

ATTACHMENT 21



Department of
Civil Service

**Comparison of DCS Current Program Retail Network Pharmacies and the Offeror's Proposed Retail Pharmacy Network (DCS and NYSIF Prescription Drug Programs)
RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"**

This document serves as a placeholder for the DCS Program Retail Network Pharmacy File and includes the file layout to Compare the DCS Current Program Network Pharmacies to the Offeror's Proposed Retail Pharmacy Network for the Commercial Program, the EGWP and for the NYSIF Program.

Offerors must have completed and provided the Department of Civil Service's Procurement Office with a *Confidentiality and Non-Disclosure Agreement* (Attachment 10) with a letter requesting the file and also attesting that the Offeror meets the Offeror Eligibility requirements in Section 1.8 of this RFP. The completed, notarized *Confidentiality and Non-Disclosure Agreement* and letter must be sent to:

Carole Blanchard
New York State Department of Civil Service
Attn: Office of Financial Administration, Floor 17
Agency Building 1, Empire State Plaza
Albany, New York 12239
DCSprocurement@cs.ny.gov

Upon receipt of the completed, notarized **Attachment 10** and the Offeror's letter containing the required attestation, the prospective Offeror's designated Information Technology (IT) contact indicated in **Attachment 10** will be contacted by the Procuring Agencies to arrange secure delivery of the DCS Program Network Pharmacy Data File.

The DCS Program Retail Network Pharmacy File will be shared via IBM Aspera SendVault and Offerors need to have the latest version of the IBM Aspera Web Plugin (Aspera Connect) to use the application.

INSTRUCTIONS:

This Attachment 21 will compare the DCS Program network pharmacies that have submitted claims between January 1, 2022, and December 31, 2022, with the *Offeror’s Proposed Retail Pharmacy Network File* (Attachment 18, in the layout specified in Attachment 19) and will identify those pharmacies that will / will not participate in the Vaccination Network.

Utilize the file layout below and submit in Microsoft Excel for each of the three Programs (the DCS Commercial Plan, the DCS EGWP and the NYSIF Program) on a USB device. Do not password protect the file or use any other security measures.

- 1) The first two columns in the DCS Program Retail Network Pharmacy File list the National Provider Indicators (NPI) and names of the DCS Program Retail Network Pharmacies that had claims submitted between January 1, 2022, and December 31, 2022.
- 2) Separately, for each of the three Programs (the DCS Commercial Plan, the DCS EGWP and the NYSIF Program), identify whether each of the DCS Program Retail Network Pharmacies will or will not participate in the Offeror’s proposed Retail Network Pharmacy by indicating “Y” or “N” in the Network Indicator column.
- 3) Identify whether each of the DCS Program Retail Network Pharmacies will or will not participate in the Offeror’s proposed Vaccination Network by indicating “Y” or “N” in the Participating Vaccine Pharmacy column.
- 4) For those pharmacies indicated with a “Y,” in either the Network Indicator or the Participating Vaccine columns, insert the Pharmacy Corporate ID (number that represents a unique identifier of the contracting or bargaining entity) and Contracting Entity Name (name of the contracting or bargaining entity that corresponds to the pharmacy NPI) in respective columns.

Pharmacy NPI	Pharmacy Name	Network Indicator (Y/N)	Participating Vaccine Pharmacy (Y/N)	Pharmacy Corporate ID	Contracting Entity Name
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