

EXHIBIT X

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: *SUNY Upstate Medical Univ.*
 State Agency Department ID: *3320211* Agency Business Unit: *28110*
 Contractor Name: *RCM Health Care Services* Contract Number: *C-504273*
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>(CNA) Certified Nursing Assistant</i>	<i>1</i>	<i>801</i>	<i>\$ 17,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>1</i>	<i>356</i>	<i>\$ 17,307</i>
<i>Mental Health Therapy Aide</i>	<i>1</i>	<i>641</i>	<i>\$ 17,307</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>148</i>	<i>\$ 17,307</i>
<i>OB Technician</i>	<i>1</i>	<i>100</i> <i>566</i>	<i>\$ 17,307</i>
<i>Physician Assistant</i>	<i>1</i>	<i>214</i>	<i>\$ 17,307</i>
<i>Registered Nurse</i>	<i>1</i>	<i>275</i>	<i>\$ 17,307</i>
<i>Patient Safety Companion</i>	<i>1</i>	<i>962</i>	<i>\$ 17,307</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>601</i>	<i>\$ 17,308</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>205</i>	<i>\$ 17,308</i>
<i>Echo Technician</i>	<i>1</i>	<i>205</i>	<i>\$ 17,308</i>
<i>EKG Technician</i>	<i>1</i>	<i>205</i>	<i>\$ 17,308</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>618</i>	<i>\$ 17,308</i>
<i>Histotechnologist</i>	<i>1</i>	<i>263</i>	<i>\$ 17,308</i>
<i>Phlebotomist</i>	<i>1</i>	<i>754</i>	<i>\$ 17,308</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>148</i>	<i>\$ 17,308</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>214</i>	<i>\$ 17,308</i>
Total this Page	<i>17</i>	<i>7176</i>	<i>\$ 294,228</i>
Grand Total	<i>26</i>	<i>9197</i>	<i>\$ 450,000</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315.464.4680*
 Preparer's Signature: *William Shepard*
 Date Prepared: *2/15/17*

EXHIBIT X

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: *SUNY Upstate Medical Univ.*
 State Agency Department ID: *3320711* Agency Business Unit: *28110*
 Contractor Name: *RCM Health Care Services* Contract Number: *C-504 273*
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Pharmacist	1	153	\$ 17,308
Pharmacy Technician	1	458	\$ 17,308
Physical Therapist	1	160	\$ 17,308
Physical Therapist Assistant	1	214	\$ 17,308
Radiation Therapist	1	214	\$ 17,308
Radiological Technologist	1	214	\$ 17,308
Respiratory Therapist	1	257	\$ 17,308
Sonographer	1	214	\$ 17,308
Speech Language Pathologist	1	137	\$ 17,308
Total this Page	<i>9</i>	<i>2,021</i>	<i>\$155,772</i>
Grand Total	<i>26</i>	<i>9,197</i>	<i>\$450,000</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315.464.4680*
 Preparer's Signature: *William Shepard*
 Date Prepared: *2/15/17*