INDIANA HEALTH COVERAGE PROGRAMS

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	December 1999	Multiple	Package C updates	Heather Wisnieski
Version 1.1	December 2000	All	Complete update	Charlene Schweikhart
Version 2.0	January 2002	All	Quarterly updates	Karen Girgis
Version 3.0	July 2002	All	Quarterly updates from CSRs #IN012608, IN012778, IN012829	Karen Girgis
Version 4.0	September 2002	All	ISDH Updates from EDS Operations	Karen Girgis
Version 5.0	December 2002	All	Quarterly Updates	Anji Olive
Version 6.0	March 2003	All	Quarterly Updates	Anji Olive
Version 7.0	June 2003	All	Quarterly Updates	Anji Olive
Version 8.0	December 2003	All	Quarterly Updates	Anji Olive
Version 9.0	March 2004	All	Quarterly Updates	Systems/ Publications

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Section 1: Introduction

Section 2: Distribution List

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
*	ADH-0001-W		2	TPL	Senate Bill 175 Extracts	Y	N	STD	WEEKLY
	ADJ-0001-D	ADJ	0	ADJ	Daily Check Log	N	N	STD	DAILY
	ADJ-0002-D	ADJ	0	ADJ	Daily Deposit Log	N	N	STD	DAILY
	ADJ-0003-D	ADJ	0	ADJ	Daily Cash Control Balance	N	N	STD	DAILY
	ADJ-2000-D	FINJW230	1	MS07 - GABLE	Adjustment Inventory	Y	Y	STD	DAILY
	ADJ-2001-W	FINJW230	0	ADJ - KNOX	Aged Adjustment Listing-	N	Y	STD	WEEKLY
	ADJ-2003-W	FINJW230	1	MS07 - GABLE	Aged Active Claim Analysis - Adjustments	Y	Y	STD	WEEKLY
	ADJ-2004-W	FINJW230	1	MS07 - GABLE	EOB Denial Analysis List	Y	Y	STD	WEEKLY
	ADJ-2005-W	FINJW230	1	MS07 - GABLE	Edit/Audit Override Analysis	Y	Y	STD	WEEKLY
	ADJ-2006-W	FINJW230	0	ADJ - KNOX	Still Being Coded - Adjustments Return to Sender Summary	N	Y	STD	WEEKLY
	ADJ-2007-W	FINJW230	1	MS07 - GABLE	Error Analysis By Provider Number - Adjustments	Y	Y	STD	WEEKLY
*	ADJ-2008-W	FINJW230	0	MS07 - GABLE	Error Analysis by Suspended Error Code - Adjustments	N	Y	STD	WEEKLY
*	ADJ-2009-W	FINJW230	0	ADJ - KNOX	Error Analysis by Forced Error Code - Adjustments	N	Y	STD	WEEKLY
*	ADJ-2009-W	FINJW230	0	MS07 - GABLE	Error Analysis by Forced Error Code - Adjustments	N	Y	STD	WEEKLY
*	ADJ-2010-W	FINJW230	0	MS07 - GABLE	Weekly Adjudication Cycle Time Analysis - Adjustments	N	Y	STD	WEEKLY
	ADJ-2011-W	FINJW230	0	ADJ - KNOX	Adjustments Deletes for Return to Sender	N	Y	STD	WEEKLY
	ADJ-2020-R	FINJD230	0	ADJ - SHEARER	Adjustment Inventory	N	Y	STD	REQUEST
	ADJ-2070-W	FINJW230	1	MS07 - GABLE	Still Being Coded - Mass Adjustment Process Summary - LTC Retro Rate	Y	Y	STD	WEEKLY
	ADJ-2071-W	FINJW230	1	MS07 - GABLE	Being Coded - Mass Adjustments Process - LTC Retro Rate Claims L	Y	Y	STD	WEEKLY
	ADJ-2072-W	FINJW230	1	MS07 - GABLE	Mass Adjustments Processed Summary	Y	Y	STD	WEEKLY
	AVR-0001-D	CLMJO901	1	MS07 - LOWERY	Daily Call Statistics Hourly Summary	Y	N	STD	DAILY
	AVR-0001-M	AVR	1	MS07 - LOWERY	Monthly Call Statistics Hourly Summary	Y	N	STD	MONTHLY
	AVR-0001-W	AVR	1	MS07 - LOWERY	Weekly Call Statistics Hourly Summary	Y	N	STD	WEEKLY
	AVR-0002-D	AVR	1	REQUESTOR	Daily Summary by Provider Number	Y	N	STD	DAILY
	AVR-0002-M	AVR	1	MS07 - LOWERY	Monthly Summary by Provider Number	Y	N	STD	MONTHLY
	AVR-0002-M	AVR	1	REQUESTOR	Monthly Summary by Provider Number	Y	N	STD	MONTHLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	AVR-0002-W	AVR	1	REQUESTOR	Weekly Summary by Provider Number	Y	N	STD	WEEKLY
	AVR-0003-D	AVR	1	REQUESTOR	Daily Summary by Provider Type	Y	N	STD	DAILY
	AVR-0003-M	AVR	1	MS07 - LOWERY	Monthly Summary by Provider Type	Y	N	STD	MONTHLY
	AVR-0003-M	AVR	1	REQUESTOR	Monthly Summary by Provider Type	Y	N	STD	MONTHLY
	AVR-0003-W	AVR	1	REQUESTOR	Weekly Summary by Provider Type	Y	N	STD	WEEKLY
	AVR-0004-D	AVR	1	REQUESTOR	Daily Summary by Provider County	Y	N	STD	DAILY
	AVR-0004-M	AVR	1	MS07 - LOWERY	Monthly Summary by Provider County	Y	N	STD	MONTHLY
	AVR-0004-M	AVR	1	REQUESTOR	Monthly Summary by Provider County	Y	N	STD	MONTHLY
	AVR-0004-W	AVR	1	REQUESTOR	Weekly Summary by Provider County	Y	N	STD	WEEKLY
	BANK-100-W	FINJW402	0	FIN	Check Clearing Errors Report	N	Y	STD	WEEKLY
	BIA-1001-M	TPL	1	TPL - WILLIAMS	Buy-In Part A Billing	Y	Y	STD	MONTHLY
	BIA-1002-M	BUYJM110	1	TPL - WILLIAMS	Buy-in Part A Premium S15 (Sending)	N	Y	STD	MONTHLY
	BIA-1003-M	BUYJM120	0	TPL - WILLIAMS	Buy-in Part A Exception Error by HIB	N	Y	STD	MONTHLY
	BIA-1004-M	BUYJM120	0	TPL - WILLIAMS	Buy-in Part A Exception Error by Transaction Code	N	Y	STD	MONTHLY
	BIA-1005-M	BUYJM130	0	TPL - WILLIAMS	Buy-in Part A Recip w/o QMB Also or QMB Only	Y	Y	STD	MONTHLY
	BIA-1006-M	BUYJM200	0	TPL - WILLIAMS	Buy-in Part A Pending Transactions Awaiting 3 Mont	N	Y	STD	MONTHLY
	BIA-1007-M	BIAJM107	1	MS33 - NELSON	Buy-in Part A Control Report	Y	Y	STD	MONTHLY
	BIA-1007-M	BIAJM107	1	MS35 - HENRY	Buy-in Part A Control Report	Y	Y	STD	MONTHLY
	BIA-1007-M	BIAJM107	1	TPL - WILLIAMS	Buy-in Part A Control Report	N	Y	STD	MONTHLY
	BIA-1008-M	BUYJM140	0	TPL - WILLIAMS	Buy-in Part A Recipients Qualified Working Individuals	N	Y	STD	MONTHLY
	BIB-2001-M	BUYJM150	1	TPL - WILLIAMS	Buy-in Part B Billing (Receiving)	N	Y	STD	MONTHLY
	BIB-2002-M	BUYJM160	1	TPL - WILLIAMS	Buy-in Part B Premium 150 (Sending)	N	Y	STD	MONTHLY
	BIB-2003-M	BUYJM170	0	TPL - WILLIAMS	Buy-in Part B Exception Error by HIB	N	Y	STD	MONTHLY
	BIB-2004-M	BUYJM170	0	TPL - WILLIAMS	Buy-in Part B Exception Error by Transaction Code	N	Y	STD	MONTHLY
	BIB-2005-M	BUYJM180	1	TPL - WILLIAMS	Buy-in Specified Low Income Medicaid Beneficiaries	Y	Y	STD	MONTHLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	BIB-2006-M	BUYJM210	0	TPL - WILLIAMS	Buy-in Part B Pending Transactions Awaiting 3 Mont	N	Y	STD	MONTHLY
	BIB-2007-M	BIAJM207	1	MS33 - NELSON	Buy-in Part B Control Report	Y	Y	STD	MONTHLY
	BIB-2007-M	BIAJM207	1	MS35 - HENRY	Buy-in Part B Control Report	Y	Y	STD	MONTHLY
	BIB-2007-M	BIAJM207	0	TPL - WILLIAMS	Buy-in Part B Control Report	N	Y	STD	MONTHLY
	BUY-3001-M	BIBJM207	0	TPL - MANAGER	Possible Medicare Eligibles	N	Y	STD	MONTHLY
	BUY-3002-W	BUYJW190	0	TPL - MANAGER	Attempted HIB Updates and Other ICES Buy-in Errors	N	Y	STD	WEEKLY
	BUY-3003-D	ELGJD017	0	TPL - MANAGER	Buy-In Linked Recipients	N	Y	STD	DAILY
	CLM-0100-M	CLMJM100	1	MS07 - NOLTING	Claims by claim type received by EDS for the month	Y	Y	STD	MONTHLY
	CLM-0105-M	CLMJM105	0	CLM - KNOX	Claims by provider type received by EDS for the mo	N	Y	STD	MONTHLY
	CLM-0105-M	CLMJM105	1	MS07 - NOLTING	Claims by provider type received by EDS for the mo	Y	Y	STD	MONTHLY
	CLM-0109-W	FIN03011	1	OPS - MAILROOM	Remittance Advice (CLM/CRA-xxx-x)	Y	Y	STD	WEEKLY
	CLM-0109-W	FINJW200	1	OPS - MAILROOM	Remittance Advice Letters to Providers (RA'S)	Y	Y	STD	WEEKLY
	CLM-0110-M	CLMJM110	1	MS07 - NOLTING	Claims by individual provider received by EDS for	Y	Y	STD	MONTHLY
	CLM-0115-M	CLMJM115	1	MS07 - NOLTING	Claims by Geographical area received by EDS	Y	Y	STD	MONTHLY
	CLM-0120-W	CLMJW120	1	MS07 - NOLTING	Total CCF's by claim type and description.	Y	Y	STD	WEEKLY
	CLM-0125-W	CLMJW125	0	CLM - KNOX	Total CCF's by Provider	N	Y	STD	WEEKLY
	CLM-0130-D	CLMJW130	0	CLM - KNOX	Error Analysis by Error Code	N	Y	STD	DAILY
	CLM-0131-W	CLMJD130	0	CLM - KNOX	Error Analysis by Error Code	N	Y	STD	WEEKLY
	CLM-0135-W	CLMJW135	0	PRV	Error Analysis by Provider Number	N	Y	STD	WEEKLY
	CLM-0140-W	CLMJW140	0	CLM - KNOX	Error Analysis by Forced Error Code	N	Y	STD	WEEKLY
*	CLM-0145-D	CLMJW145	0	CLM - KNOX	Error Analysis by Denied Error Code	N	Y	STD	DAILY
	CLM-0145-W	CLMJW145	0	CLM - KNOX	Error Analysis by Denied Error Code	N	Y	STD	WEEKLY
	CLM-0150-W	CLMJW150	0	CLM - KNOX	EOB Denial Analysis List	N	Y	STD	WEEKLY
	CLM-0155-M	CLMJM155	0	CLM - KNOX	Edit/Audit Override Analysis	N	Y	STD	MONTHLY
	CLM-0160-W	CLMJW160	1	MS07 - NOLTING	Specially Handled and Processed Claims	Y	Y	STD	WEEKLY
	CLM-0160-W	CLMJW160	0	PRV	Specially Handled and Processed Claims	N	Y	STD	WEEKLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	CLM-0161-D	CLMJD161	0	CLM - KNOX	Specially handled suspended daily claim report. Handled Suspended Daily Claims Report	N	Y	N	DAILY
	CLM-0165-E	CLMJW65E	0	McClain	Weekly Claim Adjudication Cycle Time Report ECS	N	Y	STD	WEEKLY
	CLM-0165-P	CLMJW65P	0	McClain	Weekly Claim Adjudication Cycle Time Report Paper	N	Y	STD	WEEKLY
	CLM-0165-S	CLMJW65S	0	McClain	Weekly Claim Adjudication Cycle Time Report POS	N	Y	STD	WEEKLY
	CLM-0165-W	CLMJW165	1	MS07 - NOLTING	Weekly Claim Adjudication Cycle Time Report All Media	Y	Y	STD	WEEKLY
*	CLM-0170-M	CLMJM170	1	CLM - KNOX	Estimated Savings by EOB/Audit Number	Y	Y	STD	MONTHLY
	CLM-0175-W	CLMJW175	1	MS07 - NOLTING	Weekly Claim Payment report for the period report	Y	Y	STD	WEEKLY
	CLM-0180-D	CTLJD185	0	CLM - KNOX	Suspended ICN'S Requiring Batches	N	N	STD	DAILY
	CLM-0185-D	CTLJD185	0	MS07 - GABLE	Daily Claim Activity	N	Y	STD	DAILY
*	CLM-0190-W		0		Recipient Estate Recovery	N	N	STD	WEEKLY
*	CMI-0500-M	CMI	0	CLM - KNOX	MEQC Claims Collection Report	N	Y	STD	MONTHLY
	CPA-0001-M	CPAJM001	1	MAILROOM	CPAS Sample Listing	Y	N	STD	MONTHLY
	CPA-0001-M	CPAJM001	1	MS07 - McALLISTER	CPAS Sample Listing	Y	N	STD	MONTHLY
	CPA-0010-M	CPAJM010	1	MS07 - McALLISTER	Claim Data Sheets	Y	N	STD	MONTHLY
	CPA-0011-M	CPAJM010	1	MS07 - McALLISTER	Claim Data Sheets	Y	N	STD	MONTHLY
	CPA-0012-M	CPAJM010	1	MS07 - McALLISTER	Claim Data Sheets	Y	N	STD	MONTHLY
	CPA-0013-M	CPAJM010	1	MS07 - McALLISTER	Claim Data Sheets	Y	N	STD	MONTHLY
	CTL-0007-R		1	OPS - MAILROOM	Claims in Process	Y	N	STD	ON REQUEST
	CTL-0100-D	CTL0100D	0	CYCLE MONITOR	Daily POS Transaction Detail Report	N	Y	STD	DAILY
	CTL-0105-W	POWER BLDR	0	CLM - KNOX	Claim Batches Activated	N	Y	STD	WEEKLY
	CTL-0110-D	CTLJD110	0	CLM - KNOX	Data Entry Inventory	N	Y	STD	DAILY
	CTL-0120-W	CTLJW120	0	CLM - KNOX	ICN Delete From Control File	N	Y	STD	WEEKLY
	CTL-0125-W	POWER BLDR	0	CLM - KNOX	Missing Claim Report	N	N	STD	WEEKLY
	CTL-0130-D	ADJ	0	Adj - McClain	Aged Claims Listing	N	Y	STD	DAILY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	CTL-0135-W	CTLJW135	0	CLM - KNOX	Aged Active Claim Analysis	N	Y	STD	WEEKLY
	CTL-0140-D	CTLJD140	0	CLM - KNOX	Daily Incoming Disposition Summary	N	Y	STD	DAILY
	CTL-0140-W		0	CLM - KNOX	All Extracted Crossover Claims, Part A	N	N	STD	WEEKLY
	CTL-0141-D		0	CLM - KNOX	Daily Claim Disposition Summary	N	Y	STD	DAILY
	CTL-0141-W		0	CLM - KNOX	All Extracted Crossover Claims, Part B	N	N	STD	WEEKLY
	CTL-0142-W		0	CLM - KNOX	All Extracted Crossover Claims, DMERC	N	N	STD	WEEKLY
	CTL-0145-W	CLMJW440	0	SYS	Crossover File Summary PART-A	N	N	STD	WEEKLY
	CTL-0146-W	CTLJW440	0	SYS	Crossover File Summary PART-B	N	N	STD	WEEKLY
	CTL-0147-W	CTLJW440	0	SYS	Crossover File Summary DMERC	N	N	STD	WEEKLY
	CTL-0150-D	CTL	0	CLM - KNOX	Edit/Audit Failure Variance	N	N	STD	DAILY
	CTL-0152-D		0	CLM - KNOX	Aged Claims Listing	N	Y	STD	DAILY
*	CTL-0153-D		0	CLM - KNOX	Aged Claims Listing	N	N	STD	DAILY
	CTL-0154-W		0	PROV ENROLL	Invalid Medicare Part B Billing Providers	N	Y	STD	WEEKLY
