSACOLA	FL	32503		
D-444	593624632	SUMMIT DENTAL	PO BOX 30126	4400 BAYOU BLVD #17	PENSACOLA	FL	32503		
D-445	270000159	HIGHTOWER, DOUGLAS D.D.S	5075 CARPENTER CREEK DRIVE		PENSACOLA	FL	32503		
D-446	270000150	LEWIS & RICHMOND, PA, D.D.S	2999 LANGLEY AVE		PENSACOLA	FL	32504		
D-447	270000183	LITVAK, ALLEN L., D.D.S.	6105 N DAVIS HIGHWAY		PENSACOLA	FL	32504		
D-448	721354206	FOLEY FAMILY DENTISTRY	815 NORTH ALSTON STREET		FOLEY	AL	36535		
D-449	270000145	HANSEN, DONALD D.D.S.	2715 GULF BREEZE PARKWAY		GULF BREEZE	FL	32563		
D-450	593761412	EDWIN E. YEE, DMD	6160 N. DAVIS HIGHWAY, SUITE 6		PENSACOLA	FL	32504		
D-451	630813158	J.STEVE SHIRLEY DDS	208 SOUTH 7TH AVE		ATMORE	AL	36502		

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D-452	630719039	DAYTON HART, D.M.D.	225 WEST LAUREL AVENUE		FOLEY	AL	36535		
D-453	631288392	HEALTHWEST DENTAL ASSOCIATES	502 HEALTHWEST DRIVE		DOTHAN	AL	36303		
D-454	593737096	PEDIATRIC DENTISTRY	LAURA B MCAULEY,DDS	6202 N 9TH AVE STE 5	PENSACOLA	FL	32504		
D-455	592004466	DOUGLAS W. HIGHTOWER, DDS	5075 CARPENTER CREEK DR.		PENSACOLA	FL	32503		
D-456	631189932	ROBERT B. BURKHARDT, D.M.D.	116 CRESCENT STREET	P.O. BOX 1126	ANDALUSIA	AL	36420		
D-457	650719035	THOMAS M. KIEFER, DMD	6035 S.E. FEDERAL HWY.		STUART	FL	34997		
D-458	630639132	DRS. TILLERY & TYRRELL	1901 HAND AVE.		BAY MINETTE	AL	36507		
D-459	593414254	FAIRFIELD DENTAL CENTER	4800 W FAIRFIELD DRIVE		PENSACOLA	FL	32506		
D-460	630817972	DRS BLACKMAN AND COPPEJANS	79 MIDTOWN PARK EAST		MOBILE	AL	36606		
D-461	205040334	CHADWICK J MARSHALL, MD	42 BUSINESS CENTRE DE	SUITE 210	MIRAMAR BEACH	FL	32550		
D-462	650719035	WATSON, BRAILLE DMD	7554 S FEDERAL HIGHWAY, SUITE 13		PORT ST LUCIE	FL	34952		
D-463	631167292	EARL D ROGERS, DMD ., P.C.	4736 AIRPORT BOULEVARD		MOBILE	AL	36608		
D-464	650719035	CASTO, GLEN T., DDS	3251 NW FEDERAL HIGHWAY		JENSEL BEACH	FL	34957		
D-465	631081555	WILLIAM R PARSONS, DMD	PO BOX 1917		DAPHNE	AL	36526		
D-466	593720530	JAMES G HART JR DDS	3101-F W. MICHIGAN AVE		PENSACOLA	FL	32526		
D-467	743187480	V. RUSSELL GOELLER,III,DMD,PA	2115 WEST NINE MILE ROAD	STE 1	PENSACOLA	FL	32534		
D-468	582443282	OCONEE DENTAL PC	1590 MARS HILLS RD STE 1		WATKINSVILLE	GA	30677		
D-469	999999999	MISCELLANEOUS DENTAL CARE							
D-470	650719035	VICTOR ORAMAS, DDS	3251 NW FEDERAL HWY		JENSEN BEACH	FL	34957		
D-471	581374420	WORTHY, T. PETER DDS	103 PROFESSIONAL PLAZA		CARROLTON	GA	30117		
D-472	593437017	STEVEN BARRY, DMD	1455 S FERDON BLVD	SUITE D-1	CRESTVIEW	FL	32539		
D-473	650719035	SHANNON SMITH, DMD	6035 SE FEDERAL HIGHWAY		STUART	FL	34997		
D-474	263827888	ANNAMALAI NADARAJAN, D.D.S.	28668 US WHY 98		DAPHNE	AL	36526		
D-475	562413445	PHILLIP A. SIMON, DDS	1913 CAPITAL CIRCLE NE		TALLAHASSEE	FL	32308		
D-476	271206605	THOMAS H. PYRITZ, DDS	8580 UNIVERSITY PARKWAY		PENSACOLA	FL	32514		
D-477	208533765	SPANISH TRAIL DENTAL GROUP, PC	2860 MICHELLE DRIVE, 2ND FLOOR		IRVINE	CA	92606		
D-478	999999999	HRA Reimbursement	2500 N Military Trail	Suite 450	Boca Raton	FL	33431		
D-479	271605689	TROY D. BOSTICK, DDS	2507 NORTH 7TH STREET		WEST MONROE	LA	71291		
D-480	260764356	MALBIS PARKWAY PEDIATRIC DENTISTRY	9807 MCSARA COURT		DAPHNE	AL	36527		
D-481	363427734	WILLIAM P. MURPHY, DDS	24 W. 500 MAPLE AVE. SUITE 218		NAPERVILLE	IL	60540		
D-482	472509941	AGGIE DENTAL CENTER	2350 HWY 29 SOUTH		CANTONMENT	FL	32533		
D-483	474954266	ANTHONY LE, DDS	2850 MONROE STREET		PENSACOLA	FL	32514		
D-484	261079177	SOUTHERN DENTISTRY	8477 A COUNTY ROAD 64, SUITE 3		DAPHNE	AL	36526		
D-485	592220505	LAYNE FAMILY DENTISTRY	19606 SR 20 W, PO BOX 4007		BLOUNTSTOWN	FL	32424		
D-486	943424083	ALAN A. WOOD, DMD	474 MCQUEEN SMITH ROAD SOUTH		PRATTVILLE	AL	36066		
D-487	901076163	FARLEY FAMILY DENTISTRY, LLC	902 EAST RAILROAD STREET		LONG BEACH	MS	39560		
D-488	43684026	DANIEL RICHARDS DMD, LLC	1932 LAUREL RD. STE. 1C		VESTAVIA	AL	35216		
D-489	50522404	COMFORT DENTAL	5505 LOUETTA RD. SUITE A		SPRING	TX	77379		
D-490	541148938	MELANIE WILSON HARTMAN, DMD	5212 B LYNGATE COURT		BURKE	VA	22015		
D-491	452825753	VALUE DENTAL CARE, SPRING HILL	7425 SPRING HILL DRIVE		SPRING HILL	FL	34606		

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D-492	474780023	SHELBY BAPTIST MEDICAL	PO BOX 11407		BIRMINGHAM	AL	35246		
D-493	195249063	DANIEL A NIX DMD PC	5750 BENTLEY WAY		TRUSSVILLE	AL	35173		
D-494	204377828	DINA BAMBREY, DMD, PC	44025 PIPELINE PLAZA #120		ASHBURN	VA	20147		
D-495	591282325	WALTER F BIGGS, DMD	2227 EAST OLIVE ROAD		PENSACOLA	FL	32514		
D-496	352181097	MOBILE BAY DENTAL & VISION	1651 SCHILLINGER RD N		SEMMES	AL	36575		
D-497	562087214	EMILY E. HALL, DDS	45 WEST MARSHALL STREET		WAYNESVILLE	NC	28786		
D-498	205040334	GULF COAST	123 SECOND ST SE		FORT WALTON BEAC	FL	32548		
D-499	464355660	DR THOMAS & MOORE PEDIATRIC DENTISTRY	801-B UNIVERSITY BOULEVARD S		MOBILE	AL	36609		
D-500	451625948	CHRISTOPHER M. DONALD, DMD	1281 MAIN STREET		DAPHNE	AL	36526		
D-501	275334962	MARK KLEIVE, DDS	3176 US 70 HWY		BLACK MOUNTAIN	NC	28711		
D-502	460537980	CANTON HEIGHTS DENTAL	327 HEIGHTS PLACE		CANTON	GA	30114		
D-503	582083726	CECIL B. BRAY, DMD	430 NORTHSIDE DR. EAST, STE 160 PMB 395		STATESBORO	FA	30458		
D-504	470905003	ASHLEY V. MCARTHUR, DMD	P.O. BOX 632		LUCEDALE	MS	39452		
D-505	202466513	MINNITI DENTISTRY, P.C	270 ST. CLAIRE DR. SUITE 104-105		ALPHARETTA	GA	30004		
D-506	463304858	DORAL FAMILY DENTAL	7800 NW 25TH ST STE 11		DORAL	FL	33122		
D-507	631221579	SKYLINE FAMILY DENTAL CARE PC	3977 BURMA RD		MOBILE	AL	36693		
D-508	203886462	DR. JOSEPH W. BRAKOVEC, DDS	215 CENTER PARK DR #900		KNOXVILLE	TN	37922		
D-509	450355988	GOOSE RIVER DENTAL	37 1/2 MAIN ST. E		MAYVILLE	ND	58257		
D-510	283827888	WILLIAM FERGUS	28688 US HWY 98		DAPHNE	AL	36526		
D-511	30416692	CORNELIA DENTAL	105 HIGHLAND AVENUE		CORNELIA	GA	30531		
D-512	591905362	AL M. RIDLEHOOVER	302 WEST SUNSET AVE		PENSACOLA	FL	32507		
D-513	901113089	MADISON DENTAL GROUP	7731 OLD CANTON RD		MADISON	MS	39110		
D-514	270357091	AMARILLO DENTAL WORKS	2919 S. GEORGIA		AMARILLO	TX	79109		
D-515	999999999	Acme Anesthesia Associates	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-516	999999999	Acme Diagnostic Services, Inc.	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-517	999999999	Acme Rehabilitation Center	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-518	593240381	JAMES HO DMD	430 WAYMONT COURT, SUITE 110		LAKE MARY	FL	32746		
D-519	201691777	FAIRHOPE DENTIST	8076 SPRING RUN DRIVE #B		FAIRHOPE	AL	36532		
D-520	999999999	JoAnn A. Yi, M.D.	880 NW 13th St		Boca Raton	F	33486		
D-521	570720911	ANDERSON PERIODONTICS ASSOCIATES	514 REED ROAD		ANDERSON	SC	29621		
D-522	474687217	Naomi K. Norton D.M.D	4400 Bayou Blvd. Bldg #17		Pensacola	FL	32503		
D-523	452836927	H.RADCLIFF BROWN JR. D.M.D	1501 UNIVERSITY BLVD S.		MOBILE	AL	36609		
D-524	382161210	KNOLLWOOD DENTAL CARE	35409 SCHOENHERR RD		STERLING HEIGHT	MI	48312		
D-525	234904107	G.FRANCIS HAJASH	914 JIHNSTOWN RD		BECKLEY	WV	25801		
D-526	474171699	DR. ALEX JEFFREY, DDS	304 GLEN AVENUE		VALAPARAISO	FL	32580		
D-527	621741735	MIDDLE TENNESSEE PROSTHODONICS	1177 OLD HICKORY BLVD. SUITE 102		BRENTWOOD	TN	37027		
D-528	581673317	Drs. Swords and Phelps	205 WALESKA RD , STE 2A		CANTON	GA	30114		
D-529	721376535	SAMI NIZAM	4590 WOODMERE BLVD		MONTGOMERY	AL	36106		
D-530	811959129	NATHANIEL S. DURTSCHI, DMD	1108 AIRPORT BLVD, SUITE B		PENSACOLA	FL	32504		
D-531	200554536	MELODY M. RICHARDSON, DDS	63 W. 6TH STREET		PERU	IN	46970		

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D-532	201144470	CENTRAL CAROLINA OMFS	2081 SHEPHERDS VINEYARD DRIVE	SUITE 100	APEX	NC	27523		
D-533	274480107	Miramar Beach Dental & Othodontics	77 South Shore		Miramar Beach	FL	32555		
D-534	833632933	NISARG PARIKH	85 NIGHTENGALE LN		GULF BREEZE	FL	32561		
D-535	650719035	DHG AT STUART	6035 SE FEDERAL HWY		STUART	FL	34997		
D-536	270000300	PISCHEK, ROBERTO V., D.M.D.	21400 STATE HIGHWAY 59		ROBERTSDALE	AL	36567		
D-537	631271237	RIVERA DENTAL CARE PC	198 COUNTY ROAD 20 WEST		FOLEY	AL	36535		
D-538	593385034	BUCK, WILLIAM G., DDS	6111 N. DAVIS HWY BLDG C		PENSACOLA	FL	32504		
D-539	593584102	JAMES E COVAN JR,DMD	7010 HIGHWAY 98 WEST		PENSACOLA	FL	32506		
D-540	270000045	SHIRLEY, J.STEVE, D.M.D.	208 SOUTH 7TH AVENUE		ATMORE	AL	36502		
D-541	270000100	LIVTAK, MICHAEL D.D.S.	6105 NORTH DAVIS HWY		PENSACOLA	FL	32504		
D-542	593515763	MCLEOD, DONALD S., D.D.S.	6029 NORTH 9TH AVENUE		PENSACOLA	FL	32504		
D-543	630825448	DIXIELAND DENTAL	15622 S. US HWY 213	P.O. BOX 695	MIDLAND CITY	AL	36350		
D-544	270000289	DIXIE DENTAL CENTER	28668 US HWY 98		DAPHNE	AL	36526		
D-545	522781571	KATHY BOSSO,DMD	14 W JORDAN STREET	SUITE 2G	PENSACOLA	FL	32501		
D-546	593503649	HELEN E. TURNER, DMD PA	5603 STEWERT STREET		MILTON	FL	32570		
D-547	592863579	ANDREW ACKER,DMD	4300 BAYOU BLVD. SUITE 11		PENSACOLA	FL	32503		
D-548	631189932	WILLIAM G. KING, JR., D.M.D.	116 CRESENT ST		ANDALUSIA	AL	36420		
D-549	562040024	JASON E. BERGMAN, D.D.S., M.S.	51 THOMPSON STREET	SUITE A	ASHEVILLE	NC	28803		
D-550	420866533	CARY N. SILCOX, D.M.D.	P.O. BOX 940		FRISCO CITY	AL	36445		
D-551	592915275	SOUTHERN DENTAL ASSOCIATES, P.A.	151 W AIRPORT BLVD		PENSACOLA	FL	32505		
D-552	270000400	DENTAL HYGIENE CLINIC	5555 WEST HIGHWAY 98		PENSACOLA	FL	32507		
D-553	631190613	DREADING, JAMES D., DMD	1203 MASON RIDGE DR.		DEMOPOLIS	AL	36732		
D-554	593189433	E.A. NOLAND, DDS	4790 N. 9TH AVE.		PENSACOLA	FL	32503		
D-555	593218909	J.E. PEWITT, DMD	1371 COUNTRY CLUB ROAD		GULF BREEZE	FL	32563		
D-556	591792595	LEWIS AND RICHMOND, PA	2999 LANGLEY AVE.		PENSACOLA	FL	32504		
D-557	233560083	CHARLES C. WHITE,JR.,DDS	4300 BAYOU BLVD.,STE.22		PENSACOLS	FL	32503		
D-558	593394842	MARION DENTAL GROUP	9277 S.E. MARICAMP ROAD		OCALA	FL	34472		
D-559	202152534	E.R SONNY DAVIS, DMD	362 N.W. BEAL PARKWAY, STE. 105		FT. WALTON	FL	32548		
D-560	631226176	ELBERTA FAMILY DENTIST	P.O. BOX 412		ELBERTA	AL	36530		
D-561	592915275	ANDREW E TRAMMELL,DMD	151 W AIRPORT RD		PENSACOLA	FL	32505		
D-562	631240256	ROBERT G EMBLOM, DMD	318 HEALTHWEST DRIVE		DOTHAN	AL	36303		
D-563	593531701	J SCOTT BOOKER MD	41 C FAIRPOINT DRIVE		GULF BREEZE	FL	32581		
D-564	631086639	KEETH M LANE JR, DDS	PO BOX 1337		ROBERTSDALE	AL	36567		
D-565	264963221	PARKER, MICHAEL C., DMD	8630 UNIVERSITY PARKWAY		PENSACOLA	FL	32514		
D-566	593294416	WILLIAM MARCHI DDS	6107 TIPPIN AVE		PENSACOLA	FL	32504		
D-567	270000345	CORDOVA DENTAL CENTER	5120 BAYOU BLVD	SUITE 4	PENSACOLA	FL	32503		
D-568	522781571	KATHY BOSSO, DMD	PENSACOLA FAMILY BENTAL ASSSOCI	3298 SUMMIT BLVD. STE. 10	PENSACOLA	FL	32503		
D-569	260641769	ADVANCED DENTAL CENTER, PA	6601 N DAVIS HWY, SUITE 8		PENSACOLA	FL	32504		
D-570	52480859	K. ALLEN BLACKMON, DMD	P O BOX 248		TROY	AL	36081		
D-571	593527066	NANCY E. PHILLIPS, DDS., PA	428 EAST COLLEGE AVE.		TALLAHASSEE	FL	32301		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-572	20588986	AFFORDABLE DENTURES - BATON ROUGE	9745 AIRLINE HWY		BATON ROUGE	LA	70816		
D-573	262741873	EMERALD COAST FAMILY DENTISTRY	910 GARDEN GATE CIRCLE		PENSACOLA	FL	32504		
D-574	9999	LESTER, GREENE & McCORD INS.	115 W. LAUDERDALE ST.		TULLAHONA	TN	37388		
D-575	650719035	DAVID ENGELSBERG, DDS	3251 NW FEDERAL HWY		JENSEN BEACH	FL	34957		
D-576	562104274	JAMES J. TEAGUE, III	6 YORKSHIRE STREET, SUITE A		ASHEVILLE	NC	28803		
D-577	592924021	UCF DENTAL CENTER	PO BOX 163333		ORLANDO	FL	32816		
D-578	274194873	MICHAEL P. MILLER, DMD	25469 HWY 59 S.		LOXLEY	AL	36551		
D-579	582473714	SOUTH ALABAMA ORTHODONTICS	6491 JORDAN ROAD		DAPHNE	AL	36526		
D-580	272187032	JAMES R. DEATHERAGE, DMD, PC	422 DOUGLAS AVENUE		BREWTON	AL	36426		
D-581	463697870	ALLGOOD DENTISTRY	2004 US HWY 98	SUITE F	DAPHNE	AL	36526		
D-582	721383657	NORTHCUTT DENTAL PRACTICE	900 MCMEANS AVE		BAY MINETTE	AL	36507		
D-583	463189446	FISHBEIN ORTHODONTICS	4900 MARKETPLACE ROAD		PENSACOLA	FL	32504		
D-584	273600932	SPOTLIGHT FAMILY DENTAL, LLC	9800 SANDERS RD. #200		CUMMING	GA	30041		
D-585	474075388	HENRY F. PRUETT, JR., DDS	466 E. NINE MILE ROAD		PENSACOLA	FL	32514		
D-586	461739591	OAK PARK DENTAL, LLC	98 OAK PARK DRIVE		TROY	AL	36079		
D-587	471159041	JEFFREY JENTZSCH, DMD	1730 CHAMBERS ST.		EUGENE	OR	97402		
D-588	382082298	PETER G MASON DDS PC	110 DRYDEN		HART	MI	49420		
D-589	205063468	BENJAMIN A. CRUNK	980 MAIN ST.		MONTEVALLO	AL	35115		
D-590	464633765	PENSACOLA KIDS DENTISTRY	4541 NORTH DAVIS HWY. SUITE 6B		PENSACOLA	FL	32503		
D-591	463697876	ALLGOOD DENTISTRY	2004 US HWY 98, SUITE F		DAPHNE	AL	36526		
D-592	760537624	JENNIFER T MEYERS, DDS	5001 BISSONNET ST SUITE 101		BELLAIRE	TX	77401		
D-593	473752764	DONALD HALE DENTAL GROUP, INC.	301 EAST 1ST STREET		BAY MINETTE	AL	36507		
D-594	208250764	ELISE ASHPOLE, DMD	1775 CLAIRMONT RD.		DECATUR	GA	30033		
D-595	592454019	PHILIP L. GIBSON, DMD	13 CENTER STREET		GULF BREEZE	FL	32561		
D-596	473081479	STEPHEN H SPECK, D.D.S	6470 TIPPIN AVENUE		PENSACOLA	FL	32504		
D-597	202455551	BAY PEDIATRIC & ADOLESCENT DENTISTRY	115 LOTTIE LANE		FAIRHOPE	AL	36532		
D-598	582120048	ATLANTA ORAL & FACIAL SURGERY	12 BOWEN COURT		CARTESVILLE	GA	30120		
D-599	454910013	PRESTIGE DENTISTRY, LLC	38585 HWY 42		PRAIRIEVILLE	LA	70769		
D-600	999999999	CIGNA CORPORATION	PO BOX 645014		CINCINNATI	OH	45264		
D-601	263230259	J.W. SWINDLE D.D.S.	119 MAIN STREET		BONIFAY	FL	32425		
D-602	264265208	DRS. O'DONNELL AND WILLIS	4720 AIRPORT BLVD		MOBILE	AL	36608		
D-603	510467892	BRYAN BERGENS, DDS	724 S. BEACH STREET		DAYTONA BEACH	FL	32114		
D-604	351764921	JAMES E. EASH, DDS	911 AIGNER DRIVE		BOONVILLE	IN	47601		
D-605	472321806	MACKENZIE DENTISTRY	5100 S. CLYDE MORRIS BLVD., STE. 200		PORT ORANGE	FL	32127		
D-606	814430736	PATTERSON FAMILY SMILES LLC	436 WARWOMAN RD		CLAYTON	GA	30525		
D-607	999999999	Barry Family Chiropractic, Inc.	30 West Mission St, #2		Santa Barbara	CA	93101		
D-608	472613367	RED HILLS ENDODONTICS	3101 CAPITAL MEDICAL BLVD		TALLAHASSEE	FL	32308		
D-609	630655746	BARRY L. BOOTH, DMD, PC	PO BOX 7406		SPANISH FORT	AL	36577		
D-610	204594785	MARIAN K KEEFE DMD	7220 PINE FOREST ROAD		PENSACOLA	FL	32526		
D-611	582089815	BEACHTON DENTAL CENTER	2515 US-319		THOMASVILLE	GA	31792		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-612	631133538	C.D. HARRELL III, DMD, PC	71-A NORTH SECTION STREET		FAIRHOPE	AL	36532		
D-613	463731190	Ottesen Family Dentistry	1536 E John Sims Pkwy		Niceville	FL	32578		
D-614	462589040	PERIODONTAL & IMPLANTS CENTER OF ROCKI	4803 BOARDWALK DR STE 110		FORT COLLINS,CO 80	CO	80825		
D-615	521726942	PAMELA J.EVANS	615 A1A NORTH STE 103		POINTE VEDRA BEAC	FL	32082		
D-616	821794848	TALLAHASSEE DENTAL ASSOCIATES PLLC	2929 B CAPITAL MEDICAL BLVD		TALLAHASSEE	FL	32308		
D-617	462958350	FIRST CARE DENTAL ASSOCIATES	2274 WEDNESDAY STREET		TALLAHASSEE	FL	32308		
D-618	460610971	FRANK DENTREMONT DMD	12342 FOLEY BEACH WAY		FOLEY	AL	36535		
D-619	582120048	ATLANTA ORAL & FACIAL SURGERY, LLC	P.O. BOX 70188		MARIETTA	GA	30007		
D-620	999999999	MISCELLANEOUS CHIROPRACTIC							
D-621	270000008	WOODFIN CABASSA ORTHODONTICS	4857 NORTH NINTH AVE		PENSACOLA	FL	32503		
D-622	542089891	K. GLENN BROOKS, D.D.S.	ORTHODONTICS FOR CHILDREN AND A	5514 N DAVIS BLVD BLDG E ST	PENSACOLA	FL	32503		
D-623	650719035	RICHARD S. KRAMER, DDS	DENTAL HEALTH GROUP @ JENSEN	3251 NW FEDERAL HWY	JENSEN BEACH	FL	34957		
D-624	270000222	ROBINSON, REESE J., D.M.D.	102 MASON STREET		BREWTON	AL	36426		
D-625	591783017	GILMORE FAMILY DENTISTRY	1759 CREIGHTON ROAD		PENSACOLA	FL	32504		
D-626	631150135	GARY SIBERNAGEL, D.M.D.	P.O.BOX 919	2124 RINGOLD ST.	FLOMATON	AL	36441		
D-627	270000066	NORTHWEST FL ORTHODONTIC SPECIALISTS	4400 BAYOU BLVD #30A		PENSACOLA	FL	32503		
D-628	270000237	JOHNSTON AND STAVELY, DMD	1560 AIRPORT BLVD		PENSACOLA	FL	32514		
D-629	270000052	OTTLEY, J.C., D.D.S.	5908 BERRYHILL ROAD		MILTON	FL	32570		
D-630	270000062	WEST FLORIDA PERIODONTAL ASSOCIATION	6111 NORTH DAVIS HIGHWAY BULDING B		PENSACOLA	FL	32504		
D-631	593715535	BONNIN, STU D.M.D.	3201 EAST OLIVE ROAD	SUITE B	PENSACOLA	FL	32514		
D-632	270000149	JOHNSTON & STAVELY D.M.D.	1560 AIRPORT BLVD		PENSACOLA	FL	32514		
D-633	630731794	DR.MILES F.JONES	160 N SECTION STREET		FAIRHOPE	AL	36532		
D-634	593624632	NAN H MULLINS DMD	SUMMIT DENTAL	5514 N DAVIS HWY	PENSACOLA	FL	32503		
D-635	593394842	MARION DENTAL GROUP	13700 U.S. HIGHWAY 441		LADY LAKE	FL	32159		
D-636	420783768	MARCUS L. MANNING, D.M.D.	P.O. BOX 2348		GULF SHORES	AL	36547		
D-637	592878913	CHARLES D. STAVLEY	1560 AIRPORT BOULEVARD		PENSACOLA	FL	32504		
D-638	582159658	MIGUEL A. BERNAL,DDS	2401 BUENA VISTA STREET		PENSACOLA	FL	32503		
D-639	630731794	SCOTT COLEMAN, D.M.D.	160 NORTH SECTION STREET		FAIRHOPE	AL	36532		
D-640	591870851	MARCUS E. PAUL, DMD	555 BRENT LANE		PENSACOLA	FL	32503		
D-641	522133878	MIDTOWN DENTAL CENTER OF PENSACOLA	1108-B AIRPORT BLVD	STE B	PENSACOLA	FL	32504		
D-642	593301650	RANDALL J. COLE, D.D.S.	5474 HIGHWAY 90 WEST		PACE	FL	32571		
D-643	650719035	CASSIA BARROS, DDS	16110 JOG ROAD, SUITE 101		DELRAY BEACH	FL	33446		
D-644	582515022	TRES H. MANAXCO, DMD	27695 US HWY 98		DAPHNE	AL	36526		
D-645	593414254	JAMES K. MARTIN, DMD	4800 W FAIRFIELD DR		PENSACOLA	FL	32505		
D-646	593414254	DEAN B MANNING,DMD	4800 E FAIRFIELD DRIVE		PENSACOLA	FL	32506		
D-647	203014003	I.R. LESTER, D.D.S.	4311 GULF BREEZE PKWY		GULF BREEZE	FL	32563		
D-648	593707985	DR. JAY BOATWRIGHT, III, DMD	914 E.ROYCE ST.		PENSACOLA	FL	32503		
D-649	631087721	JOHN BRACKETT DMD	25771 CANAL ROAD	DOC OF THE BAY	ORANGE BEACH	AL	36561		
D-650	232449454	SUSQUEHANNA PHYSICIAN SERVICES	PO BOX 3127		WILLIAMSPORT	PA	17701		
D-651	590824362	CHARLES O CROOKE, MD	3 WEST GARDEN STREET		PENSACOLA	FL	20394		

