# SUNY - Health Science Center at Brooklyn 3320218

FORM B		OSC Use O	•
		Reporting C Category Co	
	State Consultant S		·
	actor's Annual Em		
		1, <sup>202</sup> to March 31, 2023	
Contracting State Agency Name: I Contract Number: C319467 Contract Term: 5 years Contractor Name: Mitchell Mart	Ctr.	Agency Code: 33202	18
Contractor Address: 550 Seventi Description of Services Being Prov	h Avenue, 16th Fl	loor, New York, NY	10018
Scope of Contract (Choose one that Analysis	earch Training [ gramming Othe Surveying [ Services [	er IT consulting  Environmental Service	<u> </u>
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
		1	
<del></del>		1	
	<u></u>		
	1	1	

Name of person who prepared this report Preparer's Signature: Dianne Le	t: manowicz	
Title: Operations Manager	<b>Phone #:</b> 215-809-2941	
Date Prepared: 05/01/2023		

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Use additional pages if necessary)

Total this page

**Grand Total** 

0

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: SUNY Down	vnstate Medical	Center
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Contract Number: C319472 Agency Business Unit: SNY01
Contract Term: 01/01/2019 to 12/31/2023 Agency Department ID: 3320218

Contractor Name: Remede Consulting Group, Inc

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

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 ☐ Mental Health Services					
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Hemo Tech 29-2099	5.00	2,220.25	\$72,653.00		
OR Tech 29-2055	1.00	51.25	\$1,884.46		
	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		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
Total this Page	6.00	2,271.50	\$74,537.46		
Grand Total	6.00	2,271	\$74,537.46		

Name of person who prepare	ared this report: Marie Basile	
Title: Office Manager	Marie Basile	Phone #: 516-616-6800
Preparer's Signature:	muce value	_
Date Prepared: 04/27/2023		

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 202(3)

100WNSTATE (2)					
Contracting State Agency Name: SLANY A Health Sciences University					
Contracting State Agency Name: SUNY Health Sciences University  Contract Number: C 320 540  Agency Business Unit: SUNY Downs la c					
Contract Term: 07/01/2020 to 66	13012023	Agency Departmen	Sciences Uni		
Contractor Name: Plant of Co will Sex (1008) Inc.					
Contractor Address: 580 8th Ave 15th Floor, New YORK, NY 10018					
Contract Number: L320 J40  Agency Business Unit: 34N7 Down Jay  Contract Term: 0710112020 to 66 13012023  Agency Department ID: 3320218  Contractor Name: Pamit & Cowner Sexurces, Inc.  Contractor Address: 580 8th Ave 15th Floor, New York, NY 10018  Description of Services Being Provided: habors tory Courier Set Vices					
	novera	roly cowire			
Scope of Contract (Choose one that b	est fits):				
		aining			
☐ Data Processing ☐ Computer Pr		Other IT consulting			
☐ Engineering ☐ Architect Service	<del>-</del>	g	Services		
Health Services  Mental Health					
Accounting Auditing Pa	ıralegal 🔲 Le	gal	Iting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Driver Courser	/ -0.00	2,080 -	83.733.10 \$0.00		
			1 13 2 2 3 1 1 0 40.00		
Driver	0.00	0.00	13320		
Driver	0.00 0.00		\$0.00		
Driver		0.00	\$0.00 \$0.00		
Driver -	0.00	0.00 0.00	\$0.00 \$0.00 \$0.00		
Driver -	0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00		
Driver -	0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00		
Driver -	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		
Driver 1	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		
Driver	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		
Driver	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		
Driver	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 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Driver	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Total this Page	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$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 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

Name	of person who	prepared	this report: (	eanard	Susman	
Title:	Dicestor	Govt.	Contrac	HS	SUSMAN Phone # 914~ 887-06	.00
		$\mathcal{Q}$			Phone #: 917~887-05	yyy

Preparer's Signature: Thousand Justinen

Date Prepared: 5 1/423

OSC Use Only:
Reporting Code:
Category Code:

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

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: SUNY Downstate Health Sciences University

Agency Code: 3320218 Contract Number: C320544

Contract Term: 12/1/2020 to 12/31/2025 Contractor Name: Miller & Milone, LLC

Contractor Address: 100 Quentin Roosevelt Blvd. Suite 205, Garden City, NY 11530

Description of Services Being Provided: Clinical Denial and Appeal Services

Scope of Contract (Choose one that best fits):  Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
11-1011.00 Chief Executives	3	95	***			
11-1021.00 General and Operations						
Manager	2	84	***			
11-9199.00 Managers All Other	4	186	***			
13.1041.00 Compliance Officer	1	5	***			
15-1299.08 Computer Systems						
Engineers/Architects	1	23	***			
15-1243.00 Database Architects	1	47	***			
15-1232.00 Computer User Support						
Specialists	1	47	***			
23.1011.00 Lawyers	4	61_	***			
43-9111.00 Statistical Assistant	4	171	***			
27-3043.00 Writers and Authors	19	661	***			
29-1141.00 Register Nurses	1	8	***			
29-2061.00 Licensed Practical Nurses	4	147	***			
Total this page	45	1535	\$ 0.00			
Grand Total 77 2800 \$569,817						

Name of person who prepared this report:	Frank S. DeAngelo		
Preparer's Signature:			
Title: Senior Financial Analyst	Phone #:	(516) 296-1000 Ext. 314	
Date Prepared: 05/12/2023			