	CTL-0155-W		0	PROV ENROLL	Invalid Medicare Part B Rendering Providers	N	Y	STD	WEEKLY
	ECC-0001-D	CLMJO901	1	OPERATIONS	Biller Summary Report	N	N	STD	DAILY
*	ECC-0002-D		0		ECC Daily DASS Response Time Report	N	N	STD	DAILY
*	ECC-0003-D		0		ECC Daily Host Response Time Report	N	N	STD	DAILY
	ECSCLAIM	CLMJO901	1	SYSTEMS	ECS Daily Claim Count	Y	N	STD	DAILY
	ELG-0001-D	ELGJD040	0	TPL - MANAGER	Total ID Card Counts by County	N	Y	STD	DAILY
	ELG-0001-M	ELGJM030	0	MS07 - LOWERY	Eligibility Monthly reconciliation report	N	Y	STD	MONTHLY
	ELG-0002-D	ELGJM040	1	SURS - HCE	Summary of Recipient EOMB	Y	Y	STD	DAILY
	ELG-0002-M	ELGJM030	0	MS07 - LOWERY	Eligibility Monthly reconciliation report	N	Y	STD	MONTHLY
	ELG-0003-D	ELGJD012	0	MS07 - LOWERY	ICES Eligibility Update Error Report	N	Y	STD	DAILY
	ELG-0003-D	ELGJD012	0	TPL - MANAGER	ICES Eligibility Update Error Report	N	Y	STD	DAILY
	ELG-0003-M	ELGJM030	0	MS07 - LOWERY	Eligibility Monthly reconciliation report	N	Y	STD	MONTHLY
	ELG-0004-M	ELGJM030	0	MS07 - LOWERY	Eligibility Monthly reconciliation report	N	Y	STD	MONTHLY
	ELG-0005-D	ELGJW030	0	TPL - MANAGER	590 Recipient Eligibility Update Error Report	N	Y	STD	DAILY
	ELG-0006-D	ELGJD010	0	TPL - MANAGER	TPL ICES Employer Report	N	Y	STD	DAILY
	ELG-0007-D	ELGJD020	0	TPL - MANAGER	CSHCS Recipient Eligibility Update Error Report	N	N	STD	DAILY
	ELG-0008-D	ELGJD030	0	PRV	CSHCS Provider Eligibility Update Error Report	N	N	STD	DAILY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	ELG-0020-M	ELGJM300	1	MS07 - LOWERY	Recipient Base Reconciliation Update	Y	Y	STD	MONTHLY
	ELG-0021-M	ELGJM300	1	MS07 - LOWERY	Recipient Reconciliation Program Update	Y	Y	STD	MONTHLY
	ELG-0022-M	ELGJM300	1	MS07 - LOWERY	Recipient Aid Reconciliation Report	Y	Y	STD	MONTHLY
	ELG-0023-M	ELGJM300	1	MS07 - LOWERY	Recipient Reconciliation Dual Aid Report	Y	Y	STD	MONTHLY
	ELG-0024-M	ELGJM300	1	MS07 - LOWERY	Recipient Patient Liability Reconciliation Report	Y	Y	STD	MONTHLY
	ELG-0025-M	ELGJM300	1	MS07 - LOWERY	Recipient Reconciliation Spenddown Status Report	Y	Y	STD	MONTHLY
	ELG-0026-M	ELGJM300	0	TPL- MANAGER	Recipient Reconciliation Spenddown Met Date Report	N	Y	STD	MONTHLY
	ELG-0027-M	ELGJM300	1	MS07 - LOWERY	ICES Reconciliation TPL Policy Holder Audit Trail Report	Y	Y	STD	MONTHLY
	ELG-0027-M	ELGJM301	1	TPL - MANAGER	ICES Reconciliation TPL Policy Holder Audit Trail Report	Y	Y	STD	MONTHLY
	ELG-0028-M	ELGJM302	1	MS07 - LOWERY	ICES Reconciliation TPL Resource Audit Trail Report	Y	Y	STD	MONTHLY
	ELG-0028-M	ELGJM303	1	TPL - MANAGER	ICES Reconciliation TPL Resource Source Audit Trail Report	Y	Y	STD	MONTHLY
	ELG-0030-D		0		Medicaid Card Reissue - New Linked RID Notification	N	N	STD	DAILY
	ELG-0410-M	ELGJM410	0	TPL - MANAGER	Aid Categories with Age/Time Limits	N	Y	STD	MONTHLY
	ELG-9001-M	ELGJM040	1	MAILROOM	Explanation of Medicaid Benefits Letter	Y	Y	STD	MONTHLY
	ELG-9002-M	ELGJM040	0	SURS - HCE	Summary of Recipient EOMBs Report - Claims Report	N	Y	STD	MONTHLY
	ELG-9003-D	ELGJD003	0	TPL-MAILROOM	Recipient ID cards	N	N	STD	DAILY
	ELG-MANUAL-M		0		EOMB Inquiry Monthly Report	N	N	STD	MONTHLY
*	EPS-0001-Q	EPSJQ010	0	MS07 - GABLE	EPSDT Recipients With Treatments Pending	N	Y	STD	QUARTER
*	EPS-0002-M	EPSJM010	0	EPS	EPSDT Screening and Immunization Compliance Report	N	Y	STD	MONTHLY
*	EPS-0003-Q	EPSJQ010	0	EPS	EPSDT Recipients With Treatments Closed	N	Y	STD	QUARTER
	EPS-0004-M	EPSJM100	0	EPS-Lingenfelter	SUMMARY OF EPSDT NOTICES SENT	N	Y	STD	MONTHLY
*	EPS-0005-M	EPSJM150	0	EPS	EPSDT Healthwatch Monthly Screening Activity	N	Y	STD	MONTHLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
*	EPS-0005-M	EPSJM150	0	MS07 - GABLE	EPSDT Healthwatch Monthly Screening Activity	N	Y	STD	MONTHLY
*	EPS-0006-A	EPSJA210	0	EPS	EPSDT Screening Cost Analysis	N	Y	STD	ANNUAL
	EPS-0007-Q	EPSJQ100	0	EPS	Vaccine For Children Program Provider Utilization	N	Y	STD	QUARTER
	EPS-0008-M	EPSJM180	0	EPS	EPSDT Healthwatch Screens Performed Monthly	N	Y	STD	MONTHLY
*	EPS-0009-A	EPSJA200	0	MS07 - GABLE	EPSDT Healthwatch Screens Performed Annually	N	Y	STD	ANNUAL
*	EPS-0010-Q	EPSJQ030	0	EPS	Providers Billing Healthwatch Screens	N	Y	STD	QUARTER
	EPS-0011-A	EPA41603	1	MS07 - GABLE	HCFA - 416 REPORT	Y	Y	STD	ANNUAL
	EPS-1007-Q	EPSJQ007	0	EPS	Vaccines for Children Program Provider Utilization - Package C	N	Y	STD	QTRLY
	EPS-1008-M	ESPJM180	0	EPS	EPSDT Healthwatch Screens Performed Monthly - Package C	N	Y	STD	MONTHLY
	EPS-1011-A	EPS	0	Package C	Package C 416 Report	N	Y	STD	ANNUAL
	EPS-9001-M	EPSJM020	0	EPS- Mailroom	EPSDT Screening Notification Letter	N	N	STD	MONTHLY
	EPS-9002-M	EPSJM020	0	EPS- Mailroom	EPSDT Pregnant Woman -- Notification Letter	N	N	STD	MONTHLY
*	EPS-9003-M	EPSJM020	0	EPS	EPSDT Missed Appointment Letter	N	N	STD	MONTHLY
	EPS-9004-M	EPSJM020	0	EPS- Mailroom	EPSDT Newly Eligible Labels	N	N	STD	MONTHLY
*	EPS-9005-M	EPSJM020	0	EPS	EPSDT Non-participant Labels	N	N	STD	MONTHLY
*	EVS-0003-D	EVS	0	SYS - MARSTELLER	Eligibility Verification	N	N	STD	DAILY
	FIN-0005-W	FINJW204	1	MS07 - NOLTING	Financial Balancing Report	Y	Y	STD	WEEKLY
	FIN-0005-W	FINJW204	1	MS33 - NELSON	Financial Balancing Report	Y	Y	STD	WEEKLY
	FIN-0220-W	FINJW232	2	FIN- LAFATA	Aged Accounts Receivable Letter	Y	N	STD	WEEKLY
	FIN-1002-D	FIN	0	ADJ - KNOX	Daily Deposit Log	N	Y	STD	DAILY
	FIN-1003-D	FIN	0	ADJ - KNOX	Cash Control Balance Report	N	Y	STD	DAILY
	FIN-1004-D	FINJD219	1	FIN	Cash Control Exception	N	Y		DAILY
	FIN-1004-W	FINJW220	1	MS07 - MCALLISTER	Cash Control Exception	N	Y	STD	WEEKLY
	FIN-1004-W	FINJW220	0	MS33 - NELSON	Cash Control Exception	Y	Y	STD	WEEKLY
	FIN-1005-W	FINJW210	0	CURRAN - ST BD HLTH	Voided Checks by External Number	N	Y	STD	WEEKLY
	FIN-1005-W	FINJW210	0	MERCER CO. - 15TH Floor	Voided Checks by External Number	N	Y	STD	WEEKLY
	FIN-1005-W	FINJW210	0	MS33 - NELSON	Voided Checks by External Number	Y	Y	STD	WEEKLY
	FIN-1006-W	FINJW220	0	ADJ - KNOX	Cash Receipts Return to Sender	N	Y	STD	WEEKLY
	FIN-1007-D	FINJD219	0	FIN	Cash Control Exception	N	Y		DAILY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	FIN-1007-W	FINJW219	0	MS33 - NELSON	Cash Control Exception Report	Y	Y	STD	WEEKLY
	FIN-1007-W	FINJW219	0	TPL - MANAGER	Cash Control Exception Report	N	Y	STD	WEEKLY
	FIN-1007-W	FINJW219	0	FIN- LEWER	Cash Control Exception Report	N	Y	STD	WEEKLY
	FIN-1007-W	FINJW219	0	TPL-TIMMERMAN	Cash Control Exception Report	N	Y	STD	WEEKLY
	FIN-1008-D	FINJD219	1	FIN	Cash Dispositioned Not Posted Report	N	Y		DAILY
	FIN-1008-W	FINJW219	0	FIN -LEWER	Cash Dispositioned Not Posted	N	Y	STD	WEEKLY
	FIN-1009-D	FINJD219	1	FIN	Cash Over Dispositioned	N	Y		DAILY
*	FIN-1500-M	FINJM220	0	CURRAN - ST BD HLTH	Cash Mgmt Rpting (Avg Daily Refund Balance)	N	N	STD	MONTHLY
*	FIN-1500-M	FINJM220	0	MS33 - NELSON	Cash Mgmt Rpting (Avg Daily Refund Balance)	N	Y	STD	MONTHLY
*	FIN-1500-M	FINJM220	1	MS35 - HENRY	Cash Mgmt Rpting (Avg Daily Refund Balance)	Y	Y	STD	MONTHLY
*	FIN-1500-M	FINJM220	1	MS35 - KING	Cash Mgmt Rpting (Avg Daily Refund Balance)	Y	Y	STD	MONTHLY
*	FIN-1501-W	FINJW220	0	CURRAN - ST BD HLTH	Cash Mgmt Rpting (Refund Analysis by Func. Area)	N	N	STD	WEEKLY
*	FIN-1501-W	FINJW220	0	MS33 - NELSON	Cash Mgmt Rpting (Refund Analysis by Func. Area)	N	Y	STD	WEEKLY
*	FIN-1501-W	FINJW220	1	MS35 - HENRY	Cash Mgmt Rpting (Refund Analysis by Func. Area)	Y	Y	STD	WEEKLY
*	FIN-1501-W	FINJW220	0	MS35 - KING	Cash Mgmt Rpting (Refund Analysis by Func. Area)	Y	Y	STD	WEEKLY
	FIN-2050-W	FINJW220	0	ADJ - KNOX	Financial Transactions Input - Payouts	N	Y	STD	WEEKLY
	FIN-2051-W	FINJW220	0	ADJ - KNOX	Financial Transactions Input - Accounts Receivable	N	Y	STD	WEEKLY
*	FIN-2052-W	FINJW220	0	ADJ - KNOX	Financial Transactions Input - Provider Returns	N	Y	STD	WEEKLY
	FIN-2053-W	FINJW220	0	ADJ - KNOX	Financial Transactions Input - Claim Payment Hold	N	Y	STD	WEEKLY
*	FIN-2054-W	FINJW200	0	ADJ - KNOX	Financial Transactions Input-Provider Lien Assignment	N	Y	STD	WEEKLY
	FIN-2056-W	FINJW227	1		Weekly Provider Tax ID Listing	Y	Y	STD	WEEKLY
	FIN-2057-M			FIN-LEWER	Monthly Tax Assesment Report	N	Y	STD	MONTHLY
	FIN-2058-W	FINJW229	0	FIN-LEWER	Weekly Financial Status Report	N	Y	STD	WEEKLY
	FIN-2058-M		0	FIN-LEWER	Tax Assess Not Recons		Y	STD	MONTHLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	FIN-2059-W	FINHOLD	0	ADJ - KNOX	Post Implementation- Financial Transactions Inventory	N	Y	STD	WEEKLY
	FIN-3000-W	FINJW220	1	CURRAN - ST BD HLTH	Provider Accounts Receivable Weekly Activity	Y	Y	STD	WEEKLY
	FIN-3000-W	FINJW220	1	MS07 - McALLISTER	Provider Accounts Receivable Weekly Activity	Y	Y	STD	WEEKLY
	FIN-3000-W	FINJW220	0	MS33 - NELSON	Provider Accounts Receivable Weekly Activity	Y	Y	STD	WEEKLY
	FIN-3000-W	FINJW220	1	MS35 - HENRY	Provider Accounts Receivable Weekly Activity	Y	Y	STD	WEEKLY
	FIN-3001-W	FINJW216	1	CURRAN - ST BD HLTH	Provider Aged Accounts Receivable by Program	Y	Y	STD	WEEKLY
	FIN-3001-W	FINJW216	1	MS07 - WASHIENKO	Provider Aged Accounts Receivable by Program	Y	Y	STD	WEEKLY
	FIN-3001-W	FINJW216	0	MS33 - NELSON	Provider Aged Accounts Receivable by Program	Y	Y	STD	WEEKLY
	FIN-3001-W	FINJW216	1	MS35 - HENRY	Provider Aged Accounts Receivable by Program	Y	Y	STD	WEEKLY
	FIN-3004-W	FINJW220	0	CURRAN - ST BD HLTH	Integrated Accounts Receivable	N	Y	STD	WEEKLY
	FIN-3004-W	FINJW220	0	MS33 - NELSON	Integrated Accounts Receivable	N	Y	STD	WEEKLY
	FIN-3004-W	FINJW220	0	MS35 - HENRY	Integrated Accounts Receivable	N	Y	STD	WEEKLY
	FIN-4000-W	FINJW210	0	CURRAN - ST BD HLTH	Weekly Provider Lien Activity	N	Y	STD	WEEKLY
	FIN-4050-W	FINJW210	0	CURRAN - ST BD HLTH	Claim Payment Hold - Summary by Provider	N	Y	STD	WEEKLY
	FIN-4051-W	FINJW210	0	CURRAN - ST BD HLTH	Claim Payment Hold - Summary by Program	N	Y	STD	WEEKLY
	FIN-4052-W	FINJW210	1	CURRAN - ST BD HLTH	Claim Payment Hold Aging (>30 Days)	Y	Y	STD	WEEKLY
	FIN-4052-W	FINJW210	1	MS07	Claim Payment Hold Aging (>30 Days)	Y	Y	STD	WEEKLY
	FIN-5000-A	FINJZ200	0	Enrl-Carnagua	1099 Payment Summary	N	Y	STD	ANNUALLY
	FIN-5001-A	FINJZ200	0	Enrl-Carnagua	1099 Exception Report	N	Y	STD	ANNUALLY
	FIN-6005-W	FINJW300	0	MERCER CO. - 15TH Floor	Check Register Report to Become FIN-6005-W	N	Y	STD	WEEKLY
	FIN-6005-W	FINJW300	0	MS33 - NELSON	Check Register Report to Become Financial	N	Y	STD	WEEKLY
	FIN-6006-W	FINJW250	0	MERCER CO. - 15TH Floor	EFT Report	N	Y	STD	WEEKLY
	FIN-6006-W	FINJW250	0	MS33 - NELSON	EFT Report	Y	Y	STD	WEEKLY
	FIN-6007-W	FINJW220	0	BNI-LAFATA	Post Implementation - System Check Stop Pay / Reissue	N	Y	STD	WEEKLY
	FIN-6051-W	FIN	0	BNI-CARNAGUA	Post Implementation- Provider 1099 Reporting (Tape)	N	Y	STD	WEEKLY
*	FIN-7000-W	FINJW212	0	BNI-LAFATA	Program Process Summary	N	Y	STD	WEEKLY
*	FIN-7001-W	FINJW212	0	MERCER CO. - 15TH Floor	Program Process Summary - CSHCS	N	Y	STD	WEEKLY
*	FIN-7001-W	FINJW212	0	MS33 - NELSON	Program Process Summary - CSHCS	N	Y	STD	WEEKLY

