Health Science Center Brooklyn

3320218

FORM B		OSC Use	•
		Category C	Code:
	State Consultant S ctor's Annual Empl		
Report	Period: April 1, /4	€ to March 31, / 7	
Contracting State Agency Name: Contract Number: 231437 (contract Term:8/2013 to 8/2013	ATH S O 18 o Lane Hisca vided:	TAWAY N.J.	
CONTRACT NUISIN	g Jeru: ces	5 	
Data Processing Computer Processing Architect Services Health Services Mental Health S	arch	Tr IT consulting Environmental Service	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
Nursing Services (652)	29	23,954	the Contract /317,471-50
Total this page			
Grand Total			
Name of person who prepared this Preparer's Signature:		N. 41-12)	
Title: Vice Presidet	Pho	one #: 732_78 (-	00014
Date Prepared: 5 /3/2017		732-186-	व्यवन
Use additional pages if necessary)	·		Page of

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services

Contract	tor's Annual Emplo	yment Report	
Report F	Period: April 1, 2016	6 to March 31, 2017	
Contracting State Agency Name: 8 Contract Number: C314358 Contract Term: 8 / 20/ 2013 to 08/ 08 Contractor Name: CARELINE SERVIC Contractor Address: 315 Fifth Aven Description of Services Being Prov	9/ 2018 CES INC. ue, Suite 806, New Yo		18
Scope of Contract (Choose one that Analysis	arch	r IT consulting Environmental Service Other Consulting	es Amount Payable Under
Employment Category	Number of Employees	Number of Hours Worked	the Contract
NURSING SERVICES	13	10,165	\$ 608, 736.70
Total this page	13	10,165	\$608.736.70
Total this page Grand Total	13	10,165	\$608,736.70
Name of person who prepared this Preparer's Signature: Title: GENERAL MANAGER Date Prepared: 5 /12 / 2017	Potel	one #: 212.686.8881	Dogo 4 of 4

Use additional pages if necessary)

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services

Contra	ctor's Annual Emp		
		16 to March 31, 20	7
Contracting State Agency Name: Contract Number: C314360 Contract Term (12013 to 81) Contractor Name: Manageme Contractor Address: 1868 Can Description of Services Being Pro	Swuy DMC 19118 ent Registry, I hous Place to vlded:	Agency Code: 3 -nc wisville, Ky 40	320218 299
To provide temporar	y nursing s	ervices to sun	y Dmc.
Scope of Contract (Choose one that Analysis	earch	Tr consulting CENT IT consulting CENT Environmental Service Other Consulting CENT IT	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
Nursing assistant 3-1014 Critical Care Nurse 29-11 L3D Nurse 29-1141-03 ucensed Practical Nurse 29	41.02 3	636.50 1681.00 413.25 326.50	# 11628,92 # 87781,50 # 35900,310 # 7016,97
Total this page	p=1		
Grand Total	4	3146,25	\$140,307:75
Name of person who prepared this Preparer's Signature: 440.00 Fittle: 120.00 Prepared: 040817	y Lallor	he 888-83	
Jse additional pages if necessary)			Page of

Page 3 of 3 04/24/2017 9:34 AM Fax: (855) 553-2987 To: "15184748030@refax.c Fax: (518) 474-8030

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From: Jerome Daniel

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: SUNY Downstate Contract Number: C314363 Agency Code: 3320218

Contract Term: 8/20 /2013 to 8/19 /2018 Contractor Name: Remede Consulting Group, Inc

Contractor Address: 99 Tulip Avenue, Suite 105, Floral Park, NY 11001 Description of Services Being Provided: Nursing

Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
CNA 31-1014	3	3553	\$50,218.03		
EKG-Phleb Tech 29-2031.00	8	3588.75	\$74,884.87		
Hemo Tech 29-2099.00	8	2508.25	\$68,112.95		
OR Tech 29-2055.00	0	0	0		
RN - MS 29-1141.00	65	41349	\$2,026,887.42		
RN - Psych 29-1141.02	1	11.25	\$560.25		
RN - CC 29-1141.03	9-1141.03 50 19200.75 \$1,010,020.50				
RN - OR 29-1141	29-1141 3 1440.50 \$77,949.53				
Total this page	138	71,640.25	\$3,308,073.31		
Grand Total	138	71,640.25	\$3,308,073.31		

Name of person who prepared this report: Preparer's Signature: Marie Basile: M				
Preparer's Signature: Marie Basile				
Title: Office Manager	Phone #:	516-616-6800		
Date Prepared: 04/24/2017				

Use additional pages if necessary)

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: SUNY Downstate Agency Code: 3320218 Contract Number: C316407 Contract Term: 2/1/16 to 1/3/17 Contractor Name: C3NY LLC Contractor Address: 53E. 1245+.NY, NY 10035 Description of Services Being Provided: Evaluating Medical Students on
Clinical Skills

Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Standardized Patients/Health						
Educators (Independent Contract	s)					
21-1091.00	63	3,455	\$207,347			
Proctors/Teaching Assistants			01/0			
(IC) 25-90-41.00	3	602	\$ 13, 249			
Trainers (IC)						
11-3131.00	3	598	\$ 13,155			
Managing Director			<u> </u>			
11-911.00		375	\$ 20,608			
Director			L 12 878			
11-9111.00		258	\$ 10,872			
Total this page	71	5.288	\$265,231			
Grand Total	1	5,288	\$265,231			

Name of person who prepared this report: Mark H. Swartz, Preparer's Signature: Mark Wards	no
Title: President and CEO Phone # 212. Date Prepared: 4 1251 17	410.8499

Use additional pages if necessary)

