

ATTACHMENT 34



Department of

Civil Service

Utilized Provider File - RFP entitled: “Mental Health and Substance Use (MHSU) Disorder Program”

Utilized Provider File

The Utilized Provider File for the MHSU Disorder Program will be provided in the following layout. It consists of in-network and out-of-network providers utilized by Plan members within the past year. A single Excel file will be provided with separate tabs for Network Providers and Network Facilities. Offerors must have completed and provided the Department of Civil Service’s Procurement Office with a Confidentiality and Non-Disclosure Agreement (Attachment 11) in order to request the Utilized Provider File. Requests for this file should be made directly to DCSProcurement@cs.ny.gov.

MHSU Providers						Provider Physical Address--NOT the Billing Address					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12
Reference #	Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	Specialty (Provider Type)

P1	123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	Substance Abuse Counselor
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MHSU Facilities				Facility Physical Address--NOT the Billing Address					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
Reference #	Tax ID	National Provider Identifier (if available)	Facility Name	Facility Office Address 1	Facility Office Address 2	Facility Office City	Facility Office State	Facility Office 5-Digit ZIP Code	Facility Type

F1	123456789	9876543210	XYZ Institution	100 Main Street	Suite 200	Anytown	NY	12345	Psychiatric Hospital
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