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*	FIN-7002-W	FINJW212	0	MERCER CO. - 15TH Floor	Program Process Summary - ARCH	N	Y	STD	WEEKLY
*	FIN-7002-W	FINJW212	0	MS33 - NELSON	Program Process Summary - ARCH	Y	Y	STD	WEEKLY
*	FIN-7003-W	FIN	0	MS33 - NELSON	Program Process Summary - Pkg C	Y	Y	STD	WEEKLY
*	FIN-7004-W	FINJW212	0	MERCER CO. - 15TH Floor	Program Process Summary - 590	N	Y	STD	WEEKLY
*	FIN-7004-W	FINJW212	0	MS33 - NELSON -	Program Process Summary - 590	Y	Y	STD	WEEKLY
*	FIN-7005-W	FINJW212	0	ADJ - KNOX	Program Process Summary - State Programs	N	Y	STD	WEEKLY
*	FIN-7005-W	FINJW212	1	MERCER CO. - 15TH Floor	Program Process Summary - State Programs	N	Y	STD	WEEKLY
*	FIN-7005-W	FINJW212	0	MS33 - NELSON	Program Process Summary - State Programs	Y	Y	STD	WEEKLY
*	FIN-7006-W	FINJW212	0	MERCER CO. - 15TH Floor	Program Process Summary - All Programs	N	Y	STD	WEEKLY
*	FIN-7006-W	FINJW212	0	MS33 - NELSON	Program Process Summary - All Programs	Y	Y	STD	WEEKLY
	FIN-8000-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary Medicaid	N	Y	STD	WEEKLY
	FIN-8000-W	FINJW213	0	MS33 - NELSON	Financial Control Summary Medicaid	Y	Y	STD	WEEKLY
*	FIN-8001-W	FINJW213	0	CURRAN - ST BD HLTH	Financial Control Summary CSHCS	N	N	STD	WEEKLY
*	FIN-8001-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary CSHCS	N	Y	STD	WEEKLY
*	FIN-8001-W	FINJW213	0	MS33 - NELSON	Financial Control Summary CSHCS	Y	Y	STD	WEEKLY
	FIN-8002-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary Disability Exams ARCH	N	Y	STD	WEEKLY
	FIN-8002-W	FINJW213	0	MS33 - NELSON	Financial Control Summary Disability Exams ARCH	Y	Y	STD	WEEKLY
	FIN-8003-W		0		Financial Control Summary Package C	N	Y	STD	WEEKLY
	FIN-8004-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary 590	N	Y	STD	WEEKLY
	FIN-8004-W	FINJW213	0	MS33 - NELSON	Financial Control Summary 590	Y	Y	STD	WEEKLY
	FIN-8005-W	FINJW213	0	CURRAN - ST BD HLTH	Financial Control Summary All State Programs	N	Y	STD	WEEKLY
	FIN-8005-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary All State Programs	N	Y	STD	WEEKLY
	FIN-8005-W	FINJW213	0	MS33 - NELSON	Financial Control Summary All State Programs	N	Y	STD	WEEKLY
	FIN-8006-W	FINJW213	0	CURRAN - ST BD HLTH	Financial Control Summary Totals	N	Y	STD	WEEKLY
	FIN-8006-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary Totals	N	Y	STD	WEEKLY
	FIN-8006-W	FINJW213	0	MS33 - NELSON	Financial Control Summary Totals	N	Y	STD	WEEKLY
	FIN-8007-W	FINJW213	0	MERCER CO. - 15TH Floor	Financial Control Summary- Medicaid prior to 7/1/94	N	Y	STD	WEEKLY

