

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: Medical Answering Services

Contract Number: C037557

Contract Start Date: 8/01/2022

Contract End Date: 07/31/2027

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1011.00	9	43,853	\$6,758,051
11-1021.00	12	58,471	\$5,097,660
11-2031.00	14	68,216	\$3,816,494
11-3031.00	4	19,490	\$1,833,179
11-3121.00	2	9,745	\$618,989
13-1041.00	1	4,873	\$144,402
13-1111.00	4	19,490	\$789,621
13-1151.00	1	4,873	\$252,747
13-2011.00	5	24,363	\$1,248,926
15-1131.00	17	82,834	\$7,139,504
15-1151.00	1	4,873	\$332,605
21-1093.00	16	77,961	\$2,911,632
29-1141.00	2	9,745	\$452,025
43-1011.00	34	165,668	\$10,224,523
43-3051.00	1	4,873	\$185,424
43-3099.00	8	38,981	\$1,424,215
43-4051.00	237	1,169,418	\$27,859,770
43-4161.00	1	4,873	\$210,338
43-6011.00	1	4,873	\$317,466
Total This Page	370	1,817,473	\$71,617,571

Name of person who prepared this report: Kim Taffner

Title: Chief Financial Officer

Phone #: 315-399-3006

Preparer's Signature:

Kim Taffner

Date Prepared: 05/17/2023

(Use additional pages, if necessary)

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