

**Comparison of DCS Current Program Network Pharmacies
and the Offeror's Proposed Retail Pharmacy Network
DCS and NYSIF Prescription Drug Programs**

The DCS Program Retail Network Pharmacy File can be obtained by completing and submitting **Exhibit I.Z, Confidentiality Agreement and Certificate of Non-Disclosure** with a letter requesting the file and also attesting that the Offeror meets minimum mandatory requirements of Section III.B of this RFP. The completed, notarized Confidentiality Agreement and Certificate of Non-Disclosure form and letter must be sent to:

Seth Johnson
Pharmacy Benefit Services Procurement Manager
Employee Benefits Division, Room 1106
NYS Department of Civil Service
Albany, New York 12239

The DCS Program Retail Network Pharmacy File will only be sent to those prospective Offerors that request said file; complete and submit a properly executed **Exhibit I.Z**; and attest that they meet the minimum mandatory requirements of Section III.B of this RFP.

Upon receipt of the completed, notarized **Exhibit I.Z** and the Offeror's letter containing the required attestation, the prospective Offeror's designated Information Technology (IT) contact indicated in **Exhibit I.Z** will be contacted by the Procuring Agencies to arrange secure delivery of the DCS Program Network Pharmacy Data File along with the accompanying record layout

INSTRUCTIONS:

This exhibit will compare the DCS Program network pharmacies that have submitted claims between January 1, 2017 and December 31, 2017 with the Offeror's Proposed Retail Network File provided in Exhibit I.Y.2 and will identify those pharmacies that will/will not participate in the Vaccination Network.

Utilize this file layout to prepare Exhibit I.Y.1 of your Technical Proposal and submit on a CD.

- 1) The first two columns in the provided file list the National Provider Indicators (NPI) and names of the DCS Program Retail Network Pharmacies.

- 2) Identify whether each of the DCS Program Retail Network Pharmacies will or will not participate in the Offeror’s proposed Retail Network Pharmacy by indicating “Y” or “N” in the third column.

- 3) Identify whether each of the DCS Program Retail Network Pharmacies will or will not participate in the Offeror’s proposed Vaccination Network by indicating “Y” or “N” in the fourth column.

- 4) For those pharmacies indicated with a “Y,” insert the Pharmacy Corporate ID (number that represents a unique identifier of the contracting or bargaining entity) and Contracting Entity Name (name of the contracting or bargaining entity that corresponds to the pharmacy NPI) in the fourth and fifth columns respectively.

Pharmacy NPI	Pharmacy Name	Network Indicator (Y/N)	Participating Vaccine Pharmacy (Y/N)	Pharmacy Corporate ID	Contracting Entity Name
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