ATTACHMENT 16

NEW YORK STATE OF OPPORTUNITY. | Department of Civil Service

NYSIF Vendor Profile - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

NYSIF VENDOR PROFILE

VENDOR COMPANY INFORMATION		VENDOR RESOURCE COMPLETING QUESTIONNAIRE	
Vendor Name:		Name Of Vendor Assignee:	
Vendor Website:		Role Or Title:	
Vendor Address:		Phone Number:	EXT:
City:	State: Zip:	Email Address:	

Instructions: *Please answer the questions making entries in the Response area.*

	VENDOR SERVICE STATUS	RESPONSE
1	Is your organization currently providing services to NY State Insurance Fund (NYSIF), either actively or on an intermittent (ad-hoc) basis? Note: If no longer providing services in any capacity, please provide details of service termination, dates, etc. for review and consideration.	

	SERVICE OVERVIEW	RESPONSE
2	Is there an executed contract between NYSIF and your organization?	
3	What is the current business relationship? (I.e. What services does your organization currently provide to NYSIF? (*Please be detailed*)	
4	Will the business relationship between NYSIF and your organization change within the next year? If so, please describe the changes.	
5	From what physical location(s) does your organization provide services to NYSIF? (Please include all locations providing services.)	

	DATA EXCHANGE	RESPONSE
6	Does your organization receive data from NYSIF?	
(6a)	By what means is NYSIF data exchanged and in what direction; from NYSIF to your organization or both directions?	
7	Of the following, what types of data are transmitted/stored/processed by your organization during the course of providing services to NYSIF?	
(7a)	Protected Health Information ("PHI")?	
(7b)	Payment Card Information ("PCI")?	
(7c)	Personally Identifiable Information ("PII")?	
(7d)	Social Security Number ("SSN")?	
(7e)	Financial information, or information that could be covered under SOX?	
(7f)	Other, not included above?	
8	On average, what is the volume of NYSIF data transmitted, processed, received, etc. per month by your organization?	
9	On average, what is the volume of NYSIF data stored by your organization?	

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10	In the past 12 months has your organization, or any of your sub-contractors, experienced a material breach or unauthorized disclosure of any data? If yes, please describe situation, data exposed and timing in detail.