

REQUIRED REPORTS

Programs are required to submit timely, reliable, and accurate client/participant data and financial information to MCOSA in compliance with contracting requirements and instructions. Due dates for recurring, standardized reports are outlined here for reference.

Priority Populations Waiting List Report: This monthly report is due 5 days prior to the current month end.

Customer Satisfaction Survey Report: Quarterly report includes results of Customer Satisfaction Surveys completed during the time period as well as the number of no shows. This report is due the 15th of the month following the quarter close.

Injecting Drug User 90% Capacity Report: Quarterly report due the 15th of the month following the quarter close.

Child Referral Report: Quarterly report due the 15th of the month following quarter close (Women's Specialty Providers Only)

Women's Specialty Report: Monthly reports due the 10th of each month. Bi-annual report due April 5 and October 5 of each year (Women's Specialty Providers Only)

Charitable Choice Report: Annual notification of any clients referred to alternate treatment due to religious affiliation of an agency. Due October 5. (Agencies required to utilize Charitable Choice Notifications Only)

Financial Report for Performance Reimbursement contracts and Fixed Unite rate Prevention contracts: reported monthly, no later than 10 days after the close of each calendar month, except for the September reports. A preliminary September reports is due by October 10th, following the fiscal year end, with the final report due by November 15th following the fiscal year end.

Financial Report for Fixed Unite Rate Treatment contracts: Due by the 10th of the month following the date of service, except as follows: 1) Claims where there is a third party payer (i.e., Medicare, commercial insurance, etc) are due by the 10th of the month after the program receives reimbursement/EOB from the third party; 2) Medicaid with deductible are due by the 10th of the month after the Subcontractor receives confirmation, i.e., through eligibility determination, that the deductible for the month has been met.

All adjustments to adjudicated claims must be submitted within 60 days of adjudication. Claims beyond 60 days of the month rendered or 60 days from the program's receipt of the third party EOB may not be eligible for payment. Re-billing of denied claims must be submitted within 60 days of the billing denial.

Performance Based Contract Units Reports: Monthly treatment outputs/number of clients assessed is due by the 10th of the month following services provided.

Fees Collected Report: This annual report is due the 1st Friday of January following the end of the fiscal year.

Funding Notice Report: This annual report is due the 3rd Friday of April for the current fiscal year.

Financial Audit Report: This annual report is due the last Friday of April following the end of the fiscal year.

Website for MDHHS report templates and instructions:
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765-503153--,00.html