## Reporting Requirements for MSHN SUD Providers FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Cost Reimbursement Contracts only	Equipment Inventories (\$5000 or more per unit) (Cost Reimbursment or Cost Settlement Contracts Only)	With Budget Prior to Oct 1st	amy.keinath@midstatehealthnetwork.org	EMAIL	NO TEMPLATE
Cost Reimbursement Contracts - TX & PREV	Monthly Financial Status Reports	10th of month following service date	Box - by invitation only	WEB PORTAL (Box)	PROGRAM AGENCY FOLDER
Prevention	Michigan Prevention Data System (MPDS) (NOTE: All direct face to face activities paid in full or part by MSHN must be entered following guidelines in	10th of the month following the month services were delivered	web based submission in the MPDS system (mpds.sudpds.com)	WEB PORTAL (Box)	N/A
Prevention	Prevention Outcomes Report (Oct 1st to Sept 30th)	11/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention	SUD Prevention Annual Plan	7/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention	SUD Prevention Additional Unit Report	4/15/2019 10/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 1st Quarter Report	1/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 2nd Quarter Report	4/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 3rd Quarter Report	7/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/Bay County PFS Contractor Only	SUD Partnership for Success (PFS II) 4th Quarter Report	10/10/2019	Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Additional Tobacco Vendor Education Report (DYTUR Contracted Providers) (July 1st to Sept 30th)	10/15/2019	PXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Tobacco/Formal Synar-PROTOCOL FORM - YTA COMPLIANCE CHECK REPORTING	Postmarked or delivered to MSHN by the third day after identified MSHN Formal Synar Period	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	SEND ORIGINAL SYNAR FORM BY MAIL or hand deliver to MSHN Offices: 530 W. Ionia: Ste. F: Lansing.	FORMS SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Non-Synar Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	5/30/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Non-Synar Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	10/15/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Prevention/ Designated Youth Tobacco Use Representative Agencies Only	Required Tobacco Vendor Education Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	5/30/2019	Heather.English@midstatehealthnetwork.org cc: Jill.Worden@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL

## Reporting Requirements for MSHN SUD Providers FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Youth Tobacco Use			cc: Jill.Worden@midstatehealthnetwork.org		
Representative Agencies Only					
Prevention/ Designated	Youth Access to Tobacco Activity Annual Report (DYTUR Contracted	10/10/2018	Heather.English@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Youth Tobacco Use	Providers)		cc: Jill.Worden@midstatehealthnetwork.org		
Representative Agencies Only					
Treatment	Appeals/Grievance/Second Opinion (April 1st - Sept 30th)	12/31/2018	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Appeals/Grievance/Second Opinion (Oct 1st - March 31st)	6/30/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	REMI Claims Submission	Twice per month based on	REMI Web Based Data System	REMI WEB PORTAL	N/A
		reporting due dates identified on published calendar			
Treatment	Charitable Choice Report	8/1/2019	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Encounter Reporting via HIPAA 837 Standard Transactions	monthly (min. 12/year)	Shyam.marar@midstatehealthnetwork.org	DATA OBTAINED THROUGH CARENET	N/A
Treatment	Injecting Drug Users 90% Capacity Treatment Report (Due at the end of the month following the last month of the quarter)	Due the 15th of the month following the last month of the quarter; report only if have data to report	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment	Performance Indicators (4th quarter)	12/1/2018	sandy.gettel@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (1st quarter)	3/1/2019	sandy.gettel@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (2nd quarter)	6/1/2019	sandy.gettel@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Performance Indicators (3rd quarter)	9/1/2019	sandy.gettel@midstatehealthnetwork.org	DATA OBTAINED THROUGH REMI	N/A
Treatment	Priority Populations Waiting List Deficiencies Report	Due 1st Friday of the month for the previous month in which the exception occurred; report only if have data to report.	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment	Satisfaction Surveys	8/1/2019	dan.dedloff@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Sentinel Events Data Report (Residential Treatment Only) (April 1st - Sept 30th)	10/15/2019	sandy.gettel@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Sentinel Events Data Report (Residential Treatment Only) (Oct. 1st - March 31st)	04/15/2019	sandy.gettel@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Treatment Episode Data Set (TEDS) (due the last day of the month)	last day of the month	REMI Web Based Data System	REMI WEB PORTAL	N/A

## Reporting Requirements for MSHN SUD Providers FY 2019

Contractor Type (Prevention, Treatment, or Both):	Required Report:	Due Date: (If on a weekend, the following Monday)	Report Submitted to :	Method of Submission (email, web portal, etc.):	Submission Form (Template, etc):
Treatment	Women's Specialty Services Children's Referral Report (due quarterly)	10/5/2018 1/5/2019 4/5/2019 7/5/2019	TXreports@midstatehealthnetwork.org		TEMPLATE found on MSHN's website under SUD/SUD related-Reports
Treatment/Prevention	Annual Litigation Report	10/31/2018	Kim.zimmerman@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment/Prevention	Fraud and Abuse Report (due semi-annually)	10/31/2018 & 04/30/2019	Kim.zimmerman@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL