Office of the Medicaid Inspector General

3460000

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name: Office of the Medicaid Inspector General (OMIG)
Contract Number: C202102
Agency Business Unit: MIG01
Agency Department ID: 3460000
Contract Term: 03/15/2022 to 03/14/2027
Contractor Name: Karl Heiner Statistical Consulting, Ltd
Contractor Address: 1739 Athol Road, Schenectady, NY 12308
Description of Services Being Provided: statistical consulting

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
Statistician	1.00	240.00	$48,000.00
	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	1.00	240.00	$48,000.00
Grand Total	1.00	240	$48,000.00

Name of person who prepared this report: Karl Heiner
Title: President
Phone #: 518-374-3689
Preparer's Signature: _____
Date Prepared: 04/08/2026

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name: NYS OMIG
Contract Number: PH68610
Agency Business Unit: MIG01
Agency Department ID: 3460000
Contract Term: 07/01/2019 to 06/30/2029
Contractor Name: GENESYS Consulting Services, Inc
Contractor Address: 1 Marcus Blvd., Suite 102 Albany, NY 12205
Description of Services Being Provided: Hourly Based IT 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
Systems Architect	1.00	380.00	$34,314.00
Systems Analyst	1.00	515.00	$42,230.00
	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	2.00	895.00	$76,544.00
Grand Total			

Name of person who prepared this report: Anna LaVare
Title: Hr Coordinator
Phone #: (518) 459-9500
Preparer's Signature: Anna LaVare
Date Prepared: 05/06/2026

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report

Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name: **Office of Medicaid Inspector General**

Contract Number: PH68617

Agency Business Unit: MIG01

Contract Term: 7/1/2019 to 6/30/2029

Agency Department ID: 3460000

Contractor Name: MVP Consulting Plus, Inc.

Contractor Address: 401 New Karner Rd., 3rd Fl., Albany, NY 12205

Description of Services Being Provided: IT Consulting 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
15-1199.09 OCHBIT13997	1.00	1605.00	$150,805.80
	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	1.00	1605.00	$150,805.80
Grand Total	**1.00**	**1605.00**	**$150,805.80**

Name of person who prepared this report: Nancy Gordon

Title: Contract Manager

Phone #: 518-218-1700

Preparer's Signature: Nancy A. Gordon

Date Prepared: 5/6/2026

(Use additional pages, if necessary)