

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

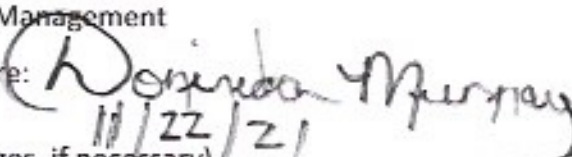
State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health Agency Code: 12000
 Contractor Name: Magellan Medicaid Administration, Inc. Contract Number: C020463
 Contract Start Date: 12/01/2020 Contract End Date: 11/30/2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1021	4	6,090.29	370,700.50
11-2022	2	5,256.00	295,553.40
11-3012	1	417.14	11,435.82
11-3021	1	834.29	68,421.29
11-3031	2	1,668.57	78,237.68
11-3121	6	5,005.71	307,321.07
11-9111	4	2,085.71	149,411.71
13-1041	4	3,754.29	294,755.06
13-1199	3	5,923.43	200,744.68
13-2011	1	834.29	23,004.18
13-2099	1	834.29	24,176.40
15-1131	2	3,754.29	183,091.37
15-1151	2	2,502.86	81,217.11
23-1011	1	834.29	103,019.54
23-2099	2	3,170.29	93,131.57
29-1051	13	44,217.14	2,964,826.25
29-2052	97	589,840.00	11,729,475.93
43-1011	5	7,925.71	232,749.11
43-4051	2	8,342.86	148,295.24
Total this page	153	693,291.43	\$17,359,567.92
Grand Total	149	693,291.43	\$17,359,567.92

Name of person who prepared this report: Dorinda Murray
 Title: VP, Account Management

Phone #: 518-220-3953

Preparer's Signature: 
 Date Prepared: 11/22/21
 (Use additional pages, if necessary)