

Schedule of MIS Reports
Empire Plan Prescription Drug Program

Report Name	Frequency	Due Date	Type
MIS REPORTS (ACCESS Format):			
1 Monthly Paid Claims by Month of Incurral	Monthly	30th day after end of month	electronic file
2 Monthly Paid Claims by 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	Annual	Jan. 30th	electronic file