

STATE OF MICHIGAN
Department of Licensing and Regulatory Affairs
Bureau of Survey and Certification

Prospective Payment System (PPS) Contact Information

A PPS contact person must be appointed at the time of attestation submittal to assist with questions regarding your hospital's documentation. In the event the hospital's PPS contact person changes throughout the cost reporting year it MUST be reported immediately utilizing this form - LARA-BSCSupport@Michigan.gov

Hospital Name:

Hospital Provider #:23-

Psychiatric Unit

Rehabilitation Unit

Primary Contact

Contact Name:

Title:

Email Address:

Phone Number:

Alternate Contact

Contact Name:

Title:

Email Address:

Phone Number: