Health Science Center Brooklyn 3320218

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: SUNY DOWNSTATE Agency Code: 3320218 Contract Number: C314358 Contract Term: 8 / 20/2013to 8 /09 /2018 Contractor Name: CARELINE SERVICES INC. Contractor Address: 315 FIFTH AVENUE, SUITE 806, NEW YORK, NY 10016 Description of Services Being Provided: NURSING SERVICES 29-11141.01

Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting Image: Surveying				
	egai 🔄 Legai 🛄			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
NURSING SERVICES 29-11141.01	25	24,570.50	\$1,325,467.55	
	1			
 _				
Total this page	25	24,570.50	\$1,325,467.55	
Grand Total 25 24,570.50 \$1,325,467.55				

Name of person who prepared	this report	
Preparer's Signature:	Drthal_	
Title: GENERAL MANAGER	Phone #:	212.686.8881
Date Prepared: 04 / 18/ 2018		

Use additional pages if necessary)

Page 1 of 1

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Downstate Med. Agency Code: 3320218 Contract Number: C314360 Ctr. Contract Term: 8/20/13 to 8/19/18 Contractor Name: Management Registry Inc. Contractor Address: 1868 Campus Place Louisville, Ky 40299				
Description of Services Being Pro-	vided:	ť.		
- 5 0				
L_ To provide temp	orary nurs	and services	to surry Dma	
·				
Scope of Contract (Choose one that		_		
Analysis E Evaluation Rese				
Data Processing Computer Pro Engineering Architect Services				
Health Services 2 Mental Health S		Environmental Service		
Accounting Auditing Para		Other Consulting 🗌		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Nursine Assistant 31-10140	1	322.75	9(0)15.85	
Critice Yore Nurse 29-11411		11210.05	158 882 15	
13D NURSE 29-1141.03		443.25	#29. JOG .75	
	L	·		
			· · · ·	
	4a			
<u> </u>			1	
			· <u> </u>	
Total this page				
Grand Total	3	1692	\$91.102.5A	
Name of person who prepared this	report?	(Doc a	- (- mai	
Preparer's Signature	et Alle		7-35P8	
Title: Thesedent) Ph	one¥:	ł.	
Date Prepared 14/4/4/				

Use additional pages if necessary)

Page of

N

FORM 8

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Downstate	Med.	Agency Code: 3320218
Contract Number: C314365	Ctr.	
Contract Term: 8 /20/ 13 to 8 /19/ 18		
Contractor Name: SPECIALTY PROFESSIONAL S	ERVICES	CORP
Contractor Address: 1720 Whitestone Expressway	/ Suite 303	3 Whitestone NY 11357
Description of Services Being Provided: Temp	orary Nurs	ing and Medical Services
	_	

Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting Image: Surveying				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Operating Room Tech	4	1543	\$53,783.50	
Registered Nurse	8	4450	\$233,189.50	
Image: Sector of the sector				
Total this page Grand Total		5,983	\$286,923.25	
Name of person who prepared this report: VASE: VASE:<				

Use additional pages if necessary)

Page ¹ of ¹

١

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1,2017 to March 31,2018

Contracting State Agency Name: Downstate Med. Agency Code: 3320218 Contract Number: C 3143666 Ctr. Contract Term: 8 /20/13 to 8 /19/18 Contractor Name: Total Healthcare Staffing Contractor Address: 2527 MUNICERC BellMOVE NY 11710 Description of Services Being Provided:

Temp staff

Scope of Contract (Choose one that best fits): Analysis Evaluation Bata Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Health Services G					
Accounting Auditing Paral	legal 🔲 Legal 🗌	Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
31-1014.00	9	5836.50	110. DODEINY		
29-1141.00		739.75	5200 perhv		
		· · · · · · · · · · · · · · · · · · ·	·		
· · · · · · · · · · · · · · · · · · ·					
		1			
Total this page					
Grand Total					

Name of person who prepared this report:		
Name of person who prepared this report: Preparer's Signature: <u>Markace</u>		
Title:	Phone #: 516-C109-9211	
Date Prepared: 41/1/2013		
Use additional pages if necessary)	Page of	

١

FORMB		OSC Use C Reporting C Category C	Code:	
State Consultant Services				
Contrac	tor's Annual Empl	oyment Report		
Report	Period: April 1, 201	7 to March 31, 2018		
Contracting State Agency Name: Contract Number: C316417 Contract Term: to Contractor Name: Contractor Address: Description of Services Being Prov		Agency Code: 3320	218	
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Accounting Auditing Paralegal Legal Other Consulting				
Emptoyment Category	Number of Employees	Number Cif Hours Worked	Amount PaYable Under the Contract	
Pediatrics (29-1069.00)	4	4,010.78	\$908,680.00	
Neonatology (29-1069.10)	3	293.36	\$145,680.00	
Obstetrics/Gynecology (29-1064.00)	_4	448.00	<u>\$74,200.00</u>	
	· · · · · · · · · · · · · · · · · · ·			
Totalthis page		4,752.14	\$1,128,560.00	
Grand Total	11	4,752.14	\$1,128,560.00	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	++,,000100	
Name of person who prepared this report: Jenna Hill Preparer's Signature:				

