

**DCS and NYSIF Prescription Drug Programs
Comparison of DCS Current Program Network Pharmacies and the Offeror's
Proposed Retail Network**

The DCS Program Retail Network Pharmacy File can be obtained by completing and submitting **Exhibit I.Z, Confidentiality Agreement and Certificate of Non-Disclosure** with a letter requesting the file ~~and also attesting that the Offeror meets minimum mandatory requirements of Section III.B of this RFP.~~ The completed, notarized Confidentiality Agreement and Certificate of Non-Disclosure form and letter must be sent to:

**Robert Kennedy, Procurement Manager
Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith State Office Building
Albany, New York 12239**

The DCS Program Retail Network Pharmacy File will only be sent to those prospective Offerors that request said file; and complete and submit a properly executed **Exhibit I.Z**; ~~and attest that they meet the minimum mandatory requirements of Section III.B of this RFP.~~

Upon receipt of the completed, notarized **Exhibit I.Z** and the Offeror's letter containing requesting the required attestation data file, the prospective Offeror's designated Information Technology (IT) contact indicated in **Exhibit I.Z** will be contacted by the Procuring Agencies to arrange secure delivery of the DCS Program Network Pharmacy Data File along with the accompanying record layout

INSTRUCTIONS:

This exhibit will compare the DCS Program network pharmacies that have submitted claims between November 10, 2010 and October 28, 2011 with the Offeror's Proposed Retail Network File provided in Exhibit I.Y.2.

Utilize this file layout to prepare Exhibit I.Y.3 of your Technical Proposal and submit on a CD.

- 1) The first two columns in the provided file list the National Provider Indicators (NPI) and names of the DCS Program Retail Network Pharmacies.

Exhibit I.Y.5 (Amended April 4, 2012)

- 2) 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 "YES" or "NO" in the third column.

- 3) For those pharmacies indicated with a "YES", 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 the fourth and fifth columns respectively.

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