Reporting Requirements for MSHN SUD Providers
FY 2026

Contractor Type (Prevention, Treatment, Recovery or All):	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 Reimbursement or Cost Settlement Contracts Only)	With Budget Prior to Oct 1st	amy.keinath@midstatehealthnetwork.org	EMAIL	NO TEMPLATE
Cost Reimbursement Contracts: Prevention, Treatment, Recovery Housing, & Harm Reduction	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 MPDS User Manual).	10th of the month following the month services were delivered	web based submission in the MPDS system	WEB PORTAL	N/A
Prevention	Prevention Outcomes Report (Oct 1st to Sept 30th)	11/15/2026	Box - by invitation only	WEB PORTAL (Box)	TEMPLATE SENT BY EMAIL
Prevention	SUD Prevention Annual Plan and Budget	6/1/2027	Box - by invitation only	WEB PORTAL (Box)	TEMPLATE SENT BY EMAIL
Prevention/Designated Youth Tobacco Use Representative Agencies Only	Tobacco/Formal Synar-PROTOCOL FORM - YTA COMPLIANCE CHECK REPORTING	Emailed to MSHN by June 30, 2027	Sarah.Andreotti@midstatehealthnetwork.org	Email to Sarah	FORMS SENT BY EMAIL
Prevention/Designated Youth Tobacco Use Representative Agencies Only	Required Non-Synar Report (DYTUR Contracted Providers) (Jan 1st to May 15th)	5/31/2027	Sarah.Andreotti@midstatehealthnetwork.org	WEB PORTAL (Box)	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)	5/31/2027	Sarah.Andreotti@midstatehealthnetwork.org	WEB PORTAL (Box)	TEMPLATE SENT BY EMAIL
Prevention/Designated Youth Tobacco Use Representative Agencies Only	Tobacco Retailer Master List Updates (DYTUR Contracted Providers)	3/1/2027	Sarah.Andreotti@midstatehealthnetwork.org	WEB PORTAL (Box)	TEMPLATE SENT BY EMAIL
Prevention/Designated Youth Tobacco Use Representative Agencies Only	Youth Access to Tobacco Activity Annual Report (DYTUR Contracted Providers)	09/15/2025	Survey Monkey - by invitation only	WEB PORTAL	TEMPLATE SENT BY EMAIL
Customer Service	Denial/Grievance/Appeals Reporting FY26 Q4 (July 1st - Sept 30th)	11/01/2026	Grievance and Appeal process to be completed in the MSHN REMI SYSTEM	DATA OBTAINED THROUGH REMI	NO TEMPLATE
Customer Service	Denial/Grievance/Appeals Reporting FY27 Q1 (Oct 1st - Dec 31st)	2/01/2027	Grievance and Appeal process to be completed in the MSHN REMI SYSTEM	DATA OBTAINED THROUGH REMI	NO TEMPLATE
Customer Service	Denial/Grievance/Appeals Reporting FY27 Q2 (Jan 1st - Mar 31st)	5/1/2027	Grievance and Appeal process to be completed in the MSHN REMI SYSTEM	DATA OBTAINED THROUGH REMI	NO TEMPLATE
Customer Service	Denial/Grievance/Appeals Reporting FY27 Q3 (Apr 1st - Jun 30th)	8/01/2027	Grievance and Appeal process to be completed in the MSHN REMI SYSTEM	DATA OBTAINED THROUGH REMI	NO TEMPLATE
Finance	REMI Claims Submission	Twice per month; due dates identified on published calendar	REMI Web Based Data System	REMI WEB PORTAL	N/A
Treatment	Charitable Choice Report	8/1/27	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Injecting Drug Users 90% Capacity Treatment Report (Due at the end of the month following the last month of the quarter)	FYQ1: 1/5/2027 FYQ2: 4/5/2027 FYQ3: 7/5/2027 FYQ4: 10/5/2027	REMI Web Based Data System	DATA OBTAINED THROUGH REMI	N/A
Quality	Michigan Mission Based Performance Indicator System (MMBPIS) Q1: October 1st-December 31st Q2: January 1st-March 31st Q3: April 1st - June 30th Q4: July 1st - September 30th	FYQ1: 3/1/2027 FYQ2: 6/1/2027 FYQ3: 9/1/2027 FYQ4: 12/1/2027	REMI Web Based Data System	DATA OBTAINED THROUGH REMI	N/A
Treatment	Priority Populations Waiting List Deficiencies Report	Due 15th day of the month for the previous month	REMI Web Based Data System	DATA OBTAINED THROUGH REMI	N/A
Quality	Satisfaction Surveys	8/1/2027	Upload through the MSHN website. https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/substance-use-disorder/reporting-requirements Contact Person: Kara Laferty, Quality Manager	Box via MSHN WEBSITE PORTAL	Materials located on MSHN's website under Provider Network-->SUD-->Reporting Requirements
Quality	Sentinel Events	Within 24 hours of ocurrence	Provider Portal-Document Submission Sentinel Events Contact Person: Kara Laferty, Quality Manager	REMI Provider Portal-Direct Entry	Instructions located on MSHN's website under Provider Network -> Provider Trainings -> Sentinel Event Reporting Requirements
Quality	Critical Incidents	30-60 days following the end of the month in which the event occurred (timeframes dependent on type of incident)	Provider Portal-Document Submission Sentinel Events Contact Person: Kara Laferty, Quality Manager	REMI Provider Portal-Direct Entry	Instructions located on MSHN's website under Provider Network -> Provider Trainings -> Sentinel Event Reporting Requirements
Quality	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
Treatment	Child Referral Report (due quarterly)	FYQ1: 1/5/2027 FYQ2: 4/5/2027 FYQ3: 7/5/2027 FYQ4: 10/5/2027	REMI Web Based Data System	DATA OBTAINED THROUGH REMI	N/A
Treatment	Women's Specialty Services Quarterly Report	FYQ1: 1/5/2027 FYQ2: 4/5/2027 FYQ3: 7/5/2027 FYQ4: 10/5/2027	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Treatment	Women's Specialty Services Annual Report	11/5/2026	REMI Web Based Data System	DATA OBTAINED THROUGH REMI	N/A
Treatment/Prevention	Litigation Report	Within 10 days of receiving notification	Kim.zimmerman@midstatehealthnetwork.org	EMAIL	N/A
Treatment	Cost Reimbursed Outcome Reporting	4/30/2027 10/31/2027	TXreports@midstatehealthnetwork.org	EMAIL	TEMPLATE SENT BY EMAIL
Utilization Management	Discharge Report (Due Quarterly)	October 20 January 20 April 20 July 20	Provider Portal-Document Submission	REMI Provider Portal-Direct Entry	Instructions located in the REMI Help Menu

NOTE: when submitting reports, please identify in the subject line of the e-mail the report title found in Column B.
NOTE: All reports with protected health information (PHI) must be sent via SECURE/ENCRYPTED email.