

**Comparison of Current MHSA Program Providers  
and the Offeror's Proposed Provider Network**

**INSTRUCTIONS/FILE LAYOUT:**

- 1) The first four columns in the Exhibit I.Y.4 file list DCS Provider Identifier, Provider Tax ID, Provider Name and Provider Zip Code.
  
- 2) In Column 5, identify whether each of the Providers will or will not participate in the Offeror's proposed 2014 MHSA Network by indicating the following:  
  
"0"- not participating in 2014 Provider Network  
"1"- participating in 2014 Provider Network, fully contracted and credentialed as of Proposal Due Date  
"2"- participating in 2014 Provider Network, contingent contract and/or not fully credentialed as of Proposal Due Date
  
- 3) Submit completed Exhibit I.Y.4 in a paper format in the Technical Proposal as well as an electronic format, using Microsoft Excel. Do not password protect the file or use any other security measures.

File Layout:

Column 1	Column 2	Column 3	Column 4	Column 5
DCS Provider Identifier	Provider Tax ID	Provider Name	Provider Zip Code	Network Indicator (0, 1 or 2)