

Reporting Requirements for CMHSP's

FY 2019

Report Name	Due to MSHN	Submit to:
FINANCIAL REPORTS		
MID-YEAR STATUS REPORT OCTOBER 1 - MARCH 30	5/17/2019	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
PROJECTION FINANCIAL STATUS REPORT – MEDICAID OCTOBER 1 - SEPTEMBER 30	8/1/2019	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
PROJECTION MEDICAID - SHARED RISK CALCULATION & RISK FINANCIAL OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
PROJECTION MEDICAID - INTERNAL SERVICE FUND OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
PROJECTION MEDICAID CONTRACT SETTLEMENT OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
PROJECTION MEDICAID CONTRACT RECONCILIATION & OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
CLAIMS SUBMISSION	WITHIN 30 DAYS OF	REMI Submission - web page
MEDICAID YEAR END ACCRUAL SCHEDULE OCTOBER 1 - SEPTEMBER 30	9/23/2019	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
INTERIM FINANCIAL STATUS REPORT OCTOBER 1 - SEPTEMBER 30	10/27/2019	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
INTERIM MEDICAID - SHARED RISK CALCULATION & RIK FINANCING OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
INTERIM MEDICAID - INTERNAL SERVICE FUND OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
INTERIM MEDICAID CONTRACT SETTLEMENT WORKSHEET OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
INTERIM MEDICAID CONTRACT RECONCILIATION & CASH SETTLEMENT V 2009-2 OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
FINAL FINANCIAL STATUS REPORT – MEDICAID OCTOBER 1 - SEPTEMBER 30	2/14/2020	leslie.thomas@midstatehealthnetwork.org &
FINAL SHARED RISK CALCULATION & RISK FINANCING OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
FINAL MEDICAID - INTERNAL SERVICE FUND OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
FINAL MEDICAID - CONTRACT SETTLEMENT WORKSHEET OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
FINAL MEDICAID - CONTRACT RECONCILIATION AND CASH SETTLEMENT OCTOBER 1 - SEPTEMBER 30	N/A	leslie.thomas@midstatehealthnetwork.org
UTILIZATION AND COST REPORT OCTOBER 1 - SEPTEMBER 30	2/14/2020	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
ADMINISTRATIVE COST REPORT FOR THE FISCAL YEAR OCTOBER 1 TO SEPTEMBER 30	2/14/2020	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
AUDIT REPORT (DUE 9 MONTHS AFTER CLOSE OF FISCAL OCTOBER 1 TO SEPTEMBER 30	6/30/2020	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org

NOTE: when submitting reports, please identify in the subject line of the e-mail the report title.

Reporting Requirements for CMHSP's

FY 2019

Report Name	Due to MSHN	Submit to:
ANNUAL AUDIT REPORT, MANAGEMENT LETTER, AND CMHSP RESPONSE TO THE MANAGEMENT LETTER, COMPLIANCE EXAM AND PLAN OF CORRECTION.	6/30/2020	leslie.thomas@midstatehealthnetwork.org
NON-FINANCIAL REPORTS		
MEDICAID UTILIZATION AND COST REPORT	2/14/2020	leslie.thomas@midstatehealthnetwork.org & amy.keinath@midstatehealthnetwork.org
COPYRIGHT NOTIFICATION FOR APPROVAL BY MSHN	30 DAYS PRIOR TO REGISTERING COPYRIGHT	Amanda.horgan@midstatehealthnetwork.org
ANNUAL LITIGATION REPORT	10/31/2018	kim.zimmerman@midstatehealthnetwork.org
CRITICAL INCIDENT REPORT	Last Friday of the month.	Submit via REMI Affiliate Submission
ADMINISTRATIVE PERSONNEL CHANGES IN SENIOR MGM (CEO, MEDICAL DIRECTOR)	NOTIFY MSHN WITHIN 7 DAYS OF	amanda.horgan@midstatehealthnetwork.org
NOTICE OF PROGRAM CLOSING	PRIOR TO 60 DAYS OF CLOSING	amanda.horgan@midstatehealthnetwork.org
BEHAVIOR TREATMENT REVIEW		sandy.gettel@midstatehealthnetwork.org
October – December	1/31/2019	
January – March	4/30/2019	
April – June	7/31/2019	
July – September	10/31/2020	
PROGRAM INTEGRITY ACTIVITY REPORTS (due quarterly)		kim.zimmerman@midstatehealthnetwork.org
January - March	4/15/2019	
April – June	7/15/2019	
July - September	10/15/2019	
October - December	1/15/2020	
MEDICAID FAIR HEARINGS		dan.dedloff@midstatehealthnetwork.org
APRIL 1 - SEPTEMBER 30	12/31/2018	
OCTOBER - MARCH 31	6/30/2019	
RECIPIENT RIGHTS REPORT		dan.dedloff@midstatehealthnetwork.org
APRIL 1 - SEPTEMBER 30	12/15/2018	
OCTOBER 1 - MARCH 31	6/15/2019	
APPEALS/GRIEVANCES/SECOND OPINION		dan.dedloff@midstatehealthnetwork.org
APRIL 1 - SEPTEMBER 30	12/31/2018	
OCTOBER 1 - MARCH 30	6/30/2019	
ANNUAL REPORT ON FRAUD AND ABUSE COMPLAINTS		kim.zimmerman@midstatehealthnetwork.org
APRIL 1 - SEPTEMBER 30	10/31/2018	
OCTOBER 1 - MARCH 30	4/30/2019	
CONSUMER SATISFACTION RAW DATA	Per State Defined Reporting Time	dan.dedloff@midstatehealthnetwork.org
PERFORMANCE INDICATORS		Submit via REMI Affiliate Submission
OCTOBER 1 - DECEMBER 31	3/1/2019	
JANUARY 1 - MARCH 31	6/1/2019	
APRIL 1 - JUNE 30	9/1/2019	
JULY 1 - SEPTEMBER 30	12/1/2019	

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