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	FIN-8007-W	FINJW213	0	MS33 - NELSON	Financial Control Summary- Medicaid prior to 7/1/94	Y	Y	STD	WEEKLY
	FIN-8009-W	FINJW213	0	MERCER CO. - 15TH Floor	Integrated Financial Summary	N	Y	STD	WEEKLY
	FIN-8009-W	FINJW213	0	MS33 - NELSON	Integrated Financial Summary	Y	Y	STD	WEEKLY
	FIN-8025-W	FINJW220	0	MERCER CO. - 15TH Floor	Administrative Fee Billing Report	N	Y	STD	WEEKLY
	FIN-8025-W	FINJW220	0	MS33 - NELSON	Administrative Fee Billing Report	Y	Y	STD	WEEKLY
	FIN-8026-M		0		Interest Paid to Providers in Late Claims (Monthly)	N	N	STD	MONTHLY
	FIN-8027-W		0	PROVIDER	Aged Provider AR Listing	N	N	STD	WEEKLY
	FIN-8028-W	FINJW224	0	FIN-LEWER	Interest Paid to Providers	N	Y	STD	WEEKLY
	FIN-8029-A	FINJA400	0	FIN-LEWER	Returned Medicine Tracking Report			STD	ANNUALLY
	FIN-8029-M	FINJM400	0	FIN-LEWER	Returned Medicine Tracking Report			STD	MONTHLY
	MAR-0103-M	MARJM833	0	MAR - NANCE	ARCH / RBA Recipient Listing for Calendar Year	N	Y	STD	MONTHLY
	MAR-0755-Q		0		Number of Children Served Related to Childrens Health Insurance Program	N	Y	STD	QTRLY
	MAR-1914-M	MARJM826	1	MS29 - DUZAN	Statewide Transportation Provider	Y	Y	STD	MONTHLY
	MAR-1915-M	MARJM825	0	MAR - NANCE	County Transportation Provider	N	N	STD	MONTHLY
*	MAR-2010-A	MARJMHCA	0	MS33 - NELSON	Recipients of Medical Care	N	N	STD	MTH/ANL
*	MAR-2011-A	MARJMHCB	0	MS33 - NELSON	Amounts of Medical Vendor Payments	N	N	STD	MTH/ANL
*	MAR-2012-A	MARJQHCC	0	MS33 - NELSON	Amounts of Medical Eligibles	N	N	STD	QTR/ANL
*	MAR-2013-A	MARJMHD1	0	MS33 - NELSON	Eligibles for Medical Care	N	N	STD	MTH/ANL
*	MAR-2014-A	MARJMHD2	0	MS33 - NELSON	Recipients for Medical Care	N	N	STD	MTH/ANL
*	MAR-2015-A	MARJMHD3	0	MS33 - NELSON	Amounts of Medical Vendor Payments	N	N	STD	MTH/ANL
*	MAR-2016-A	MARJMHD4	0	MS33 - NELSON	Eligibles for Medical Care	N	N	STD	MTH/ANL
*	MAR-2017-A	MARJMHD5	0	MS33 - NELSON	Recipients for Medical Care	N	N	STD	MTH/ANL
*	MAR-2018-A	MARJMHD6	0	MS33 - NELSON	Amounts of Medical Vendor Payments	N	N	STD	MTH/ANL
*	MAR-2019-A	MARJQHCE	0	MS33 - NELSON	Recipients for Inpatient General Hospital	N	N	STD	MTH/ANL
*	MAR-2020-A	MARJQHF1	0	MS33 - NELSON	Recipients for Nursing Home Facilities	N	N	STD	ANNUAL
*	MAR-2021-A	MARJQHF2	0	MS33 - NELSON	Recipients for Institutional Care	N	N	STD	ANNUAL
*	MAR-2022-A	MARJQHG1	0	MS33 - NELSON	Recipients of Medical Care	N	N	STD	ANNUAL
*	MAR-2023-A	MARJQHG2	0	MS33 - NELSON	Recipients of Medical Care	N	N	STD	ANNUAL

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
*	MAR-2024-A	MARJQHG3	0	MAR - NANCE	Recipients of Medical Care	N	N	STD	ANNUAL
*	MAR-2024-A	MARJQHG3	0	MS33 - NELSON	Recipients of Medical Care	N	N	STD	ANNUAL
*	MAR-2025-A	MAR	0	MS33 - NELSON	Recipients of Medical Care	N	N	STD	ANNUAL
*	MAR-2026-A	MAR	0	MS33 - NELSON	Amounts of Medical Vendor Payments	N	N	STD	ANNUAL
*	MAR-2027-A	MAR	0	MS33 - NELSON	Amounts of Medical Vendor Payments	N	N	STD	ANNUAL
*	MAR-2028-A	MAR	0	MS33 - NELSON	Recipients of Institutional Medical Care	N	N	STD	ANNUAL
*	MAR-2029-A	MAR	0	MS33 - NELSON	Amounts of Institutional Medical Care	N	N	STD	ANNUAL
*	MAR-2030-A	MAR	0	MS33 - NELSON	Premiums or Per Capita Payments	N	N	STD	ANNUAL
*	MAR-2031-A	MAR	0	MS33 - NELSON	Recipients and Payments	N	N	STD	ANNUAL
*	MAR-2032-A	MAR	0	MS33 - NELSON	Recipients and Payments	N	N	STD	ANNUAL
*	MAR-2033-A	MAR	0	MS33 - NELSON	Number of Visits	N	N	STD	ANNUAL
*	MAR-2034-A	MAR	0	MS33 - NELSON	Average Medicaid Dollars Spent	N	N	STD	ANNUAL
*	MAR-2035-A	MAR	0	MS33 - NELSON	Percent of Medicaid Eligibles	N	N	STD	ANNUAL
*	MAR-2036-A	MAR	0	MS33 - NELSON	Number of Medicaid Eligibles	N	N	STD	ANNUAL
	MAR-2501-M	MARJM851	1	MS07 - BECHERER	Expenditures - Waiver for Aged and Disabled	Y	Y	STD	MONTHLY
	MAR-2501-M	MARJM851	2	MS07 - FAIRMAN	Expenditures - Waiver for Aged and Disabled	Y	Y	STD	MONTHLY
	MAR-2501-M	MARJM851	1	MS21 - ELLIS	Expenditures - Waiver for Aged and Disabled	Y	Y	STD	MONTHLY
	MAR-2501-M	MARJM851	1	MS21 - THOMAS	Expenditures - Waiver for Aged and Disabled	Y	Y	STD	MONTHLY
	MAR-2501-M	MARJM851	1	MS35 - HENRY	Expenditures - Waiver for Aged and Disabled	Y	Y	STD	MONTHLY
	MAR-2502-M	MARJM852	2	MS07 - BECHERER	Expenditures - Waiver for Autism	Y	Y	STD	MONTHLY
	MAR-2502-M	MARJM852	2	MS07 - FAIRMAN	Expenditures - Waiver for Autism	Y	Y	STD	MONTHLY
	MAR-2502-M	MARJM852	1	MS21 - ELLIS	Expenditures - Waiver for Autism	Y	Y	STD	MONTHLY
	MAR-2502-M	MARJM852	1	MS21 - THOMAS	Expenditures - Waiver for Autism	Y	Y	STD	MONTHLY
	MAR-2502-M	MARJM852	1	MS35 - HENRY	Expenditures - Waiver for Autism	Y	Y	STD	MONTHLY
	MAR-2503-M	MARJM853	1	MS07 - BECHERER	Expenditures - Waiver for Develop. Disabled in ICF/MR	Y	Y	STD	MONTHLY
	MAR-2503-M	MARJM853	2	MS07 - FAIRMAN	Expenditures - Waiver for Develop. Disabled in ICF/MR	Y	Y	STD	MONTHLY
	MAR-2503-M	MARJM853	1	MS21 - ELLIS	Expenditures - Waiver for Develop. Disabled in ICF/MR	Y	Y	STD	MONTHLY

