FORM A

New York 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

State Agency Department ID: Agency Business Unit:

Contractor Name: Magellan Medicaid

Administration, Inc.

Contract Number: C020463

Contract Start Date: 01/01/2023

Contract End Date: 11/30/2024

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 11-9111 | 2.00 | 693.33 | \$64,698.48 |
| 11-9151 | 1.00 | 346.67 | \$21,997.48 |
| 13-1151 | 2.00 | 693.33 | \$30,192.62 |
| 27-3042 | 2.00 | 693.33 | \$28,036.01 |
| 29-1051 | 1.00 | 346.67 | \$28,466.12 |
| 29-1141 | 1.00 | 346.67 | \$17,597.99 |
| 29-2052 | 12.00 | 4,160.00 | \$114,727.38 |
| 31-9095 | 2.00 | 693.33 | \$18,977.46 |
| 43-1011 | 1.00 | 346.67 | \$17,727.46 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 24.00 | 8,320.00 | \$342,421.00 |
| Grand Total | 24.00 | 8,320.00 | \$342,421.00 |

| Name of person who prepared this report: Dorinda Muri | ٧a | 1 | la | ın | n | е | (| ٥f | ŗ | Э | r | S | C | r | 1 | ۷ | ٧ł | 1 | O | ŗ | D | 7 | 9 | p | а | ır | ϵ | 90 | ł | t | h | į | S | r | E | ŗ |)(| С | rt | : | Ι |)(|) | ri | n | d | a | N | Л | u | ır | ra | ιŊ | 7 |
|---|----|---|----|----|---|---|---|----|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|----|------------|----|---|---|---|---|---|---|---|---|----|---|----|---|---|----|---|----|---|---|---|---|---|---|----|----|----|---|
|---|----|---|----|----|---|---|---|----|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|----|------------|----|---|---|---|---|---|---|---|---|----|---|----|---|---|----|---|----|---|---|---|---|---|---|----|----|----|---|

Title: VP, Account Mangement Phone #: 518-419-8734

Preparer's Signature: ____

Date Prepared: 7/26/2023