


ATTACHMENT 33

 Department of Civil Service	<p>Schedule of MIS Reports (ACCESS Format) RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”</p>
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	Report Name	Frequency	Due Date	Type
1	Monthly Paid Claims by Month of Incurral	Monthly	30th Day After End of Month	Electronic File
2	Monthly Paid Claims by Pharmacy and Rx Type	Monthly	30th Day After End of Month	Electronic File
3	Participating Agency (PA) Claims (Medicare/Non-Medicare)	Quarterly	30th Day After End of Quarter	Electronic File
4	Claims & Credits Paid by Agency	Annually	January 30th	Electronic File