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D-652	591572232	WILLIAM KELLY ROARK DDS	202 HOSPITAL DRIVE		FORT WALTON BEAC	FL	32548		
D-653	591282328	ADKINS & ADKINS DDS	2227 E. OLIVE RD		PENSACOLA	FL	32514		
D-654	631047249	MILLER, B. KEITH, DMD	420 DOUGLAS AVE.		BREWTON	AL	36426		
D-655	263179150	R. EDWARD DANIEL, DMD	3961 SPANISH TRAIL RD		PENSACOLA	FL	32504		
D-656	200047883	EARL STUBBLEFIELD, DMD, PC	508 AZALEA DRIVE		OXFORD	MS	38655		
D-657	460485428	PREMIER DENTAL CARE	2965 GERMANTOWN ROAD SUITE 129		BARLETT	TN	38133		
D-658	593105246	ESCAMBIA COMMUNITY CLINICS	2200 NORTH PALAFOX STREET		PENSACOLA	FL	32501		
D-659	205691784	ASPEN DENTAL	P.O. BOX 3189		SYRACUSE	NY	13220		
D-660	200185918	COMFORTABLE CARE PA	1695 WELLS ROAD		ORANGE PARK	FL	32073		
D-661	593331216	COMFORT DENTAL CARE & ORTHODONTICS	5710 N DAVIS HWY, UNIT 1		PENSACOLA	FL	32503		
D-662	263648557	PENSACOLA ENDODONTICS LLC	3298 SUMMIT BLVD #24		PENSACOLA	FL	32503		
D-663	208815907	PORT ROYAL ORAL SURGERY, PA	1235 LADYS ISLAND DRIVE		PORT ROYAL	SC	29935		
D-664	452939829	DOUGLAS W. HIGHTOWER, DDS	3201 E. OLIVE ROAD, SUITE A		PENSACOLA	FL	32514		
D-665	999999999	Generations Family Counseling	25524 Heathfield Circle		South Riding	VA			
D-666	208939949	EMERALD COAST ENDODONTICS	42 BUSINESS CENTER DRIVE SUITE 311		DESTIN	FL	32550		
D-667	272811215	GULF COAST FACIAL & ORAL SURGERY	4400 BAYOU BLVD. SUITE 44A		PENSACOLA	FL	32503		
D-668	455145680	DESERT PEARL DENTISTRY	73-925 HWY 111, SUITE A		PALM DESERT	CA	92260		
D-669	472392370	MOUNTAIN PEAK DENTAL	421 STATE STREET		HAMILTON	MT	59840		
D-670	455479373	KRANTZ DENTAL CARE	12058 SAN JOSE BLVD. STE 102		JACKSONVILLE	FL	32223		
D-671	592110313	E. LYNN MCLARTY, DDS	1919 MICCOSUKEE ROAD		TALLAHASSEE	FL	32308		
D-672	270000070	THOMAS H. PYRITZ, D.D.S., P.A.	5527 STEWART ST		MILTON	FL	32570		
D-673	760283092	DAVE S. CARPENTER, DDS	3560 DELAWARE, SUITE 1003		BEAUMONT	TX	77706		
D-674	202953443	HONEA FAMILY DENTISTRY	10015 US-280		STERRETT	AL	35147		
D-675	593446353	BRYAN GERSTENBERG, DDS	905 GARDEN GATE CIRCLE		PENSACOLA	FL	32504		
D-676	999999999	RESOURCE MEDICAL GROUP	AZTEC MEDICAL CT		DUNCAN	SC	29334		
D-677	473753747	NORTH ALABAMA ORAL AND FACIAL SURGERY	44 HUGHES RD STE 1500		MADISON	AL	35758		
D-678	630957841	TRUSSVILLE DENTISTRY, PC	3713 MARY TAYLOR ROAD		BIRMINGHAM	AL	35235		
D-679	263960928	EAST ELLIJAY FAMILY & COSMETIC DENTISTRY	21 WESTBROOK COURT		EAST ELLIJAY	GA	30536		
D-680	201104372	WALTER M. DAVIES III, DDS	7614 E. 91ST STREET, SUITE 120		TULSA	OK	74133		
D-681	452475239	ADAM WHITE, DMD	1350 SPRING ST, SUITE 600		ATLANTA	GA	30309		
D-682	465494711	ADVANCED DENTAL CONCEPTS	4041 HIGHWAY 90		PACE	FL	32571		
D-683	203297290	T. JILL PARKER, DDS	2313 STARMOUNT CIRCLE		HUNTSVILLE	AL	35801		
D-684	455209278	MAIN STREET DENTAL OF CARTERSVILLE PC	328 EAST MAIN ST STE 102		CARTERSVILLE	GA	30120		
D-685	208561668	MCMURPHY ORTHODONTICS	9808 MCSARA CT.		SPANISH FORT	AL	36526		
D-686	721430586	AFFORDABLE DENTAL CARE	5151 PLANK RD. STE 17-A		BATON ROUGE	LA	70805		
D-687	264712594	CAPE VISTA DENTAL	942 SAXON BLVD SUITE A		ORANGE CITY	FL	32763		
D-688	455404885	GEORGE E. HANNA, JR., DDS, PA	1608 BENJAMIN PARKWAY		GREENSBORO	NC	27408		
D-689	452802814	EDMOND PEDIATRIC AND TEEN DENTISTRY	101 S. SAINTS BLVD, SUITE 212		EDMOND	OK	73034		
D-690	201715319	WOO ENDODONTICS	4508 HOLLY SPRINGS PARKWAY SUITE 2		CANTON	GA	30115		
D-691	620976539	TERRY D SAWYER, DDS	5651 FRIST BLVD, STE 301		HERMITAGE	TN	37076		