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	MAR-2503-M	MARJM853	1	MS21 - THOMAS	Expenditures - Waiver for Develop. Disabled in ICF/MR	Y	Y	STD	MONTHLY
	MAR-2503-M	MARJM853	1	MS35 - HENRY	Expenditures - Waiver for Develop. Disabled in ICF/MR	Y	Y	STD	MONTHLY
*	MAR-2504-M	MARJM854	0	MS07 - BECHERER	Expenditures - Waiver for OBRA Altern. Disposition Plan	N	Y	STD	MONTHLY
*	MAR-2504-M	MARJM854	0	MS07 - FAIRMAN	Expenditures - Waiver for OBRA Altern. Disposition Plan	N	Y	STD	MONTHLY
*	MAR-2504-M	MARJM854	0	MS21 - THOMAS	Expenditures - Waiver for OBRA Altern. Disposition Plan	N	Y	STD	MONTHLY
*	MAR-2504-M	MARJM854	1	MS35 - HENRY	Expenditures - Waiver for OBRA Altern. Disposition Plan	Y	Y	STD	MONTHLY
	MAR-2505-M	MARJM855	1	MS07 - BECHERER	Expenditures - Waiver for Medically Fragile Children	Y	N	STD	MONTHLY
	MAR-2505-M	MARJM855	2	MS07 - FAIRMAN	Expenditures - Waiver for Medically Fragile Children	Y	N	STD	MONTHLY
	MAR-2505-M	MARJM855	1	MS21 - ELLIS	Expenditures - Waiver for Medically Fragile Children	Y	N	STD	MONTHLY
	MAR-2505-M	MARJM855	1	MS21 - THOMAS	Expenditures - Waiver for Medically Fragile Children	Y	N	STD	MONTHLY
	MAR-2505-M	MARJM855	1	MS35 - HENRY	Expenditures - Waiver for Medically Fragile Children	Y	N	STD	MONTHLY
	MAR-3916-M	MARJM810	1	MS16 - TOTH	Mental Health Rehabilitation - Claim Activity	Y	N	STD	MONTHLY
	MAR-3916-M	MARJM810	1	MS35 - HENRY	Mental Health Rehabilitation - Claim Activity	Y	N	STD	MONTHLY
	MAR-3917-M	MARJM811	1	MS16 - TOTH	WM3917 - Current System Name WM39-17/18R Mental Health	Y	Y	STD	MONTHLY
	MAR-5602-M	MARJM812	1	MS33 - NELSON	WM5602 - Medical Assistance to Wards	Y	Y	STD	MONTHLY
*	MAR-6002-M	MARJM814	0	MAR - NANCE	AIDS/HIV Case Mgmt Services Recipient Totals	N	N	STD	MONTHLY
*	MAR-6003-M	MARJM815	0	MAR - NANCE	AIDS/HIV Case Mgmt Services Participating Recipients	N	N	STD	MONTHLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
*	MAR-6004-M	MAR	0	MAR-NANCE	AIDS/HIV Case Mgmt Recip w/ Multiple Procedures	N	N	STD	MONTHLY
*	MAR-6005-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Recipients by Age Range	N	N	STD	QUARTER
*	MAR-6006-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Recipients by Sex and Race	N	N	STD	QUARTER
*	MAR-6007-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Recipients Living and Dead	N	N	STD	QUARTER
*	MAR-6008-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Summary of Recipients by District	N	N	STD	QUARTER
*	MAR-6009-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Home Health Visits	N	N	STD	QUARTER
*	MAR-6010-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Summary of Inpatient Hospital Days	N	N	STD	QUARTER
*	MAR-6011-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Summary of SNF/ICF Days	N	N	STD	QUARTER
*	MAR-6012-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Summary of Expenditures - Total by Incu	N	N	STD	QUARTER
*	MAR-6013-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Summary of Expenditures - Totals by Rec	N	N	STD	QUARTER
*	MAR-6014-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Recipients in Alphabetical Order	N	N	STD	QUARTER
*	MAR-6015-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Recipients in RID Order	N	N	STD	QUARTER
*	MAR-6016-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Expenditures for Recipients in 1992	N	N	STD	QUARTER
*	MAR-6017-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Expenditures for Recipients in 1993	N	N	STD	QUARTER
*	MAR-6018-Q	MAR	0	ISDH-PHILLIPS-236	AIDS/HIV - Expenditures for Recipients in 1994	N	N	STD	QUARTER
*	MAR-6019-M	MARJM821	0	MAR - NANCE	AIDS/HIV - Federal Aid Categories	N	N	STD	MONTHLY
*	MAR-6020-M	MARJM853	0	MAR - NANCE	AIDS/HIV - Expenditure By Age	N	N	STD	MONTHLY
	MAR-7201-A	MAR	0	MS07 - FAIRMAN	Schedule A- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7202-A	MAR	0	MS07 - FAIRMAN	Schedule B- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7203-A	MAR	0	MS07 - FAIRMAN	Schedule C- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7203-B	MAR	0	MAR - NANCE	Schedule CG- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7204-A	MAR	0	MS07 - FAIRMAN	Schedule D- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7204-B	MAR	0	MAR - NANCE	Schedule DH- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7205-A	MAR	0	MS07 - FAIRMAN	Schedule E (part 1)- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7205-B	MAR	0	MAR - NANCE	Schedule E (part 2)- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7206-A	MAR	0	MAR - NANCE	Schedule F (part 1)- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7206-B	MAR	0	MAR - NANCE	Schedule F (part 2)- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7207-A	MAR	0	MS07 - FAIRMAN	Schedule F- Aged and Disabled Waiver	N	N	STD	ANNUAL

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	MAR-7208-A	MAR	0	MS07 - FAIRMAN	Schedule G- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7209-A	MAR	0	MAR - NANCE	Schedule H- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7209-A	MAR	0	MS07 - FAIRMAN	Schedule H- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7210-A	MAR	0	MAR - NANCE	Schedule T- Aged and Disabled Waiver	N	N	STD	ANNUAL
	MAR-7211-A	MAR	0	MS07 - FAIRMAN	Schedule A- Autism Waiver	N	N	STD	ANNUAL
	MAR-7213-A	MAR	0	MS07 - FAIRMAN	Schedule C- Autism Waiver	N	N	STD	ANNUAL
	MAR-7215-A	MAR	0	MS07 - FAIRMAN	Schedule E (part 1)- Autism Waiver	N	N	STD	ANNUAL
	MAR-7216-A	MAR	0	MAR - NANCE	Schedule E (part 2)- Autism Waiver	N	N	STD	ANNUAL
	MAR-7217-A	MAR	0	MAR - NANCE	Schedule E (part 3)- Autism Waiver	N	N	STD	ANNUAL
	MAR-7217-B	MAR	0	MAR - NANCE	Schedule E (part 4)- Autism Waiver	N	N	STD	ANNUAL
	MAR-7218-A	MAR	0	MS07 - FAIRMAN	Schedule G- Autism Waiver	N	N	STD	ANNUAL
	MAR-7219-A	MAR	0	MAR - NANCE	Schedule T- Autism Waiver	N	N	STD	ANNUAL
	MAR-7221-A	MAR	0	MS21 - DOLE	Schedule A- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7223-A	MAR	0	MS07 - FAIRMAN	Schedule C- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7225-A	MAR	0	MS0F - FAIRMAN	Schedule E (Part 1)- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7226-A	MAR	0	MS07 - FAIRMAN	Schedule E (Part 2)- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7227-A	MAR	0	MAR - NANCE	Schedule E (Part 3)- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7227-B	MAR	0	MAR - NANCE	Schedule E (Part 4)- DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7228-A	MAR	0	MS07 - FAIRMAN	Schedule G DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7229-A	MAR	0	MAR - NANCE	Schedule T DD in ICF/MR Waiver	N	N	STD	ANNUAL
	MAR-7233-A	MAY	0	MS07 - FAIRMAN	Schedule C - OBRA Waiver	N	N	STD	ANNUAL
	MAR-7235-A	MAR	0	MS07 - FAIRMAN	Schedule E (Part 1)- OBRA Waiver	N	N	STD	ANNUAL
	MAR-7236-A	MAR	0	MS07 - FAIRMAN	Schedule E (Part 2)- OBRA Waiver	N	N	STD	ANNUAL
	MAR-7241-A	MAR	0	MS07 - FAIRMAN	Schedule A Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7242-A	MAR	0	MS07 - FAIRMAN	Schedule B Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7243-A	MAR	0	MS07 - FAIRMAN	Schedule C Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7244-A	MAR	0	MS07 - FAIRMAN	Schedule D Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7245-A	MAR	0	MS07 - FAIRMAN	Schedule E Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7247-A	MAR	0	MS07 - FAIRMAN	Schedule F Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7248-A	MAR	0	MS07 - FAIRMAN	Schedule G Medically Fragile Children's Waiver	N	N	STD	ANNUAL

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	MAR-7249-A	MAR	0	MS07 - FAIRMAN	Schedule H Medically Fragile Children's Waiver	N	N	STD	ANNUAL
	MAR-7250-A	MAR	0	MAR - NANCE	Schedule T Medically Fragile Children's Waiver	N	N	STD	ANNUAL
*	MAR-8507-M	MARJM813	0	MAR - NANCE	IndianaAIM Monthly Provider Summary	N	N	STD	MONTHLY
	MAR-8508-M	MARJM860	1	MS33 - BRUNNER	FSSA School Corp Expenditures	Y	N	STD	MONTHLY
	MAR-9001-W	MAR	0	MAR - NANCE	Financial Weekly Balancing Report	N	N	STD	WEEKLY
	MAR-9002-M	MARJM902	0	MAR - NANCE	Financial- MAR Monthly Balancing Report	N	N	STD	MONTHLY
*	MEQ-0001-M	MEQPM003	1	MS06 - HOFFMAN	Claims Collection Report	Y	N	STD	MONTHLY
*	MEQ-0002-M	MEQPM002	1	MS06 - HOFFMAN	MEQC Records In Error	Y	N	STD	MONTHLY
	MGD-0001-M	MGDJM400	0	MGD - WHITEMAN	Primary Medical Provider Listing	N	Y	STD	MONTHLY
	MGD-0002-M	MGDJM410	0	MGD- MAILROOM	Capitation Payment Listing	N	Y	STD	MONTHLY
	MGD-0002-P		0	Requestor	PCCM Member Mandatory or Voluntary PMP Disenrollment Letter	N	N	STD	ON REQUEST
	MGD-0003-M	MGDJM440	1	MGD - MAILROOM	Administration Payment Listing	Y	Y	STD	MONTHLY
	MGD-0004-BM	MGDJS420	0	MGD - MAILROOM	MCO Enrollment Roster	N	Y	STD	BI-MONTHLY
	MGD-0005-BM	MGDJS400	1	MGD - MAILROOM	PCCM PMP Enrollment Roster	Y	Y	STD	BI-MONTHLY
*	MGD-0006-D	MGDJD400	0	MGD -WHITEMAN	Hoosier Healthwise Eligible Listing	N	Y	STD	DAILY
*	MGD-0007-M	MGDJM420	0	MGD - WHITEMAN	PMP Assignments	N	Y	STD	MONTHLY
*	MGD-0008-M	MGDJM430	0	MGD - WHITEMAN	Hoosier Healthwise Eligible Listing	N	Y	STD	MONTHLY
*	MGD-0009-Q		0	MGD - WHITEMAN	PCCM PMP Services Utilization Reporting	N	N	STD	QUARTER
*	MGD-0010-W		0	MGD - WHITEMAN	Hoosier Healthwise PMP Addendum Requests > 30 Days	N	N	STD	WEEKLY
*	MGD-0011-W		0	MGD - WHITEMAN	Hoosier Healthwise PMP Addendum Requests > 60 Days	N	N	STD	WEEKLY
*	MGD-0012-W		0	MGD - WHITEMAN	Hoosier Healthwise PMP Addendums Awaiting Additional Information	N	Y	STD	WEEKLY
*	MGD-0013-W	MGDJW400	0	MS07 - MEDICAID	Unassigned Hoosier Healthwise Eligibles 20 Days > ID Date	N	Y	STD	WEEKLY
	MGD-0014-Q	MGD	0	MGD - MURPHY	Certification Code Summary	N	Y	STD	QUARTER
	MGD-0015-Q		0	MGD - WHITEMAN	Hoosier Healthwise Program Certification Code Error Report	N	Y	STD	QUARTER
	MGD-0016-D		0	MGD - WHITEMAN	Hoosier Healthwise Program Recipient Linkage	N	Y	STD	DAILY
	MGD-0017-M		0	MGD - WHITEMAN	MCPD PMP Listing Report	N	N	STD	MONTHLY
*	MGD-0019-Q		0	MGD - WHITEMAN	Members Receiving Prenatal Care in the First Trimester	N	N	STD	QUARTER

