

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health Agency Code: 12000
 Contractor Name: Magellan Medicaid Administration, Inc Contract Number: C037087
 Contract Start Date: 05/01/2022 Contract End Date: 04/30/2027

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-2022	.70	7,280	482,696.16
11-3012	6	62,400	2,599,828.63
11-9199	1	10,400	516,046.44
11-1021	.70	7,280	603,914.20
13-1199	1	10,400	481,446.67
13-2011	2	20,800	918,708.16
13-2099	3	31,200	1,387,029.09
15-1131	4	41,600	2,638,507.77
15-1232	1	10,400	478,485.86
23-2090	.25	2,600	114,409.39
29-2052	.10	1,040	84,486.93
31-9099	4	41,600	1,974,340.05
41-9000	.33	3,432	241,632.63
43-4051	52	514,437	10,635,759.09
43-9050	4	41,600	1,169,922.20
Total this page	80.08	806,469	24,327,213.27
Grand Total	80.08	806,469	24,327,213.27

Name of person who prepared this report:

Title: VP, Account Management

Phone #: 518-419-8734

Preparer's Signature: 

Date Prepared: 12/22/2021

(Use additional pages, if necessary)