Reference Number	Tax ID	Provider Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider State	Provider Office ZIP Code	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
D-692	364807780	EMERGENCY DENTAL CARE - ALTAMONTE	745 ORIENTA AVE, STE 1071		ALTAMONTE SPRINGS	FL	32701		
D-693	999999999	Acme Dental Care Group	2500 N MILITARY TRAIL SUITE 450		BOCA RATON	FL	33431		
D-694	263960928	EAST ELLIJAY FAMILY & COSMETIC DENTISTRY	21 WESTBROOK COURT		ELLIJAY	GA	30536		
D-695	450475803	SHARON S. CHEN DDS PA	136 N PARTIN DRIVE		NICEVILLE	FL	32578		
D-696	721156686	DANIEL HARRIS DDS	3100 GALLERIA DR	STE 202	METARIE	LA	70001		
D-697	263801121	MICH B MCKENZIE DDS	2986 GRANDVIEW AVE NE		ATLANTA	GA	30305		
D-698	541347237	CHARLES L SOURS JR.DDS	12606 A LAKE RIDGES		WOODBRIDGES	VA	22192		
D-699	811508460	ERIN A. SHIVELER DMD	2027 THOMASVILLE RD SUITE101		TALLAHASSEE	FL	32308		
D-700	841529601	SPRING CREEK DENTAL PLLC	2001 S SHIELDS STREET	BLDG C1	FORT COLLINS	CO	80526		
D-701	463039595	Aaron M.Cook DMD	530 32nd Street South		Birmingham	AL	35233		
D-702	825047428	THOMAS RYAN MCPHERSON DMD	41 FAIRPOINT DRIVE STE A		GULF BREEZE	FL	32561		
D-703	50522986	Dr. KAREN BAILEY	2322 COPTER ROAD		PENSACOLA	FL	32514		
D-704	581588358	H. PAUL WALLS. DMD	601 DIXIE STREET		CARROLLTON	GA	30117		
D-705	542072703	WILLIAMS & BUSH PARTNERSHIP	PO BOX 670		LEESBURG	GA	31763		
D-706	330776831	PETER SOL WARSHAWSKY	44-550 VILLAGE COURT SUITE 102		PALM DESERT	CA	92260		
D-707	999999999	SILVER LAKE FAMILY DENTAL	9611 W. 165TH ST SUITE 14		ORLAND PARK	IL	60467		

Empower Results®

Request for Proposal (RFP) for Escambia County Scho

Network Access

PLEASE READ INSTRUC

ACTIVE		
ZIP	STD_CLASS	Total Employees
30533	R	1
32211	U	1
32501	U	104
32502	S	36
32503	S	324
32504	S	253
32505	S	198
32506	S	327
32507	S	233
32514	S	396
32516	S	1
32523	U	3
32524	U	2
32526	R	454
32530	R	1
32533	R	449
32534	S	192
32535	R	53
32536	R	2
32539	R	5
32542	R	1
32548	S	1
32560	R	3
32561	R	41
32563	S	64
32564	R	1
32565	R	10
32566	R	24
32568	R	56
32569	S	1
32570	R	52
32571	R	123
32572	R	3
32575	U	1
32577	R	79

RETIRE	
ZIP	STD_CLASS
01719	R
01970	U
06410	R
12302	R
20176	R
20636	R
22192	S
27292	R
27312	R
27523	R
28080	R
28711	R
28734	R
28779	R
28805	R
29223	R
29356	R
29627	R
29640	R
29902	R
30030	U
30038	R
30040	R
30092	U
30097	S
30114	R
30116	R
30143	R
30265	R
30513	R
30523	R
30560	R
31639	R
32055	R
32086	R

32583	R	51
35022	R	1
36426	R	3
36441	R	2
36475	R	2
36502	R	21
36504	R	1
36505	R	1
36507	R	4
36526	R	6
36527	R	7
36530	R	5
36532	R	3
36535	R	3
36542	R	3
36544	R	1
36549	R	16
36551	R	5
36561	R	8
36562	R	1
36567	R	9
36571	R	1
36574	R	5
36579	R	1
36580	R	1
36605	S	1
36606	S	1
36608	R	1
36693	S	1
38701	R	1

32259	R
32303	S
32309	R
32312	R
32317	R
32413	R
32423	R
32427	R
32433	R
32435	R
32449	R
32462	R
32464	R
32501	U
32502	S
32503	S
32504	S
32505	S
32506	S
32507	S
32513	S
32514	S
32516	S
32523	U
32524	U
32526	R
32530	R
32531	R
32533	R
32534	S
32535	R
32536	R
32540	S
32547	S
32560	R
32561	R
32562	R
32563	S
32565	R
32566	R
32568	R
32570	R
32571	R
32577	R
32583	R
32591	U

32592	U
32606	S
32713	R
32757	R
32765	S
32826	S
32835	U
32904	R
33559	S
33567	R
33803	S
33913	R
34208	S
34209	S
34428	R
34609	S
34787	R
35007	R
35010	R
35043	R
35058	R
35085	R
35146	R
35210	S
35243	S
35401	R
35763	R
35953	R
36027	R
36049	R
36072	R
36081	R
36301	R
36303	R
36305	R
36401	R
36420	R
36421	R
36426	R
36427	R
36460	R
36483	R
36502	R
36504	R
36507	R
36526	R
36527	R

36530	R
36532	R
36535	R
36547	R
36549	R
36551	R
36561	R
36562	R
36567	R
36574	R
36576	R
36577	R
36748	R
36804	R
37076	R
37122	R
37181	R
37246	S
37330	R
37377	R
37862	R
38002	R
38462	R
38464	R
38501	R
38558	R
39440	S
39452	R
39459	R
39507	S
39560	R
39563	R
44310	U
48088	U
58240	R
59714	R
59801	U
59870	R
65301	R
66049	R
70070	R
70422	R
70769	R
74101	U
75114	R
75148	R
77384	R

77389	R
77651	S
78676	R
78723	U
79121	U
80545	R
80831	R
80924	S
92201	U
93277	S
98058	S

ol District (ECSD)

TIONS ON NEXT TAB

ES
Total Employees
1
1
1
1
1
1
2
1
1
1
1
1
1
1
1
1
2
1
1
1
1
1
1
2
1
1
2
1
1
1
3
1
1
1
1
1

COMBINED		
ZIP	STD_CLASS	Total Employees
01719	R	1
01970	U	1
06410	R	1
12302	R	1
20176	R	1
20636	R	1
22192	S	2
27292	R	1
27312	R	1
27523	R	1
28080	R	1
28711	R	1
28734	R	1
28779	R	1
28805	R	2
29223	R	1
29356	R	1
29627	R	1
29640	R	1
29902	R	1
30030	U	1
30038	R	1
30040	R	2
30092	U	1
30097	S	1
30114	R	2
30116	R	1
30143	R	1
30265	R	1
30513	R	3
30523	R	1
30533	R	1
30560	R	1
31639	R	1
32055	R	1

32086	R	1
32211	U	1
32259	R	1
32303	S	1
32309	R	1
32312	R	2
32317	R	1
32413	R	1
32423	R	1
32427	R	1
32433	R	3
32435	R	1
32449	R	1
32462	R	1
32464	R	1
32501	U	156
32502	S	49
32503	S	598
32504	S	478
32505	S	298
32506	S	481
32507	S	343
32513	S	5
32514	S	633
32516	S	6
32523	U	6
32524	U	8
32526	R	684
32530	R	4
32531	R	1
32533	R	658
32534	S	279
32535	R	77
32536	R	3
32539	R	5
32540	S	1
32542	R	1
32547	S	1
32548	S	1
32560	R	13
32561	R	86
32562	R	3
32563	S	96
32564	R	1
32565	R	11
32566	R	30

