

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: C037558

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	49,747	\$7,666,301
11-1021.00	12	66,329	\$5,782,761
11-2031.00	14	77,384	\$4,329,413
11-3031.00	4	22,110	\$2,079,550
11-3121.00	2	11,055	\$702,178
13-1041.00	1	5,527	\$163,808
13-1111.00	4	22,110	\$895,742
13-1151.00	1	5,527	\$286,715
13-2011.00	5	27,637	\$1,416,776
15-1131.00	17	93,966	\$8,099,019
15-1151.00	1	5,527	\$377,305
21-1093.00	16	88,439	\$3,302,941
29-1141.00	2	11,055	\$512,775
43-1011.00	34	187,932	\$11,598,650
43-3051.00	1	5,527	\$210,345
43-3099.00	8	44,219	\$1,615,623
43-4051.00	237	1,326,582	\$31,603,992
43-4161.00	1	5,527	\$238,606
43-6011.00	1	5,527	\$360,132
Total This Page	370	2,061,727	\$81,242,632

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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