

ATTACHMENT 33



**Department of
Civil Service**

**Comparison of Utilized Provider File and the Offeror's
Proposed Provider Network - RFP entitled: "Mental
Health and Substance Use (MHSU) Disorder Program"**

Comparison of 2021 Utilized Provider File and the Offeror's Proposed Provider Network

INSTRUCTIONS/FILE LAYOUT:

Offerors must submit a completed ATTACHMENT 33 in the Technical Proposal using Microsoft Excel. The Department will provide a file to the Offeror that contains in-network and out-of-network providers utilized by Plan members, ATTACHMENT 34 Utilized Provider File. The Offeror should perform a Provider Disruption and compare ATTACHMENT 34 to the Offeror's proposed network. Do not password-protect the file or use any other security measures. The submission should be submitted in Excel in the following layout:

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	Column 13	Column 14
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)	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
P1	123456789	9876543210	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	Substance Abuse Counselor	Y	TIN Only

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	Column 11	Column 12
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	In Network? (Y/LP/N)	Match Criteria (e.g., TIN Only)
F1	123456789	9876543210	XYZ Institution	100 Main Street	Suite 200	Anytown	NY	12345	Psychiatric Hospital	Y	NPI Only

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MHSU PROVIDER INSTRUCTIONS:

- The "**Reference #**" in Column 1 is a critical field to the analysis and should not be adjusted, deleted, or linked to any other row of data.
- Please input a "**Y**", "**LP**", or "**N**" indicator in the "**Network Indicator**" field in Column 13, which is requested for each provider line. In addition, indicate your match criteria in the "**Match Criteria**" field in Column 14.
 - Indicate "**Y**" if the provider is directly contracted in the network you are proposing for the Program.
 - Indicate "**LP**" if the provider is in a rental, leased, or wrap network.
 - Indicate "**N**" for providers who are not formally contracted into the network and/or who would not be listed in network directories but who offer some type of discounting from fees whether by a limited contract or by negotiation after incurral.
 - Indicate "**N**" if the provider is out-of-network based on the network being proposed.

Note: By indicating "**Y**" or "**LP**" you are confirming that you have a high confidence match and the provider is in your network. Therefore, do not include weak matches as a "**Y**" response. Aon considers the following to be a strong match:

- *NPI Only
- *TIN Only
- *Name, Address, City, State, and ZIP
- *Name, City, State, and ZIP

If you choose to report any other variation as a match, it is understood that your organization has full confidence that the provider is in your network.

Any blank responses in the "**Network Indicator**" column will be counted as a "**N**"

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MHSU FACILITY INSTRUCTIONS:

- The "**Reference #**" in Column 1 is a critical field to the analysis and should not be adjusted, deleted, or linked to any other row of data.
- Please input a "**Y**", "**LP**", or "**N**" indicator in the "**Network Indicator**" field in Column 11, which is requested for each facility line. In addition, indicate your match criteria in the "**Match Criteria**" field in Column 12.
 - Indicate "**Y**" if the facility is directly contracted in the network you are proposing for the Program.
 - Indicate "**LP**" if the facility is in a rental, leased, or wrap network.
 - Indicate "**N**" for facilities who are not formally contracted into the network and/or who would not be listed in network directories but who offer some type of discounting from fees whether by a limited contract or by negotiation after incurral.
 - Indicate "**N**" if the facility is out-of-network based on the network being proposed.

Note: By indicating "**Y**" or "**LP**" you are confirming that you have a high confidence match and the provider is in your network. Therefore, do not include weak matches as a "**Y**" response. Aon considers the following to be a strong match:

- *NPI Only
- *TIN Only
- *Name, Address, City, State, and ZIP
- *Name, City, State, and ZIP

If you choose to report any other variation as a match, it is understood that your organization has full confidence that the facility is in your network.

Any blank responses in the "**Network Indicator**" column will be counted as a "**N**"