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
*	MGD-0020-Q		0	MGD - WHITEMAN	Members Receiving Prenatal Care in the Second Trimester	N	N	STD	QUARTER
*	MGD-0021-Q		0	MGD - WHITEMAN	Members Receiving Prenatal Care in the Third Trimester	N	N	STD	QUARTER
*	MGD-0022-BA		0	MGD - WHITEMAN	Dollars Appropriated to Managed Care Specialties	N	N	STD	BI-ANNUAL
*	MGD-0023-Q	MGDJM023	0	MS07 - MEDICAID	PCCM Enrollee Characteristics	N	N	STD	QUARTER
*	MGD-0024-Q	MGDJM024	0	MS07 - MEDICAID	RBMC Enrollee Characteristics	N	N	STD	QUARTER
*	MGD-0025-Q	MGDJM025	0	MGD - WHITEMAN	HH Enrollee Characteristics	N	Y	STD	QUARTER
*	MGD-0026-Q		0	MGD - WHITEMAN	RBMC Enrollee Participant Characteristics	N	N	STD	QUARTER
*	MGD-0027-Q		0	MGD - WHITEMAN	PCCM Enrollee Participant Characteristics	N	N	STD	QUARTER
*	MGD-0028-Q		0	MGD - WHITEMAN	Hoosier Healthwise Enrollee Participant Characteristics	N	N	STD	QUARTER
*	MGD-0029-M		0	MGD - WHITEMAN	PCCM Non-PMP Services Utilization Reporting	N	N	STD	MONTHLY
*	MGD-0030-M		0	MGD - WHITEMAN	PCCM Total Services Utilization Reporting	N	N	STD	MONTHLY
*	MGD-0031-Q		0	MGD - WHITEMAN	RBMC PMP Services Utilization Reporting	N	N	STD	QUARTER
*	MGD-0032-M		0	MGD - WHITEMAN	RBMC Non-Capitation Services Utilization Reporting	N	N	STD	MONTHLY
*	MGD-0033-M		0	MGD - WHITEMAN	RBMC All Services Utilization Reporting	N	N	STD	MONTHLY
	MGD-0034-B		1	MGD - WHITEMAN	RBMC PMP Enrollment Roster	Y	Y	STD	BI-MONTHLY
*	MGD-9001-R	MGDJO410	1	PROV - WATKINS	PMP Enrollment Return to Provider Letter	Y	N	STD	REQUEST
*	MGD-9002-R	MGDJO420	1	PROV - WATKINS	PMP Enrollment Cover Letter	Y	N	STD	REQUEST
*	MGD-9003-R	MGDJO430	1	PROV - WATKINS	PMP Follow Up Letter	Y	N	STD	REQUEST
*	MGD-9004-R	MGDJO440	1	PROV - WATKINS	PMP Approval Letter	Y	N	STD	REQUEST
*	MGD-9005-R	MGDJO450	1	PROV - WATKINS	PMP Enrollment Denial Letter	Y	N	STD	REQUEST
	MGD-9006-R	MGDJD200	1	MGD - WHITEMAN	Hoosier Healthwise Member	Y	N	STD	REQUEST
	MGD-9007-Q		0	MGD - WHITEMAN	PMP Certification Letter	N	N	STLTR	REQUEST
	MGD-9007-R	MGDPD530	1	MGD - WHITEMAN	PCCM PMP Voluntary Disenrollment Letter	Y	N	STLTR	DAILY
	MGD-9008-D	MGDPD531	1	MGD - WHITEMAN	PCCM PMP Mand. Disenroll Letter to PMP	Y	N	STLTR	DAILY
	MGD-9009-D	MGDJD532	1	MGD - WHITEMAN	RBMC PMP Mand. Disenroll Letter to Recip	Y	N	STLTR	DAILY
	MGD-9010-D	MGDPD533	1	MGD - WHITEMAN	RBMC PMP Mand. Disenroll Letter to MCO	Y	N	STLTR	DAILY
	MGD-9012-D	MGDJD534	1	MGD - WHITEMAN	PCCM Vol & Mand. Disenroll Letter to Recip	Y	N	STLTR	DAILY
	MGD-9013-D	MGDPD535	1	MGD - WHITEMAN	RBMC PMP Volunteer Disenroll Letter to MCE	Y	N	STLTR	DAILY
	MGD-9014-D	MGDPD536	1	MGD - WHITEMAN	RBMC PMP Vol. Disenroll Letter to PMP	Y	N	STLTR	DAILY
	MGD-9015-D	MGDPD537	1	MGD - WHITEMAN	RBMC PMP Mand. Disenroll Letter to PMP	Y	N	STLTR	DAILY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	PAU-0002-D	PAUJD002	0	MS07 - GABLE	Daily 7-10 Day Old Report	N	Y	STD	DAILY
	PAU-0003-D	PAUJD003	0	MS07 - GABLE	Daily Auto-Approved Report	N	Y	STD	DAILY
	PAU-0005-M	PAUJM005	0	MS07 - ALBERT	Monthly Activity Report	N	Y	STD	MONTHLY
	PAU-0006-M	PAUJM006	0	MS07 - ALBERT	Monthly Admin Review Report	N	Y	STD	MONTHLY
	PAU-0008-M		0	HCE- PA	Prior Authorization Monthly Utilization Report - Medicaid	N	Y	STD	MONTHLY
	PAU-0009-M		0	HCE- PA	Psychiatric Admissions Analysis Report - Medicaid	N	Y	STD	MONTHLY
	PAU-0010-M		0	HCE- PA	Psychiatric Admissions By Diagnosis Analysis Report	N	Y	STD	MONTHLY
	PAU-0011-Q	PAUJQ011	0	MS07 - ALBERT	Psych Admissions by Facility Analysis Rpt	N	Y	STD	QUARTER
	PAU-0012-M	PAUJM012	0	MS07 - ALBERT	Transportation Services Report Not Coded	N	Y	STD	MONTHLY
	PAU-0013-M	PAUJM013	0	MS07 - ALBERT	Transportation Exemptions Analysis Report Not Coded	N	Y	STD	MONTHLY
	PAU-0014-Q	PAUJM014	0	MS07 - ALBERT	Transportation Limits Analysis Report Not Coded	N	Y	STD	QUARTER
	PAU-0016-M		0	HCE- PA	PCCM Prior Authorization Monthly Utilization Report - Medicaid	N	Y	STD	MONTHLY
	PAU-0017-M	PAUJM017	0	MS07 - ALBERT	PCCM Monthly Activity Report	N	Y	STD	MONTHLY
	PAU-0102-D		0	HCE- PA	Prior Authorization Daily 7-10 Days Old Report - Package C	Y	Y	STD	DAILY
	PAU-0103-D		0	HCE- PA	Prior Authorization Daily Automatic Approval Report - Package C	Y	Y	STD	DAILY
	PAU-0105-D		0	HCE- PA	Prior Authorization Monthly Activity Report - Package C	N	Y	STD	DAILY
	PAU-0106-M		0	HCE- PA	Prior Authorization Monthly Administrative Review Report - Package C	N	Y	STD	MONTHLY
	PAU-0108-M		0	HCE- PA	Prior Authorization Monthly Utilization Report - Package C	N	Y	STD	MONTHLY
	PAU-0109-M		0	HCE- PA	Psychiatric Admissions Analysis Report - Package C	N	Y	STD	MONTHLY
	PAU-0111-Q		0	HCE- PA	Psychiatric Admissions By Facility Analysis Report - Package C	N	Y	STD	QTRLY

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	PAU-0112-M		0	HCE- PA	Prior Authorization for Transportation Services Report - Package C	N	Y	STD	MONTHLY
	PAU-0113-M		0	HCE- PA	Prior Authorization Transportation Exemptions Analysis Report - Package C	N	Y	STD	MONTHLY
	PAU-0114-Q		0	HCE- PA	Prior Authorization Transportation Limits Analysis Report - Package C	N	Y	STD	QTRLY
	PAU-0116-M		0	HCE- PA	PCCM Prior Authorization Monthly Utilization Report - Package C	N	Y	STD	MONTHLY
	PAU-0117-M	PAUJM117	0	HCE- PA	PCCM Prior Authorization Monthly Activity Report - Package C	N	Y	STD	MONTHLY
	PAU-9001-D	PAUJD001	2	HCE- PA	Indiana Prior Authorization for Medical Review	Y	N	STD	DAILY
	PBM-0310-D	PBMJD310	0	EDS	PBM Daily Error Report	N	Y	STD	DAILY
	PRV-0001-Q	PRVJQ001	1	IOC - CLARIDGE	Quarterly IOC Facility / Recip Report	Y	Y	STD	QTRLY
	PRV-0001-R	PRVJQ001	1	IOC - CLARIDGE	Provider Aged Tracking Report	Y	N	STD	REQUEST
	PRV-0010-R	PRVJD010	0	OPERATIONS	Provider Mailing Labels - batch	N	N	STD	REQUEST
	PRV-0011-R	PRVJD011	0	PROV	Provider Listing By Flexible Criteria	N	Y	STD	REQUEST
	PRV-0011-R	PRVJD011	1	REQUESTOR	Provider Listing By Flexible Criteria - Batch	Y	Y	STD	REQUEST
	PRV-0012-AW		0		Update Provider CLIA Status Error Report	N	N	STD	WEEKLY
	PRV-0012-BWO		0		Update Provider CLIA Status Detail Report	N	N	STD	WEEKLY
	PRV-0013-M	PRVJM013	0	PROV ENROLL	Provider Due for Recertification or Relicensing Within 60 Days	N	Y	STD	MONTHLY
	PRV-0013-N		0		CLIA Providers Without Mail-to Address Error Report	N	Y	STD	REQUEST
	PRV-0015-R	PRVJR015	0	REQUESTOR	Provider Cross Reference Report by FEIN/SSN	N	Y	STD	REQUEST
	PRV-0016-R	PRVJR016	0	REQUESTOR	Provider Cross Reference Report by License	N	Y	STD	REQUEST
	PRV-0017-R	PRVJO017	0	REQUESTOR	Provider Participation Analysis Report	N	Y	STD	REQUEST
	PRV-0018-R	PRVJO018	0	REQUESTOR	Change In Provider Practice Arrangements	N	Y	STD	REQUEST
	PRV-0019-A	POWER BLDR	1	MS33 - NELSON	Provider 1099 payment detail	Y	Y	STD	ANNUAL
	PRV-0023-M	PRV	1	MS07 - NOLTING	Written Correspondence Tracking Report	Y	N	STD	MONTHLY
	PRV-0030-W	PRV	1	PRV - HUNT	Unmatched NSC Suppliers on DMERC Crossover	Y	N	STD	WEEKLY