Use additional pages if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Contrac	ctor's Annual Emplo	yment Report		
Report Pe	eriod: April 1, 2022 to	March 31, 2023		
Contracting State Agency Name: SUN Contract Number: C322577 Contract Term: 1/1/2022 to 12/31/20 Contractor Name: SafeQual Contractor Address: 101 Sunnyside B Description of Services Being Provided	027 Blvd, Suite 201, Plainv	iew, NY 11803	ncy Code: 3320218	
Scope of Contract (Choose one that Analysis	arch	r IT consulting  Environmental Service Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
13-1082.00 – Project Management Specialist	2	81	\$12,960	
13-1151.00 - Training and Development Specialists	3	62	\$9,920	
15-1211.00 - Computer Systems Analysts 5 290 \$4				
Total this page	10	433	\$69,280	
Grand Total	10	433	\$69,280	
Name of person who prepared his person who person wh		one #: 516-236-8307		
Title: Controller  Date Prepared: 5/05/2023	Pno	one #. 516-236-6307		

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: SUNY Down	<i>I</i> nstate Medical	Center
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Contract Number: T422009 Agency Business Unit: SNY01
Contract Term: 09/28/2021 to 09/27/2023 Agency Department ID: 3320218

Contractor Name: Remede Consulting Group, Inc

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

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 ☐ 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	
Respiratory Therapist 29-1126	17.00	9,071.50	\$1,333,371.00	
Respiratory Helper 29-2099	1.00	839.50	\$37,777.50	
	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	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	18.00	9,911.00	\$1,371,148.50	
Grand Total	18.00	9,911	\$1,371,148.50	

Name of person who pr	epared this report: Marie Basile	
Title: Office Manager	7.4 . 0 .1	Phone #: 516-616-6800
Preparer's Signature: _	Marie Basile	
Date Prepared: 04/27/20	023	

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: SUNY Down	<i>I</i> nstate Medical	Center
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Contract Number: T422472 Agency Business Unit: SNY01
Contract Term: 09/01/2021 to 08/31/2023 Agency Department ID: 3320218

Contractor Name: Remede Consulting Group, Inc

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

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 ☐ Mental Health Services				
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
RN-MS 29-1141.00	75.00	22,600.00	\$2,975,785.00	
RN-ICU 29-1141.03	71.00	32,838.42	\$4,899,449.00	
RN-Clinic 29-1141.04	2.00	801.25	\$111,313.75	
RN-OR 29-1141	2.00	1,040.50	\$135,265.00	
	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	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	150.00	57,280.17	\$8,121,812.75	
Grand Total	150.00	57,280	\$8,121,812.75	

Name of person who pr	epared this report: Marie Basile	
Title: Office Manager	711	Phone #: 516-616-6800
Preparer's Signature: _	Marie Basile	
Date Prepared: 04/27/20	023	

#### **New York State Consultant Services Contractor's Annual Employment Report**

Report Period: April 1, 2022 to March 31, 2023

Contract Number: 320539

Agency Business Unit: 28050

Contract Term: 09/01/2020 to 07/31/2024

Agency Department ID: 3320218

Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)

Contractor Address: 1173 Ignition Drive, South Bend, IN 46601

Description of Services Being Provided: Patient Experience Services

Scope of Contract (Choose one that b	est fits):			
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining		
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting				
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services				
☐ Health Services ☐ Mental Health	Services			
Accounting Auditing Pa	ralegal Leç	gal 🛛 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
43-4051.00 (Cust Serv Rep)	2.00	56.17	\$26,789.00	
43-901.00 (Data Entry Keyers)	100.00	56.17	\$1,786.00	
43-9051.00 (Mail Clerk and Mail)	25.00	22.47	\$1,191.00	
43-3099.99 (Sales Rep)	1.00	14.04	\$8,725.00	
43-3021.02 (Billing Cost Clerk)	4.00	0.56	\$31.00	
19-3099.99 (Social Science and Related Worker)	4.00	6.00	\$3,107.00	
********** please note that we do not operate our business in the manner where hours are specifically allocated per person on an account basis. The information provided is 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	155.41	\$41,629.00	
Grand Total				

Name of person who prepared this report: Christopher Smith

Title: Senior Manager, Finance

Preparer's Signature:

Phone #: 800-232-8032

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contract Number: 321570

Agency Business Unit: 28050

Contract Term: 09/01/2021 to 08/31/2024

Agency Department ID: 3320218

Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)

Contractor Address: 1173 Ignition Drive, South Bend, IN 46601 Description of Services Being Provided: Consulting HRP Services

Scope of Contract (Choose one that best his):				
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining		
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting				
☐ Engineering ☐ Architect Services ☐ 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	
43-4051.00 (Cust Serv Rep)	2.00	59.00	\$27,964.00	
43-901.00 (Data Entry Keyers)	100.00	59.00	\$1,864.00	
43-9051.00 (Mail Clerk and Mail)	25.00	23.00	\$1,243.00	
41-3099.99 (Sales Rep)	1.00	15.00	\$9,322.00	
43-3021.02 (Billing Cost Clerk)	4.00	1.00	\$31.00	
19-3099.99 (Social Sceince and Related Worker)	4.00	505.62	\$267,943.00	
*********** please note that we do not operate our business in the manner where hours are specifically allocated per person on an account basis. The information provided is 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	. 662.62	\$308,367.00	
Grand Total				

Name of person who prepared this report: Christopher Smith

Title: Senior Manager, Finance

Phone #: 800-232-8032

Preparer's Signature: 5/1