Page / of /

FORM B		OSC Use On Reporting Co Category Co	ode
Contrac	State Consultant So tor's Annual Emplo Period: April 1, 3 <i>o1</i>		
Contracting State Agency Name: State Agency Name: State Agency Name: State Contract Number: 237420 Contract Term: 215117 to \$115 Contractor Name: 7art Contractor Name: 7art Contractor Address: 50 Brand State Description of Services Being Produced Formal Contractor Policy Contractor Name Co	9118 of NYC freet ste, 1137 N		0218
Health Services ☐ Mental Health S Accounting ☐ Auditing ☐ Para	arch	r IT consulting Environmental Service Other Consulting	s Amount Payable Under
Employment Category	Number of Employees	Number of Hours Worked	the Contract
Physical TlagPitt		334-	<u> 22,129,50</u>
ustomand technologist	2	12-3	<u> </u>
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AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: SUNY Downstate	Contracting	State /	Agency	Name:	SUNY	Downstat
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Contract Number: C317423

Agency Business Unit:

Contract Term: 07/01/2008 to 06/30/2017

Scope of Contract (Choose one that best fits):

Agency Department ID: XXXXXX 3320218

Contractor Name: Press Ganey Associates, Inc.

Contractor Address: 404 Columbia Place, South Bend, IN 46601 Description of Services Being Provided: Patient Experience Services

☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Trai	ining	
☐ Data Processing ☐ Computer Pro		Other IT consulting	
☐ Engineering ☐ Architect Services			Services
☐ Health Services ☐ Mental Health	Services	<u>-</u>	
Accounting Auditing Pa	ralegal 🔲 Leg	jal 🛛 Other Consu	lting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
43-4051.00 (Cust Serv Rep)	2,00	51.00	\$22,976.71
43-9021.00 (Data Entry Keyers)	100.00	51.00	\$1,531.78
43-9051.00 (Mall Clerk and Mail)	25.00	20.00	\$1,021.19
41-3099.99 (Sales Rep)	1.00	13.00	\$7,658.90
43-3021.02 (Billing, Cost Clerk)	4.00	1.00	\$25.53
19-3099.99 (Social Science and Related Worker)	4.00	5.00	\$2,552.97
*** Please note that we do not operate our business in a manner where hours and costs are specifically allocated per person on an account basis. The information provided is based upon best information available	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	136.00	141.00	\$35,767.08
Grand Total			

Name of person who	prepared t	this report:	Dennis	Greenan
--------------------	------------	--------------	--------	---------

Title: Finance Director

Phone #:

Preparer's Signature: Romm, Digaran

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2016 to March 31, 2017

Contracting State Agency Name: Contract Number: C317425	SUNY Downstate Agency Code: 3320218 Medical Center
Contract Term: 2/1/17 to 1 /. Contractor Name: C3N Y LL	31/2019
Contractor Address: E2 = 12	ovided: Evaluating Medical Students on
	Clinical Skills

Scope of Contract (Choose one that best fits): Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Standardized Patients/Health			THE CONTRICT		
Educators CIndependent Contracts					
21-1091.00	70	1090	\$79,417		
Proctors Teaching Assistants					
(IC) 25-9041.00	4	287	\$ 12, 189		
Trainers (IC)		8			
11-3131.00	3	28/	\$ 6,372		
Managing Director	ļ.,				
1129111.00	ļ <u>l</u>	109	\$ 5,886		
Director			<u> </u>		
11-9111.00		96	\$ 3,840		
Total this page	79	1863	\$107 704		
Grand Total	79	1863	\$107,704		

Name of person who prepared this report: Preparer's Signature: Mark H.	Mark H. Swortz, MD
Title: President and CEO	Phone #: 212.410.8499
Date Prepared: 4 /2517-	

Use additional pages if necessary)

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name Sta	to University of t	Now York Down Stat	- Madical	
Contracting State Agency Name: Sta	ite University of i			
Contract Number: C370283	Agency Business Unit: SNY01			
Contract Term: 7//1/2016 to 6//30/2017 Agency Department ID: 3320218				
Contractor Name: Cerner Health Soli		ana City MO 64117		
Contractor Address: 2800 Rock Cree Description of Services Being Provide	-	-		
Description of Services Being Frovid	ea. 11 Consului	g Services		
Scope of Contract (Choose one that b	est fits):		,	
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining		
☐ Data Processing ☐ Computer Processing	ogramming 🛛	Other IT consulting		
☐ Engineering ☐ Architect Services	s 🔲 Surveying	Environmental	Services	
☐ Health Services ☐ Mental Health	Services			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
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•				
Total this Page	0.00	0.00	\$ 0.00	
Grand Total				
Name of person who prepared this re Title: Director of Flnance Preparer's Signature: Date Prepared: 05/25/2017	eport: Mary Jane Jane Klei	Kleinfelter Phone #:		

(Use additional pages, if necessary)

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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report I	Period: April 1, 20	% to March 31, 20/7	
Contracting State Agency Name: 5 Contract Number: T2/7702 Contract Term: 12//9/20/6 to /2 //8 Contractor Name: 3DR Labs II, Contractor Address: 332 W. Br Description of Services Being Prov Outsourced Advanced V	12019 LLC cadway, Saite i	100, Louisville, h	14. 40202
Data Processing ☐ Computer Pro Engineering ☐ Architect Services Health Services ☒ Mental Health S	arch	er IT consulting	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-2034.00 Radiologia	0	0	0
Technologist			
344			
Total this page	0	0	<u> </u>
Grand Total	0	0	0
Name of person who prepared this Preparer's Signature: David Title: Senior Manual Institute Date Prepared: 4/6/20/7	E- Ferauson	E. Ferguson one #: 502-814-7	7018