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	PRV-0031-W	PRV	1	PRV - HUNT	Unmatched Medicare Providers on Part B Crossover	Y	N	STD	WEEKLY
	PRV-0032-W	PRV	0	PRV - HUNT	Provider EFT Pre-Notification Listing	Y	N	STD	WEEKLY
	PRV-0036-M	PRV	1	PRV - HUNT	HPB License Tape Update Report	Y	Y	STD	MONTHLY
*	PRV-0037-R	PRV	0	REQUESTOR	Archived Providers List	N	Y	STD	REQUEST
	PRV-8028-M	PRV	1	MS07 - NOLTING	AT&T Call Work Code Report	Y	Y	STD	MONTHLY
	PRV-8028-M	PRV	1	PRV - HICKMAN	AT&T Call Work Code Report	Y	Y	STD	MONTHLY
	PRV-9002-R	POWER BLDR	2	PRV - HUNT	In-State Practitioner Enrollment Tracking Letter	Y	N	STD	REQUEST
	PRV-9003-R	POWER BLDR	2	PRV - HUNT	In-State Institution Initial Certification - Enroll	Y	N	STD	REQUEST
	PRV-9004-R	POWER BLDR	2	PRV - HUNT	Out-of-State Practitioner - Enrollment Tracking Le	Y	N	STD	REQUEST
	PRV-9005-R	POWER BLDR	2	PRV - HUNT	Out-Of-State Institution - Enrollment Tracking Let	Y	N	STD	REQUEST
	PRV-9007-R	POWER BLDR	2	PRV - HUNT	Provider Enrollment Return To Prov (RTP)	Y	N	STD	REQUEST
	PRV-9008-R	PRVJD09A	2	PRV - HUNT	Provider Enrollment Letter	Y	N	STD	REQUEST
	PRV-9009-R	PRVJD09B	2	PRV - HUNT	Provider Change Notification Letter	Y	N	STD	REQUEST
	PRV-9012-R	POWER BLDR	2	PRV - HUNT	Change Request Return To Provider Letter	Y	N	STD	REQUEST
	PRV-9014-M	PRVJM914	2	PRV - HUNT	Provider Recertification Notice	Y	N	STD	MONTHLY
	PRV-9024-R	PRVJD924	1	PRV - SCHLETER	Inquiry Reponse Letter	Y	N	STD	REQUEST
	PRV-9026-R	PRV	2	PRV - HUNT	Provider EFT Error Letter	Y	N	STD	REQUEST
	PRV-9035-R	PRV	0	PROV	Provider Enrollment Denial Letter	N	N	STD	REQUEST
	PRVDPHON-2	PRV	0	PROV	Calls by Provider Report	N	Y	STD	DAILY
	PRVDPHON-3	PRV	0	PROV	High Level Summary Report	N	Y	STD	MONTHLY
	PRVDPHON-4	PRV	0	PROV	High Level Summary Report	N	Y	STD	MONTHLY
	PVS-605C-W	PVSJM828	0		Check Register for CHIP	N	Y	STD	WEEKLY
	PVS-605M-W	PVSJM828	0		Check Register for M.E.D. Works	N	Y	STD	WEEKLY
*	REF-0015-A	REFJA070	1	REF - SCHLETER	Medicare Fee Schedule RBRVS Update	Y	Y	STD	ANNUAL
*	REF-0016-A	REFJA060	1	REF - SCHLETER	Medicare Oxygen Fee Schedule Report	Y	Y	STD	ANNUAL

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*	REF-0017-A	REF	1	REF - SCHLETER	Medicare DME Fee Schedule Report	Y	Y	STD	ANNUAL
*	REF-0018-A	REF	1	REF - SCHLETER	Medicare Parental Fee Schedule Report	Y	Y	STD	ANNUAL
*	REF-0019-A	REF	1	REF - SCHLETER	Medicare Prosthetic Fee Schedule Report	Y	Y	STD	ANNUAL
*	REF-0020-A	REFJA050	1	REF - SCHLETER	Medicare Lab Fee Schedule Report	Y	Y	STD	ANNUAL
	REF-0021-A	REFJA030	1	REF - SCHLETER	HCPCS Update Report	Y	Y	STD	ANNUAL
*	REF-0022-R	REF	1	REF - SCHLETER	First Data Bank Drug Update Report	Y	Y	STD	REQUEST
*	REF-0023-R	REF	1	REF - SCHLETER	Diagnosis Report	Y	Y	STD	REQUEST
*	REF-0024-R	REFJOREV	1	REF - SCHLETER	Revenue Code Report	Y	Y	STD	REQUEST
*	REF-0025-R	REFJOEOB	1	REF - SCHLETER	EOB Report	Y	Y	STD	REQUEST
*	REF-0026-R	REFJOHPP	1	REF - SCHLETER	HCPC Procedure Pricing Report	Y	Y	STD	REQUEST
*	REF-0027-R	REFJOHPM	1	REF - SCHLETER	HCPC Procedure Master Report	Y	Y	STD	REQUEST
*	REF-0028-R	REFJOIPC	1	REF - SCHLETER	ICD-9-CM Procedure Coverage Report	Y	Y	STD	REQUEST
*	REF-0029-R	REFJOIPM	1	REF - SCHLETER	ICD-9-CM Procedure Master Report	Y	Y	STD	REQUEST
*	REF-0030-R	REFJOUCC	1	REF - SCHLETER	Usual and Customary Charge Report	Y	Y	STD	REQUEST
	REF-0031-R		0	REF - SCHLETER	IHCP Fee Schedule	N	Y	STD	REQUEST
*	REICLAIM	CLMJO901	1	SYSTEMS	REI Paper Newday Claim Daily Ct	N	N	STD	DAILY
	SRG-9001-M		1	MAILROOM	EOMB Letters- Monthly	Y	N	STD	MONTHLY
	SRG-9001-W	ELG-9001-W	1	SUR - HCE	Weekly EOMB Recipient Letters	Y	N	STD	WEEKLY
	SRGR010		0	SUR - HCE	Account Cycle Control Data and Customer Options Control Report	N	N	STD	QUARTER
	SRGR021	SRJQ020	1	SUR - HCE	Provider Locality Cross Reference	Y	N	STD	QUARTER
	SRGR021	SRJQ020	2	SUR - HCE	Provider Locality Cross Reference	Y	N	STD	QUARTER
	SRGR021-E	SRJQ020	0	SUR - HCE	Provider Locality Cross Reference Edit	N	N	STD	QUARTER
	SRGR022	SRJQ020	1	SUR - HCE	Provider Type Cross Reference	Y	N	STD	QUARTER
	SRGR022	SRJQ020	2	SUR - HCE	Provider Type Cross Reference	Y	N	STD	QUARTER
	SRGR022-E	SRJQ020	0	SUR - HCE	Provider Type Cross Reference Edit	N	N	STD	QUARTER
	SRGR023	SRJQ020	1	SUR - HCE	Provider Specialty Cross Reference	Y	N	STD	QUARTER
	SRGR023	SRJQ020	2	SUR - HCE	Provider Specialty Cross Reference	Y	N	STD	QUARTER
	SRGR023-E	SRJQ020	0	SUR - HCE	Provider Specialty Cross Reference Edit	N	N	STD	QUARTER
	SRGR024	SRJQ020	2	SUR - HCE	Recipient Locality Cross Reference	Y	N	STD	QUARTER

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	SRGR024	SRJQ020	1	SUR - HCE MS29	Recipient Locality Cross Reference	Y	N	STD	QUARTER
	SRGR024-E	SRJQ020	0	SUR - HCE	Recipient Locality Cross Reference Edit	N	N	STD	QUARTER
	SRGR025	SRJQ020	2	SUR - HCE	Recipient Aid Category Cross Reference	Y	N	STD	QUARTER
	SRGR025	SRJQ020	1	SUR - HCE MS29	Recipient Aid Category Cross Reference	Y	N	STD	QUARTER
	SRGR025-E	SRJQ020	0	SUR - HCE	Recipient Aid Category Cross Reference Edit	N	N	STD	QUARTER
	SRGR026	SRJQ020	2	SUR - HCE	Diagnosis Cross Reference	Y	N	STD	QUARTER
	SRGR026	SRJQ020	1	SUR - HCE MS29	Diagnosis Cross Reference	Y	N	STD	QUARTER
	SRGR026-E	SRJQ020	0	SUR - HCE	Diagnosis Cross Reference Edit	N	N	STD	QUARTER
	SRGR027	SRJQ020	2	SUR - HCE	Procedure Cross Reference	Y	N	STD	QUARTER
	SRGR027	SRJQ020	1	SUR - HCE MS29	Procedure Cross Reference	Y	N	STD	QUARTER
	SRGR027-E	SRJQ020	0	SUR - HCE	Procedure Cross Reference Edit	N	N	STD	QUARTER
	SUR-0222-Q	SUR	2	SUR - HCE	Summary Category Code Activity	Y	N	STD	QUARTER
	SUR-0270-A	DSIBMU25	0	SUR - HCE	Peer Group Norms and Pattern Detail	N	Y	STD	ANNUAL
	SUR-0271-A	DSIBMU25	0	SUR - HCE	Provider Ratio Distribution	N	Y	STD	ANNUAL
	SUR-0290-A	DSIBMU25	0	SUR - HCE	Treatment Criteria Analysis	N	Y	STD	ANNUAL
	SUR-0302-D	SUR	1	SUR - HCE	Selected Provider Edit Report	Y	N	STD	DAILY
	SUR-0310-M	SUR	0	SUR - HCE		N	N	STD	MONTHLY
	SUR-0400-Q	SUR	0	SUR - HCE	Extract Definition Edit Report	N	N	STD	QTRLY
	SUR-0410-Q	SRGJQ041	1	SUR - HCE	Recipient Report Def Edit	Y	N	STD	QUARTER
	SUR-0430-Q	SRGJQ040	1	SUR - HCE	Recipient Extract Def Edit	Y	N	STD	QUARTER
	SUR-0430-Q	SRGJQ042	2	SUR - HCE	Recipient Summary Line Definition	Y	N	STD	QUARTER
	SUR-0430-Q	SRGJQ042	1	SUR - HCE MS29	Recipient Summary Line Definition	Y	N	STD	QUARTER
	SUR-0500-Q	SRGJQ040	1	SUR - HCE	Provider Extract Definition Edit	Y	N	STD	QUARTER
	SUR-0510-Q	SRGJQ040	1	SUR - HCE	Provider Report Definition Edit	Y	N	STD	QUARTER
	SUR-0530-Q	SRGJQ040	2	SUR - HCE	Provider Summary Line Definition	Y	N	STD	QUARTER
	SUR-0530-Q	SRGJQ040	1	SUR - HCE MS29	Provider Summary Line Definition	Y	N	STD	QUARTER
	SUR-0551-Q	DSIBMUD6	1	SUR - HCE	DRG Length of Stay Ranking	Y	Y	STD	QUARTER
	SUR-0552-Q	DSIBMUD6	0	SUR - HCE	DRG Length of Stay by Diagnosis Category and Admit	N	Y	STD	QUARTER
	SUR-0553-Q	DSIBMUD6	0	SUR - HCE	DRG Length of Stay Detail	N	Y	STD	QUARTER