Title: RFP Specialist

Date Prepared:4/18/18

Use additional pages if necessary)

Phone #:469-524-1644

Page of

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: SUNY Downstate Medical Center Agency Code: Contract Number: C317422 Contract Term: 11/23/2016 – 11/22/2021 Contractor Name: Allscripts Healthcare Solutions Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654					
Description of Services Being Prov application	ided: Implementatio	on of Allscripts Follow	My Health		
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Fingineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1121.01	2	2	285.00		
27-3042.00	9	177	28,810.00		
15-1199.09	15-1199.09 3 102 16,626.00				
Total this page	14	281	\$ 45,722.00		
Grand Total	14	281	\$ 45,722.00		
Name of person who prepared this report: Brian Wheat Preparer's Signature:					
Title: Program Manager Phone #: 657-243-4488 Date Prepared: 4/30/2018					

Use additional pages if necessary)

Page 1 of 1

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, ²⁰¹⁷ to March 31,²⁰¹⁸

Contracting State Agency Name: Downstate Agency Code: 3320218 Contract Number: C317425 Contract Term: 2/1/17 to 1/31/19 Contractor Name: C3NY LLC Contractor Address: 53 E.124 Dr NY, NY 10035 Description of Services Being Provided: Evaluating Medical Students on Clinical SKills

Scope of Contract (Choose one that best fits): Analysis [] Evaluation [] Research [] Training X Data Processing [] Computer Programming [] Other IT consulting [] Engineering [] Architect Services [] Surveying [] Environmental Services [] Health Services [] Mental Health Services [] Accounting [] Other Consulting []				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Standardized Patients/		· • • • • • • • • • • • • • • • • •		
Health Educators				
(Independant (antractors)				
21-1091.00	86	1,950	\$142,075	
Proctors / Teaching Assistants				
(IC) 25-9041.00	5		\$ 25,350	
Trainers (FC)				
11-3131.00	4	390	\$ 11,460	
Managing Director				
17-9/11.00		146	\$ 19,600	
Director				
11-9111.00		117	\$ 16,625	
Total this page	97	2.993	\$215,110	
Grand Total	97	2,993	\$215,110	

Name of person who prepared this report: Preparer's Signature: 1900 Title: President and CEO ねつ Phone #: 212.410.8499 Date Prepared: 5/10/2018

Use additional pages if necessary)

Page of

OSC Use Only: Reporting Code: Category Code:

State Consultant Services **Contractor's Annual Employment Report**

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: S		edical Center Agen	cy Code:		
Contract Number: C370207 Amen		-	3320218		
Contract Term: 12/30/2011 to 11/2			> >avais		
Contractor Name: Allscripts Health					
Contractor Address: 222 Merchan	dise Mart Plaza				
Suite 2024	0054				
Chicago, IL 6 Description of Services Being Prov		o of Allegripte' Entern	rico Dotiont		
Identifier, Enterprise Scheduling, a					
development and classroom trainir			anning connection		
Scope of Contract (Choose one					
Analysis Evaluation Res		П			
Data Processing D Computer F					
		Environmental S			
Health Services D Mental Health					
Accounting D Auditing D Par	ralegal 🗆 🛛 Legal I	Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1199.09	3	186.5	30,687.00		
27-3042.00	2	30	4,936.00		
15-1121.01	1	19	3,126.00		
15-1199.09	2	8	1,352.00		
27-3042.00	3	10	1,690.00		
Total this page	11	254	\$ 41,791.00		
Grand Total	11	254	\$ 41,791.00		
			φ,.οο		
Prenarer's Signature		werneury			
Name of person who prepared this report: Gerard H. Abernethy Preparer's Signature: <u>Brime Whet</u> Title: Program Manager Phone #: 657-243-4488					
Title: Program Manager	F ()	UNE #. 007-240-440	50		
Date Prepared: 4/30/2018			Dava 4		
Use additional pages if necessary)			Page 1 of 1		

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: SUNY Downstate Medical Center Agency Code:			
Contracting State Agency Name: SUNY Downstate Medical Center Agency Code: L Contract Number: TQ00003 Contract Term: 12/31/2013 – 11/22/2021 332.02/8 Contractor Name: Allscripts Healthcare Solutions Contractor Address: 222 Merchandise Mart Plaza Suite 2024 Chicago, IL 60654 Description of Services Being Provided: Implementation of Meaningful Use 2,ICD-10 support into Allscripts Follow My Health application, subscription service and related interfacing to Allscripts Sunrise Clinical Manager.			
Analysis \Box Evaluation \Box Research \Box Training \Box Data Processing \Box Computer Programming \Box Other IT consulting \Box			
Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.01	3	36	5,519.00
15-1199.09	3	32.5	4,983.00
27-3042.00	6	216.5	33,212.00
Total this page	12	285	\$ 43,714.00
Grand Total	12	285	\$ 43,714.00
Name of person who prepared this report; Brian Wheat Preparer's Signature: Brian Units			
Title:Program ManagerPhone #:657-243-4488Date Prepared:4/30/2018			

Use additional pages if necessary)