

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: C037613

Contract Start Date: 12/01/2022

Contract End Date: 11/30/2028

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3030	.20	2,288	\$174,822.94
11-1021	1.10	12,584	\$991,890.18
13-2099	8.55	97,812	\$4,502,298.09
15-1210	1.55	17,732	\$1,341,253.40
23-1011	.10	1,144	\$184,020.62
23-2099	1	11,440	\$533,670.04
41-9000	3.33	38,095	\$3,536,090.32
43-3020	3	34,320	\$861,233.03
Total this page	18.83	215,415.20	\$12,125,278.61
Grand Total	18.83	215,415.20	\$12,125,278.61

Name of person who prepared this report: Chris Merenda

Title: Director of Account Management

Phone #: 845-216-4443

Preparer's Signature: *Chris Merenda*

Date Prepared: 08/09/2022

(Use additional pages, if necessary)