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	SUR-0554-Q	DSIBMUD6	0	SUR - HCE	DRG Ancillary Distribution	N	Y	STD	QUARTER
	SUR-0590-Q	DSIBMUD7	0	SUR - HCE	DRG merged History	N	Y	STD	QUARTER
	SUR-0595-Q	DSIBMUD8	0	SUR - HCE	DRG Physician Length of Stay Exception	N	Y	STD	QUARTER
	SUR-0610-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Provider Report	N	Y	STD	QUARTER
	SUR-0620-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary	N	Y	STD	QUARTER
	SUR-0631-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Detail Non-Drug	N	Y	STD	QUARTER
	SUR-0632-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Detail Drug	N	Y	STD	QUARTER
	SUR-0633-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Detail Combined	N	Y	STD	QUARTER
	SUR-0634-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Detail Non-Drug Wraparound	N	Y	STD	QUARTER
	SUR-0635-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Detail Drug Wraparound	N	Y	STD	QUARTER
	SUR-0636-Q	DSIBMUL2	0	SUR - HCE	Long Term Care Summary Combined Wraparound	N	Y	STD	QUARTER
	SUR-0820-A	DSIBMU80	0	SUR - HCE	Treatment Factors Analysis	N	Y	STD	ANNUAL
	SUR-1300-D	SRGJD133	1	SUR - HCE	Selected Provider History Detail	Y	N	STD	DAILY
	SUR-1308-D	SRGJD133	1	SUR - HCE	Provider Worksheet	Y	N	STD	DAILY
	SUR-1309-D	SUR	1	SUR - HCE	Medical Records Request	Y	Y	STD	DAILY
	SUR-1320-D	SRGJD130	1	SUR - HCE	Selected Provider Summary	Y	Y	STD	DAILY
	SUR-1550-Q	SRGJQ150	2	SUR - HCE	Provider Peer Group Cross-reference	Y	Y	STD	QUARTER
	SUR-1560-Q	SRGJQ150	2	SUR - HCE	Provider Count by Peer Group	Y	Y	STD	QUARTER
	SUR-3200-Q	DSIBMU31	0	SUR - HCE	Provider Exception Summary Profile	N	Y	STD	QUARTER
	SUR-3210-Q	DSIBMU31	0	SUR - HCE	All Provider Summary Profile	N	Y	STD	QUARTER
	SUR-3220-Q	DSIBMU31	1	SUR - HCE	Selected Provider Summary Profile	Y	Y	STD	QUARTER
	SUR-3230-Q	DSIBMU31	0	SUR - HCE	Provider Group Profile	N	Y	STD	QUARTER
	SUR-3240-Q	DSIBMU31	2	SUR - HCE	Provider Exception Deselection	Y	N	STD	QUARTER
	SUR-3250-Q	DSIBMU31	0	SUR - HCE	Provider Peer Group Summary Profile	N	Y	STD	QUARTER
	SUR-3260-Q	DSIBMU31	0	SUR - HCE	Provider Summary Exception Statistics	N	Y	STD	QUARTER
	SUR-3270-Q	DSIBMU31	0	SUR - HCE	Provider Forced Exception	N	Y	STD	QUARTER
	SUR-3300-Q	DSIBMU31	2	SUR - HCE	Provider Summary Profile Exception Ranking	Y	Y	STD	QUARTER
	SUR-3500-Q	DSIBMU34	0	SUR - HCE	Beneficiary Exception Summary Profile	N	Y	STD	QUARTER
	SUR-3510-Q	DSIBMU34	0	SUR - HCE	All Beneficiary Summary	N	Y	STD	QUARTER

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	SUR-3520-Q	DSIBMU34	1	SUR - HCE	Selected Beneficiary Summary	Y	Y	STD	QUARTER
	SUR-3540-Q	DSIBMU34	2	SUR - HCE	Beneficiary Exception Deselection	Y	N	STD	QUARTER
	SUR-3550-Q	DSIBMU34	0	SUR - HCE	Beneficiary Peer Group Summary Profile	N	Y	STD	QUARTER
	SUR-3560-Q	DSIBMU34	0	SUR - HCE	Beneficiary Summary Exception Statistics	N	Y	STD	QUARTER
	SUR-3570-Q	DSIBMU34	1	SUR - HCE	Forced Beneficiary Summary Profile	Y	Y	STD	QUARTER
	SUR-3600-Q	DSIBMU34	2	SUR - HCE	Beneficiary Summary Profile Exception Ranking	Y	Y	STD	QUARTER
	SUR-4300-Q	DSIBMU40	0	SUR - HCE	Provider Treatment Analysis Exceptions	N	Y	STD	QUARTER
	SUR-4310-Q	DSIBMU40	0	SUR - HCE	All Provider Treatment Analysis	N	Y	STD	QUARTER
	SUR-4320-Q	DSIBMU40	1	SUR - HCE	Selected Provider Treatment Analysis	Y	Y	STD	QUARTER
	SUR-4330-Q	DSIBMU40	2	SUR - HCE	Treatment Analysis Exception Ranking By Diagnosis	Y	Y	STD	QUARTER
	SUR-4350-Q	DSIBMU40	2	SUR - HCE	Provider Treatment Analysis Exception Ranking	Y	Y	STD	QUARTER
	SUR-9500-A	SRG JQ950	0	SUR - HCE	Procedure Code Distribution and Statistical Analysis	N	Y	STD	ANNUAL
	SUR-9510-A	SRG JQ950	0	SUR - HCE	Diag Code Distribution and Number Svcs Analysis	N	Y	STD	ANNUAL
	SUR-9530-A	SRG JQ950	1	SUR - HCE	DRG Distribution and Statistical Analysis	Y	Y	STD	ANNUAL
	TPL-0002-D	ELGJD012	0	TPL - MANAGER	ICES TPL ERROR RPT	N	Y	STD	DAILY
*	TPL-0003-M	TPLJM002	1	MS07 - McALLISTER	TPL Monthly Casualty Composite	Y	Y	STD	MONTHLY
*	TPL-0003-M	TPLJM002	0	TPL - MANAGER	TPL Monthly Casualty Composite	N	Y	STD	MONTHLY
*	TPL-0004-M	TPLJM002	0	TPL - MANAGER	TPL Case Activity Summary	N	Y	STD	MONTHLY
	TPL-0006-R	TPLJO006	1	MS07 - MARET	State Police Data Match	Y	Y	STD	REQUEST
	TPL-0008-R	TPLJ	1	TPL - MANAGER	Malpractice Data Match	Y	Y	STD	REQUEST
	TPL-0009-M	TPLJM001	1	TPL - MANAGER	Accident/Trauma	Y	Y	STD	MONTHLY
	TPL-0010-R	TPLJO001	1	TPL - MANAGER	Black Lung Data Match	Y	Y	STD	REQUEST
	TPL-0012-R	TPLJO003	1	TPL - MANAGER	Deers Data Match	Y	Y	STD	REQUEST
	TPL-0014-Q	TPLJQ001	1	TPL - MANAGER	TPL AIDS Intron A and Roferon A	Y	Y	STD	QUARTER
*	TPL-0015-M	TPLJM007	1	TPL - MANAGER	TPL Resource Statistics	Y	Y	STD	MONTHLY
	TPL-0016-M	TPLJM003	1	MS07 - McALLISTER	TPL Cost Avoidance Statistics	Y	Y	STD	MONTHLY
	TPL-0016-M	TPLJM003	1	TPL - MANAGER	TPL Cost Avoidance Statistics	Y	Y	STD	MONTHLY
	TPL-0017-R	TPLJ	0	TPL - MANAGER	Carrier By Employer	N	Y	STD	REQUEST
	TPL-0018-R	TPLJ	0	TPL - MANAGER	Employer By Carrier	N	Y	STD	REQUEST

NOT USED BY EDS	REPORT NUMBER	JOB NAME	COPIES	LOCATION	REPORT NAME	PAPER	CRLD	FORM	FREQUENCY
	TPL-0019-R	TPLJ	0	TPL - MANAGER	Recipients By Carrier	N	Y	STD	REQUEST
	TPL-0021-Q	TPLJ	0	TPL - MANAGER	Carrier By Recipients	N	Y	STD	QUARTER
	TPL-0021-Q	TPLJ	5	TPL - MANAGER	Carrier By Recipients	Y	N	STD	QUARTER
	TPL-0022-Q	TPLJQ002	0	TPL - MANAGER	Carrier Master File - Numeric	N	Y	STD	QUARTER
	TPL-0023-W	TPLJW002	0	TPL - MANAGER	Potential TPL for Follow-up	N	Y	STD	WEEKLY
*	TPL-0024-M	TPLJM	0	TPL - MANAGER	Suspect Questionnaire follow-up	N	N	STD	MONTHLY
	TPL-0033-M	TPLJM005	1	MS07 - McALLISTER	Cost Avoidance Summary - HCFA Calculation	Y	Y	STD	MONTHLY
	TPL-0033-M	TPLJM005	1	TPL - MANAGER	Cost Avoidance Summary - HCFA Calculation	Y	Y	STD	MONTHLY
	TPL-0034-M	TPL	1	MS07 - MCALLISTER	Cost Recovery Summary HCFA	Y	Y	STD	MONTHLY
	TPL-0038-M	TPLJM006	0	TPL - MANAGER	HIPP Monthly Payment Detail	N	Y	STD	MONTHLY
	TPL-0039-M	TPLJM006	0	TPL - MANAGER	HIPP Recipients for Cost Effectiveness Review	N	Y	STD	MONTHLY
	TPL-0040-W	TPLJM004	0	TPL - MANAGER	HIPP Recipients for Potential Premium Recoupment	N	Y	STD	WEEKLY
*	TPL-0041-M	TPLJM006	0	TPL - MANAGER	HIPP Cumulative Payment Summary	N	Y	STD	MONTHLY
	TPL-0042-Q	TPLJQ003	0	TPL - MANAGER	HIPP Cost Effectiveness - Quarterly Review	N	Y	STD	QUARTER
	TPL-0043-M	TPLJM043	0	TPL - MANAGER	Provider Paid by Insurance	N	Y	STD	MONTHLY
	TPL-0044-W	TPLJW004	0	TPL - MANAGER	HIPP Policies for Follow-up	N	Y	STD	WEEKLY
	TPL-0045-M	TPL	1	MS07 - McALLISTER	Recipient Spenddown Counted as TPL Collections	Y	Y	STD	MONTHLY
	TPL-0045-M	TPL	0	TPL - MANAGER	Recipient Spenddown Counted as TPL Collections	N	Y	STD	MONTHLY
	TPL-0090-W	TPLJW018	0	TPL - MANAGER	TPL Ices Transaction Review Report	N	Y	STD	WEEKLY
	TPL-0105-D	TPLJD008	1	MS07 - LOVE	Birth Expenditure Requests by County	Y	Y	STD	DAILY
	TPL-0106-M	TPLJM600	0	TPL - MANAGER	Birth Expenditure Requests by Clerk Id	N	Y	STD	MONTHLY
	TPL-0107-M	TPLJM600	0	TPL - MANAGER	Birth Expenditure Requests by County	N	Y	STD	MONTHLY
	TPLBE1	TPLJD008	1	MS07 - LOVE	Birth Expenditure RBMC Letter	Y	N	STD	DAILY
	TPLBE2	TPLJD008	1	MS07 - LOVE	Birth Expenditure Claims Not Paid Letter	Y	N	STD	DAILY
	TPLBE3	TPLJD008	1	MS07 - LOVE	Birth Expenditure Paid Claims Letter	Y	N	STD	DAILY
	TPLBE4	TPLJD008	1	MS07 - LOVE	Birth Expenditure Paid Claims Report	Y	N	STD	DAILY

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