

**Mental Health and Substance Abuse Program for the Empire Plan,
Excelsior Plan, Student Employee Health Plan RFP**

**Comparison of 2013 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 2015 MHSA Network by indicating the following:
 - "0"- not participating in 2015 Provider Network
 - "1"- participating in 2015 Provider Network, fully contracted and credentialed as of Proposal Due Date

- 3) Submit completed Exhibit I.Y.4 in the Technical Proposal 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 or 1)