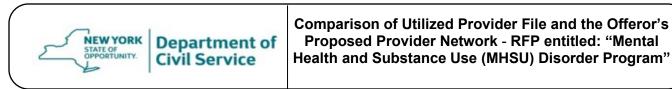
ATTACHMENT 33



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 AddressNOT 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 Fa	cilities	Facility Physical AddressNOT 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		

ATTACHMENT 33



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

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"

ATTACHMENT 33



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

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"