1
1
1
2
1
1
1
1
3
1
1
1
1
52
13
274
225
100
154
110
5
237
5
3
6
230
3
1
209
87
24
1
1
1
10
45
3
32
1
6
20
17
64
35
28
2

1	32568	R	76
1	32569	S	1
1	32570	R	69
1	32571	R	187
1	32572	R	3
1	32575	U	1
1	32577	R	114
2	32583	R	79
1	32591	U	2
1	32592	U	1
1	32606	S	1
1	32713	R	1
1	32757	R	1
1	32765	S	1
1	32826	S	1
1	32835	U	1
1	32904	R	2
1	33559	S	1
1	33567	R	1
1	33803	S	1
1	33913	R	1
1	34208	S	1
1	34209	S	1
1	34428	R	1
1	34609	S	1
1	34787	R	1
1	35007	R	1
1	35010	R	1
1	35022	R	1
1	35043	R	1
1	35058	R	1
1	35085	R	1
1	35146	R	1
1	35210	S	1
2	35243	S	1
1	35401	R	1
1	35763	R	1
1	35953	R	1
2	36027	R	1
2	36049	R	1
1	36072	R	1
1	36081	R	1
7	36301	R	1
1	36303	R	1
1	36305	R	2
3	36401	R	1
2	36420	R	1

2	36421	R	1
2	36426	R	5
2	36427	R	2
1	36441	R	2
7	36460	R	1
1	36475	R	2
2	36483	R	1
1	36502	R	28
4	36504	R	2
4	36505	R	1
3	36507	R	5
1	36526	R	9
1	36527	R	9
1	36530	R	7
1	36532	R	5
1	36535	R	5
1	36542	R	3
1	36544	R	1
1	36547	R	1
1	36549	R	23
1	36551	R	6
1	36561	R	10
1	36562	R	2
1	36567	R	13
1	36571	R	1
1	36574	R	9
1	36576	R	3
1	36577	R	1
1	36579	R	1
1	36580	R	1
1	36605	S	1
1	36606	S	1
1	36608	R	1
1	36693	S	1
1	36748	R	1
1	36804	R	1
1	37076	R	1
1	37122	R	1
1	37181	R	1
1	37246	S	1
1	37330	R	1
1	37377	R	1
1	37862	R	1
1	38002	R	1
1	38462	R	1
1	38464	R	1
1	38501	R	1

1
1
1
1
1
1
1
2
1
1
1

38558	R	1
38701	R	1
39440	S	1
39452	R	1
39459	R	1
39507	S	1
39560	R	1
39563	R	1
44310	U	1
48088	U	1
58240	R	1
59714	R	1
59801	U	1
59870	R	1
65301	R	1
66049	R	1
70070	R	1
70422	R	1
70769	R	1
74101	U	1
75114	R	1
75148	R	1
77384	R	1
77389	R	1
77651	S	1
78676	R	1
78723	U	1
79121	U	1
80545	R	1
80831	R	1
80924	S	2
92201	U	1
93277	S	1
98058	S	1

Empower Results®

Request for Proposal (RFP) for Escambia County School District (ECSD)

Network Access

Network Access Instructions (click on below embedded link to open up file)

Microsoft Word Document

Regarding the Network Access

We are requesting **3 cuts of data**: 1) Active; 2) Retiree; 3) Combined;

Please provide results based on the networks you are proposing in your RFP;

Use "estimated driving distance" for calculating distances;

Ensure that the results are sent in a Microsoft Office Access Database (.accdb extension) and that the Access tables are named in accordance with the detailed instructions

Please use the zip codes that I have provided in the Excel workbooks attached even if you have received other enrollment files from us for other projects. To ensure that the counts match, please do not remove employees without access (i.e., the EMPSFILTER, PCTFILTER should equal 0). The employee counts for your reference are:

Actives

Geo Class	Total Employees	Number of ZIPs
Rural	1,521	45
Suburban	2,029	15
Urban	111	5
Total	3,661	65

Retirees

Geo Class	Total Employees	Number of ZIPs
Rural	857	137
Suburban	1,266	33
Urban	75	16
Total	2,198	186

All Employees

Geo Class	Total Employees	Number of ZIPs
Rural	2,378	153
Suburban	3,295	38
Urban	186	18
Total	5,859	209

Empower Results®

Request for Proposal (RFP) for Escambia County School District (ECSD)

Discount Analysis - Instructions

The next four (4) tabs are all a part of the Discount Analysis - "Average DPPO Allowed, Average Secondary Allowed, Average Submitted Charges and Max OON Reimbursement". Please read the below instructions and complete each tab as required.

Instructions:

• The average charges by procedure codes **MUST** include both **General Dentists and Specialists**

• The worksheets provide a list of 41 dental procedure codes (column B) and **4** 3-digit Zip Codes (row 12) that creates a matrix for you to enter in the requested information below

• The worksheet contains 4 tabs that must be completed:

- The Average DPPO Allowed tab is asking for the average allowed charges of your deepest discounted network
  * Please be sure to indicate if you are collecting a portion of the retained savings
- The Average Secondary Allowed tab is asking for the average allowed charges of your lesser discounted network (if you offer tiered networks)
  * Please be sure to indicate if you are collecting a portion of the retained savings
- The Average Submitted Charges tab is asking for your average submitted charges

- The Max OON Reimbursement tab is asking for your average maximum plan allowance at the **90th** percentile R&C (row 14)

• We need to have the same network results for the Discount Analysis and Provider Disruption in order to do our analysis

- i.e. If you fill out the Discount Analysis tabs for best and lesser networks, we would need results for the two Provider Disruption networks that cover the best and lesser networks within the ECSD Dental RFP Workbook.

Please enter the Average Owned DPPO allowed charge for General and Specia

Client Name:
Carrier Name:
Network Name:

Is the carrier retaining a portion of the Allowed savings? (Y/N)
If Yes, please indicate the Percentage retained

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated DPPO network discount?

VENDOR NAME has confirmed that all results are inclusive of
VENDOR NAME has acknowledged they have read and followe

3 Digit Zip Code Area	
EE Count	
Class	Code
Class I	00120
	00140
	00150
	00210
	00220
	00230
	00272
	00274
	00330
	01110
	01120
	01208
	01351
	09110
Class II	02140
	02150
	02160
	02161
	02330
	02331
	02332
	02335
	02391
	02392
	03310
	03320
	03330
	04341
	04910
	07140
	07210

	07230
	07240
	09223
Class III	02750
	02752
	02790
	02792
	02920
	02950
	02954

ılist combined for each procedure code in each 3 Digit Zip Code listed

Escambia County School District

both General Dentists AND Specialists.

ed all instructions as outlined within this document.

Description of Service
Periodic Oral Evaluation
Limited Oral Evaluation - Problem Focused
Comprehensive Oral Evaluation - New or Established Patient
Intraoral - Complete Series
Intraoral - Periapical First Film
Intraoral - Periapical Each Additional Film
Bitewings - Two Films
Bitewings - Four Films
Panoramic Film
Prophylaxis - Adult
Prophylaxis - Child
Topical Application of Fluoride (prophylaxis excluded) - Adult or child
Sealant - Per Tooth
Palliative (emergency) Treatment of Dental Pain - Minor Procedure
Amalgam - One Surface, Primary or Permanent
Amalgam - Two Surfaces, Primary or Permanent
Amalgam - Three Surfaces, Primary or Permanent
Amalgam - Four or More Surfaces, Primary or Permanent
Resin-Based Composite - One Surface, Anterior
Resin-Based Composite - Two Surfaces, Anterior
Resin-Based Composite - Three Surfaces, Anterior
Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior
Resin-Based Composite - One Surface, Posterior
Resin-Based Composite - Two Surfaces, Posterior
Anterior (excluding final restoration)
Bicuspid (excluding final restoration)
Molar (excluding final restoration)
Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
Periodontal Maintenance
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)
Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or

Removal of Impacted Tooth - Partially Bony
Removal of Impacted Tooth - Completely Bony
Deep Sedation/General Anesthesia - First 15 Minutes
Crown - Porcelain Fused to High Noble Metal
Crown - Porcelain Fused to Noble Metal
Crown - Full Cast High Noble Metal
Crown - Full Cast Noble Metal
Recement Crown
Core Buildup, Including Any Pins
Prefabricated Post and Core in Addition to Crown

ited.

