

SUNY - Health Science Center at
Brooklyn
3320218

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Downstate Health Sciences University
 Contract Number: C321570 Agency Business Unit: 28050
 Contract Term: 09/01/2021 to 8/31/2024 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 and IRound Services

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
Consultant	5.00	329.00	\$267,300.00
	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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	329.00	\$267,300.00
Grand Total			\$267,300.00

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Corporate Secretary

Phone #: 800-232-8032

Preparer's Signature: 

Date Prepared: 05/06/2025

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: University Hospital of Brooklyn

Contract Number: CM04209

Agency Business Unit:

Contract Term: 01/01/2025 to 12/31/2027

Agency Department ID:

Contractor Name: FustCharles LLP

Contractor Address: 220 S Warren St., Syracuse, NY 13202

Description of Services Being Provided: Financial statement audit services for the year ended December 31, 2024. Present the Firm's audit plan and the results of the audit to the State University Audit Committee. Provide an independent auditor's report on the hospital financial statements.

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

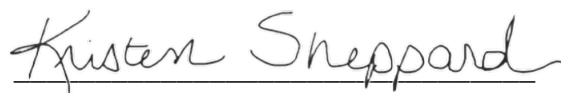
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
13-2011.00 Accountants and Auditors	9.00	68.00	\$9,958.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	68.00	\$9,958.00
Grand Total	9.00	68	\$9,958.00

Name of person who prepared this report: Kristen Sheppard

Title: CFO

Phone #: 315-446-3600

Preparer's Signature:



Date Prepared: 05/07/2025

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Downstate Medical Center
 Contract Number: T422009 Agency Business Unit: SNY01
 Contract Term: 09/28/2021 to 09/28/2025 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 Healthcare Staffing

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
Respiratory Therapist 29-1126	12.00	6,818.75	\$1,004,821.25
Respiratory Helper 29-2099	1.00	652.00	\$29,362.50
Radiology Tech 29-2034	6.00	2,003.00	\$201,402.70
Occupational Therapist 29-1122.00	4.00	2,938.02	\$323,693.70
Physical Therapist 29-1123	1.00	37.50	\$4,500.00
	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	24.00	12,449.27	\$1,559,280.15
Grand Total	24.00	12,449.27	\$1,559,280.15

Name of person who prepared this report: Marie Basile

Title: Office Manager

Phone #: 516-616-6800

Preparer's Signature: Marie Basile

Date Prepared: 4/9/2025

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: Suny Downstate Health Sciences University

Contract Number: #T423040

Agency Business Unit: Business Unit

Contract Term: 3/23/2023 to 3/12/2028

Agency Department ID: 3320218

Contractor Name: Medical Service Provider, PLLC

Contractor Address: 60 Hinckley Place
Brooklyn, NY 11218

Description of Services Being Provided:
We provide physician staffing for hospital coverage.

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 to Worked	Amount Payable Under the Contract
29-1218.00	2	2068.75	1,034,375.00
Total this page			\$
Grand Total			1,034,375.00

Name of person who prepared this report: Craig Mochson

Title: President

Phone #: 917-653-3678

Preparer's Signature: 

Date Prepared: 5/15/2025

(Use additional pages, if necessary)

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FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Downstate Medical Center
 Contract Number: T423049 Agency Business Unit: SNY01
 Contract Term: 06/01/2023 to 06/30/2026 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	62.00	13,242.75	\$1,429,737.81
RN-ICU 29-1141.03	55.00	23,074.95	\$2,836,183.22
RN-Clinic 29-1141.04	7.00	2,855.25	\$283,643.56
RN-OR 29-1141	5.00	4,794.75	\$719,062.50
RN --Hemo 29-1141	10.00	5,075.75	\$586,514.41
OR Tech 29-2055	3.00	289.75	\$32,452.00
Hemo Tech 29-2099	12.00	5,661.25	\$570,042.37
Tele/EKG Tech 29-2031	1.00	143.00	\$7,150.00
C.N.A 31-1131	9.00	4,310.00	\$195,070.55
	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	164.00	59,447.45	\$6,659,856.42
Grand Total	164.00	59,447	\$6,659,856.00

Name of person who prepared this report: Marie Basile

Title: Office Manager

Phone #: 516-616-6800

Preparer's Signature: Marie Basile

Date Prepared: 4/9/2025

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Downstate Health Sciences University
 Contract Number: 320539 Agency Business Unit: 28050
 Contract Term: 08/01/2020 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 (IN, ER, MD, NIC, ON, OU, ICH and PEDS IN)* *services continued via pending extension

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
43-4051.00 (Cust Serv. Rep	4.00	120.00	\$59,795.00
43-901.00 (Data Entry Keyers)	100.00	115.00	\$4,000.00
43-9051.00 (Mail Clerk and Mail)	25.00	50.00	\$4,764.00
41-3099.99 (Sales Rep)	1.00	45.00	\$31,741.00
43-3021.02 (Billing Cost Clerk)	4.00	20.00	\$230.00
19-3099.99 (Social Science and Related Worker)	8.00	12.00	\$6,214.00
*Please note that we do not operate our business in this manner where hours are specifically allocated per person on an account basis. The information is the best 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	142.00	362.00	\$106,744.00
Grand Total			\$106,744.00

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Corporate Secretary

Phone #: 800-232-8032

Preparer's Signature: 