324	325	364	365
10	5,551	16	146
Average Allowed	Average Allowed	Average Allowed	Average Allowed

Please enter the Average Seco

Client Name:
Carrier Name:
Network Name:

Is the carrier retaining a portio

Please confirm your results ar

* If you don't have credible dat

This data may contain confidential

3 Digit Zip Code Area	
EE Count	
Class	Code
Class I	00120
	00140
	00150
	00210
	00220
	00230
	00272
	00274
	00330
	01110
	01120
	01208
	01351
	09110
Class II	02140
	02150
	02160
	02161
	02330
	02331
	02332
	02335
	02391
	02392
	03310
	03320
	03330
	04341
	04910
	07140
	07210
	07230
	07240
	09223
Class III	02750
	02752
	02790

	02792
	02920
	02950
	02954

ndary or Leased PPO allowed charge for General and Specialist combined for each procedure

Escambia County School District

n of the Allowed savings? (Y/N)

If Yes, please indicate the Percentage retained

e based on Average Allowed Charges.

a for a cell please leave it blank

Description of Service
Periodic Oral Evaluation
Limited Oral Evaluation - Problem Focused
Comprehensive Oral Evaluation - New or Established Patient
Intraoral - Complete Series
Intraoral - Periapical First Film
Intraoral - Periapical Each Additional Film
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Bitewings - Four Films
Panoramic Film
Prophylaxis - Adult
Prophylaxis - Child
Topical Application of Fluoride (prophylaxis excluded) - Adult or child
Sealant - Per Tooth
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Amalgam - Two Surfaces, Primary or Permanent
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Amalgam - Four or More Surfaces, Primary or Permanent
Resin-Based Composite - One Surface, Anterior
Resin-Based Composite - Two Surfaces, Anterior
Resin-Based Composite - Three Surfaces, Anterior
Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior
Resin-Based Composite - One Surface, Posterior
Resin-Based Composite - Two Surfaces, Posterior
Anterior (excluding final restoration)
Bicuspid (excluding final restoration)
Molar (excluding final restoration)
Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
Periodontal Maintenance
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)
Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or
Removal of Impacted Tooth - Partially Bony
Removal of Impacted Tooth - Completely Bony
Deep Sedation/General Anesthesia - First 15 Minutes
Crown - Porcelain Fused to High Noble Metal
Crown - Porcelain Fused to Noble Metal
Crown - Full Cast High Noble Metal

Crown - Full Cast Noble Metal
Recement Crown
Core Buildup, Including Any Pins
Prefabricated Post and Core in Addition to Crown

e code in each 3 Digit Zip Code listed

g of this information is unauthorized and strictly prohibited.

324	325	364	365
10	5,551	16	146
Average Allowed	Average Allowed	Average Allowed	Average Allowed

Please enter the Average Subn

Client Name:
Carrier Name:

* If you don't have credible dat

This data may contain confidential

3 Digit Zip Code Area	
EE Count	
Class	Code
Class I	00120
	00140
	00150
	00210
	00220
	00230
	00272
	00274
	00330
	01110
	01120
	01208
	01351
	09110
Class II	02140
	02150
	02160
	02161
	02330
	02331
	02332
	02335
	02391
	02392
	03310
	03320
	03330
	04341
	04910
	07140
	07210
	07230
	07240
	09223
Class III	02750
	02752
	02790
	02792
	02920
	02950

	02954

nitted charge for General and Specialist combined for each procedure code in each 3 Digit Zip

Escambia County School District

a for a cell please leave it blank

Description of Service
Periodic Oral Evaluation
Limited Oral Evaluation - Problem Focused
Comprehensive Oral Evaluation - New or Established Patient
Intraoral - Complete Series
Intraoral - Periapical First Film
Intraoral - Periapical Each Additional Film
Bitewings - Two Films
Bitewings - Four Films
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Resin-Based Composite - Two Surfaces, Anterior
Resin-Based Composite - Three Surfaces, Anterior
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Resin-Based Composite - One Surface, Posterior
Resin-Based Composite - Two Surfaces, Posterior
Anterior (excluding final restoration)
Bicuspid (excluding final restoration)
Molar (excluding final restoration)
Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
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Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or
Removal of Impacted Tooth - Partially Bony
Removal of Impacted Tooth - Completely Bony
Deep Sedation/General Anesthesia - First 15 Minutes
Crown - Porcelain Fused to High Noble Metal
Crown - Porcelain Fused to Noble Metal
Crown - Full Cast High Noble Metal
Crown - Full Cast Noble Metal
Recement Crown
Core Buildup, Including Any Pins

Prefabricated Post and Core in Addition to Crown

Code listed

g of this information is unauthorized and strictly prohibited.

324	325	364	365
10	5,551	16	146
Average Submitted	Average Submitted	Average Submitted	Average Submitted

Please enter the Requested Max O

Client Name:
Carrier Name:
Max OON Reimbursement:

Name of UCR database:
Date last updated:

* If you don't have credible data fo

This data may contain confidential and

3 Digit Zip Code Area	
EE Count	
Class	Code
Class I	00120
	00140
	00150
	00210
	00220
	00230
	00272
	00274
	00330
	01110
	01120
	01208
	01351
	09110
Class II	02140
	02150
	02160
	02161
	02330
	02331
	02332
	02335
	02391
	02392
	03310
	03320
	03330
	04341
	04910
	07140
	07210
	07230
	07240
	09223
Class III	02750
	02752

	02790
	02792
	02920
	02950
	02954

)ON Plan Reimbursement for General and Specialist combined for each procedure code in eac

Escambia County School District

90th

)r a cell please leave it blank

Description of Service
Periodic Oral Evaluation
Limited Oral Evaluation - Problem Focused
Comprehensive Oral Evaluation - New or Established Patient
Intraoral - Complete Series
Intraoral - Periapical First Film
Intraoral - Periapical Each Additional Film
Bitewings - Two Films
Bitewings - Four Films
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Resin-Based Composite - Three Surfaces, Anterior
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Resin-Based Composite - One Surface, Posterior
Resin-Based Composite - Two Surfaces, Posterior
Anterior (excluding final restoration)
Bicuspid (excluding final restoration)
Molar (excluding final restoration)
Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
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Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or
Removal of Impacted Tooth - Partially Bony
Removal of Impacted Tooth - Completely Bony
Deep Sedation/General Anesthesia - First 15 Minutes
Crown - Porcelain Fused to High Noble Metal
Crown - Porcelain Fused to Noble Metal

Crown - Full Cast High Noble Metal
Crown - Full Cast Noble Metal
Recement Crown
Core Buildup, Including Any Pins
Prefabricated Post and Core in Addition to Crown

ch 3 Digit Zip Code listed

this information is unauthorized and strictly prohibited.

324	325	364	365
10	5,551	16	146
90th OON Reimburse	90th OON Reimburse	90th OON Reimburse	90th OON Reimburse

Electronic Data Collection Reporting Requirements

Reports	Frequency	Report Availability	Able to Provide
Premium vs. Claim	Monthly	All ASO Plans	
Claim Payments by Month	Monthly	All ASO Plans	
Claim Payments by Benefit Type	Monthly	All ASO Plans	
Claim Payments by Patient/Employee	Monthly	All ASO Plans	
Detail Claim Payment	Monthly	All ASO Plans	
Membership by Month	Monthly	All ASO Plans	
YTD payments by Provider	Quarterly	All ASO Plans	
YTD payments by Patient/Employee	Quarterly	All ASO Plans	
YTD payments by ADA code	Quarterly	All ASO Plans	
Distribution of Discounts	Quarterly	All PPO Plans	
Distribution of Other Savings	Quarterly	All PPO Plans	
Network Utilization	Quarterly	All PPO Plans	
Top Dental Providers Ranked by Total Net Paid	Quarterly	All ASO Plans	
Comparative Total Cost per Member per Plan	Quarterly	All ASO Plans	
Distribution of Payment Analysis (Cost Sharing, Plan Costs, and Claims deemed not eligible)	Quarterly	All ASO Plans	
Claim Lag	Annually	All ASO Plans	
Executive Summary Report (includes Analysis, Trend Summary, Enrollment Profile, Total Case Analysis, and Network Analysis	Annually	All ASO Plans	

All ASO Plans: For proposals of Option #1, Option #2 and Option #3
All PPO Plans: For proposals of Option #3

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Performance Guarantees

The District requests each Vendor place a portion of the total annual premium paid / total administration fees at risk, based on the performance measurements outlined below.

Service Category	Expected Standards/Results	% Risk	Vendor Response
Claims Processing Accuracy	Vendor guarantees that 95% of claims will be processed accurately. The percentage of audited client claims processed accurately. Calculated as the total number of audited claims. Definition of "error" includes any type of error that has an affect on the member or provider, e.g. incorrect explanations of benefits or payments. processed without any errors, divided by the total number of audited claims. Each type of error is counted as one full error and no more than one error can be assigned to one claim. Measurement will be Quarterly, with monthly reporting to client. Based on randomly selected statistical audit sample results.	2.00%	
Claim Turnaround Time	Vendor guarantees that 95% of clean claims (claims that do not require audit or PROVIDER consultation adjudication) will be processed within fourteen (14) calendar days or 10 business days. Claims turnaround time includes all working days from the initial receipt of the payment claim with complete information to the date the claim is processed. The day the claim is received will not be included in this calculation. Measurement will be on a client-specific basis, reviewed monthly, reported quarterly and paid annually. Based on	0.50%	
	Vendor guarantees that 98% of clean claims (claims that do not require audit or PROVIDER consultation adjudication) will be processed within fourteen (14) calendar days or ten (10) business days. Claims turnaround time includes all working days from the initial receipt of the payment claim with complete information to the date the claim is processed. The day the claim is received will not be included in this calculation. Measurement will be on a client-specific basis, reviewed monthly, reported quarterly and paid annually. Based on randomly selected statistical audit sample results.	1.50%	
Financial Accuracy	Vendor offers that the percentage of dollars paid accurately will not be less than 99%. Financial (dollar) accuracy is defined as the percentages of dollars paid correctly over the total dollar that should have been paid in the sample. Measurement will be on a client-specific basis, reviewed monthly, reported quarterly and paid annually. Based on randomly selected statistical audit sample results.	2.00%	
Registration and Activity on Website/Portal	Website availability: Vendor guarantees that their website for ECSD employees has 99.8% availability, twenty-four (24) hours a day, seven (7) days a week except for planned maintenance. Measurement will be on a client-specific basis, reviewed and reported semi-annually and paid annually.	1.00%	
Customer Service	Vendor's average speed to answer will be thirty (30) seconds or less for 90% of calls. The Amount of time that elapses between the time a call is received into the phone system to the time answered by a representative (live voice answer). Measurement will be on a client-specific basis, reviewed monthly, reported quarterly and paid annually. Based on randomly selected statistical audit sample results. Vendor will provide a written response within five (5) business days to 90% of enrollees filing a grievance and 98% within(15) days of receipt. Vendor will resolve all Appeals & Grievances within thirty (30) days. 98% of all Appeals & Grievances will be resolved within sixty (60) days. Percent of telephone inquiries completely resolved at the time of initial contact will be no less than 95% within one (1) business day. First call resolution rate is the number of telephone inquiries completely resolved within one (1) business day in which the call was opened divided by the total number of calls received by that service team. Measurement will be on a global basis, reviewed monthly, reported quarterly and paid annually.	2.00%	

Request for Proposal (RFP) for Escambia County School District (ECSD)

Dental Performance Guarantees

The District requests each Vendor place a portion of the total annual premium paid / total administration fees at risk, based on the performance measurements outlined below.

Service Category	Expected Standards/Results	% Risk	Vendor Response
Patient Satisfaction Survey	Vendor will ensure initial survey, follow up survey and annual employee satisfaction surveys be provided.	2.00%	
	Results are to be determined by dividing the number of "satisfied" and "very satisfied" and "neutral" responses by the total number of "satisfied", "very satisfied", "neutral" dissatisfied" and "very dissatisfied" responses.		
	Measurement will be yearly. EX: Initial survey Feb. 2020 annual: Each Feb after 2021		
	Vendor will ensure that 90% of provider satisfaction survey participants will be satisfied or very satisfied.	0.00%	
	Mutually agreed upon survey tool. Statistically valid sample to determine initial satisfaction benchmark. Follow-up survey with results compared to initial benchmark to demonstrate improvement or lack thereof. Annual survey to continue to monitor Contractor's services.		
	Measurement will be yearly. EX: Initial survey Feb. 2020 annual: Each Feb after 2021		
Provider Service	Vendor will ensure that 90% of providers will accept new patients.	2.00%	
	Review panel and determine cumulative open panel access		
	Measurement will be quarterly reported forty-five (45) days following the end of quarter		
ID Cards	Vendor will ensure ID cards will be provided within ten (10) working days from receipt of eligibility information.	2.00%	
	The amount of time elapsed from date of receipt of eligibility information to date ID cards are mailed to members. ID cards for "future" enrollees (reported thirty (30) days prior) will be mailed fourteen (14) business days prior to the effective date.		
	Measurement will be quarterly.		
Account Management	Vendor's account management will exceed or meet ECSD's expectations. Vendor will receive a satisfactory score of three (3) or higher.	$1000 for score below 3 per agency, up to $2,000 max per year. Corrective action plan required to address needed improvement if score is at an unacceptable level.	
	Client will evaluate each member of Administrator's designated Account Management team. Scale is as follows: Score Description 4 Exceeds Expectations 3 Meets Expectations 2 Needs Improvement 1 Unacceptable		
	Measurement will be Semi-annually by joint meeting with each Agency and Contractor no later than sixty (60) days following end of the measuring period.		
Timeliness of Financial Accounting and Renewal Proposals	Vendor will provide Monthly, quarter-to-date, year-to-date paid claims and lag reports within twenty-five (25) days following end of reporting period.	$200 per late report delivered to each agency after the report submission date	
	Client Receipt of Financial reports		
	Measurement will be on a client-specific basis. Monthly within twenty-five (25) days following the end of the month. Quarterly reports within forty-five (45) days following the end of the quarter.		
Plan Booklet Accuracy and Timeliness	Vendor will deliver an electronic copy of the Plan Booklet no later than the first day of the plan year as per the Contract. Vendor will take sole responsibility for the accuracy of the Plan Booklet as per the Contract.	1.00%	
	Measurement will be on a client-specific basis, reported annually and paid annually.		
		TOTAL ANNUAL PREMIUM / ASO ADMINISTRATION FEE AT RISK	

Request for Proposal (RFP) for Escambia County School District (ECSD)

Explanations

This worksheet should be used to provide additional explanations for any questions for which a "See Explanation" response was given. Explanations must be numbered to correspond to the question to which they pertain and they must be brief.

Section & Question #	Explanation:

Empower Results®

Request for Proposal (RFP) for Escambia County School District (ECSD)

Explanations

This worksheet should be used to provide additional explanations for any questions for which a "See Explanation" response was given. Explanations must be numbered to correspond to the question to which they pertain and they must be brief.

Section & Question #	Explanation:

Request for Dental Proposal (RFP) for Escambia County School District (ECSD)

Officer Certification

Please have an Officer review and sign this worksheet to confirm the information is valid.
Please include the completed form with your proposal.

OFFICER'S STATEMENT	
Dental Proposer Legal Name	
Dental Proposer Marketing Name	
Street Address	
City	
State	
Zip	
Phone Number	
Fax Number	
Web Address	
Name of Officer completing statement	
Title of Officer completing statement	
Phone Number of Officer completing statement	
Email Address of Officer completing statement	

I certify that our response to ECSD's RFP (Request for Proposal) is complete and accurate to the best of my knowledge and contains no material omissions or misstatements. I acknowledge that ECSD will rely upon the information included in our response to make decisions concerning the dental benefits that are offered to its employees.

Officer's Signature

Date Signed

Request for Proposal (RFP) for Escambia County School District (E

Dental RFP - Evaluation Criteria

Scoring Topics
Minimum Requirements Agree to
Plan Administration and Service Capabilities
Net Cost Consideration & Financials
Plan Design
Related Experience, References and Legal Compliance
Network Access and Disruption

CSD)

Total Points Available	Score
10	
30	
20	
15	
5	
20	
TOTAL POINTS	

(No greater than 100)