

2025 CON Annual Survey

General Info/Frequently Asked Questions (FAQ)

Questions and Contact Information

For Questions Regarding:

- Missing facilities
- Licensed beds/bed day discrepancies
- Data criteria or standards
- Survey Fees

Contact:**MDHHS CON Compliance Analysts:****Amanda Curtis**CurtisA6@michigan.gov**Christopher Tyranski**TyranskiC@michigan.gov**For Questions Regarding:**

- Log-In
- Passwords
- Unlock Section
- Survey Functionality
- Physician volume file issues

Contact:**SEMHA/CON Support Specialist****M-F 8am-5pm:**

248-761-1714

survey@semha.org

Training Videos

[Annual Survey Training Videos](#) for section-by-section assistance have been updated for the 2025 Annual Survey. The Department will provide live webinars reviewing the same information provided within the recordings. The recordings are a way to go at your own pace with the option to pause and replay as needed.

Please visit:

<https://www.michigan.gov/mdhhs/doing-business/providers/certificateofneed/program/annual-survey-webinars>

Functionality and Navigation of Survey Features

All Years - Returns the user to the Select Survey Year screen for the facility.

Change Password - Allows the user to change the facility specific password.

Data Comments for this Section Box - An optional text box at the bottom of each section to explain or qualify the data submitted in the section.

Download PDF – Provides the user with a PDF document of the survey sections and responses for the individual survey section or the entire survey.

Facility - Takes the user to the Select Facility screen to log into a different facility.

Feedback - Generates a form that enables the user to ask a question, request help or request that a section be unlocked, report an error or navigation problem, etc.

General Info/FAQ - Takes the user to the General Info and Frequently Asked Questions page.

2025 CON Annual Survey

General Info/Frequently Asked Questions (FAQ)

Historic Data - Provides a printable list of the past years' entries of that data field, by clicking on the data field to the right of the data box.

Logout - Allows the user to log off the web site.

Next - Returns user to the facility's main survey page with required sections to be completed.

Save - Records the entries of the section but allows for future editing.

Submit - Records the entries of the section, locks the section from further modification, and submits the information for the Department for review. Mandatory fields will need to be completed prior to being able to Submit.

Frequently Asked Questions (FAQ)

Q: I am having problems with my password, who do I contact for assistance?

A: Please contact Southeastern Michigan Health Association (SEMHA) survey support staff Monday – Friday 8:00 a.m. to 5:00 p.m. at 248-761-1714 or survey@semha.org.

Q: When is the 2025 CON Annual Survey due?

A: Please complete the survey and mail the payment in by April 30, 2026.

Q: Am I required to complete the 2025 CON Annual Survey?

A: Yes, participation in the Certificate of Need (CON) Annual Survey is a requirement of all CON approved facilities.

Q: Are we required to complete this year's survey if we stopped offering the service?

A: If any of the CON covered services were provided within the 2025 calendar year, then you are required to complete the Annual Survey. Please complete Section A and provide the date that the last service was offered within the comments section at the bottom of Section A. *Please note that you will also need to input the date of the last service within all applicable section(s).*

Q: How do I report my last date of service within each section?

A: Please provide the most recent date (prior to 01/01/2026) that the CON covered service was provided by your facility. The required date format is MM/DD/YYYY. Please note, this is service specific, and answers may differ from section to section. You will not be allowed to input a CY2026 date.

Q: Why am I getting a Pop Up "Confirmation Required: A CHANGE HAS BEEN DETECTED" within Section A?

A: Compare last year's sections (grayed/not able to edit) to this year's selected sections. If there are differences in reporting from last year to the current year, you will need to attest the reported information is correct and provide a comment within the data comment box explaining the change. This attestation is required in order to submit Section A.

2025 CON Annual Survey

General Info/Frequently Asked Questions (FAQ)

Q: I accidentally answered “Yes” for a service we do not cover; how do I change it?

A: If you have already submitted the data for Section A, with Section A showing as COMPLETE, of the annual survey, you can send an email to Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov) to have it corrected. Within the email, please provide the facility name, ID number, and a brief explanation of the error.

Q: How do I submit my survey?

A: You submit your survey by entering a “Y” for the question “Is the data for this section complete?” then selecting “Submit”. This question is located on the bottom of the page for each section. After submitting each section, you should see the word “COMPLETED” on the main screen.

Q: How will I know how much I owe and how can I pay?

A: All facilities that offered a CON covered service in 2025 will pay \$100 for each covered service as part of the certificate of need annual survey. Section Z of the annual survey will calculate the fee for the facility. A printed copy of Section Z and payment will need to be mailed to the MDHHS Cashier’s Office. The Department will then mark Section Z complete making the Annual Survey fully submitted.

Q: How do I submit payment for the Annual Survey?

A: Checks are to be made payable to: “**State of Michigan**” (Checks should never be made out to an individual.) Include the following information within the check memo, or comment, portion in this format:

Annual Survey Facility No.:	XX-XXXX
Facility Name Check is for:	XXXXXX (If not on the check)
Payment for:	2025 Annual Survey

Please send all payments (checks) to:

MDHHS Cashier Office, Suite 801
Certificate of Need
P.O. Box 30437
Lansing MI 48909

Q: On a Physician Volume File, how do I accurately report doctors license numbers without duplicating?

A: Each healthcare provider/physician should have their own line on the Physician Volume File. **License numbers cannot be duplicated.** The license number must be assigned to the name listed in the corresponding column. Please do not provide a license number for a different individual than whom the license number belongs. Do not use NPI numbers in the Physician Volume File. For more information, please also see the **Physician Volume File Instructions** that are located within the CON website or within Sections D, E, F, and G.

Q: Who do I contact if my CT, Cardiac Cath, MRT or Surgical volume files need to be removed because I entered incorrect data or uploaded the wrong file?

A: Please email both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov). Please be sure to include your facility name, facility number and the section.

2025 CON Annual Survey

General Info/Frequently Asked Questions (FAQ)

- Q: Will there be additional guidance for sections that require a Physician Volume File to be uploaded (CT, Cardiac Cath, MRT and Surgical Services)?**
- A:** Yes, each section referenced above will have a Physician Volume File Instructions link that will provide a step-by-step guide in completing and uploading the document.
- Q: How do I locate the correct number of Primary and Elective PCI sessions reported to BMC2 in the Cardiac Catheterization Section of the Annual Survey?**
- A:** Please see the BMC2 Example document that is located within the CON website or within Section E.
- Q: What section of the Annual Survey is the correct section when reporting TAVR procedures?**
- A:** Do not report TAVR procedures inside of the Open Heart Surgery Section (J). Report these in the Surgical Services Section (G) if performed in an Operating Room (OR), or in the Cardiac Catheterization Section (E) if performed in the Cardiac Catheterization lab.
- Q: Who do I contact if I have questions regarding missing facilities, licensed beds or bed day discrepancies, data criteria questions, and questions about survey fees?**
- A:** Please email both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov). Please be sure to include your facility name and facility number.
- Q: What happens if we fail to report by the due date?**
- A:** Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.
- Q: How can I get a copy of the survey for our facility?**
- A:** At the bottom of each survey section, you will notice a feature that will allow you to download a PDF of the section that can be printed or saved for your records.
- Q: The survey does not reflect our recent name change, what do we do?**
- A:** You may proceed to complete the survey under the old name, but also send an email to both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov) notifying them of the change.
- Q: Are the feedback forms required within the survey?**
- A:** The feedback forms are not required; however, they are highly recommended as they are the single best way for us to improve client satisfaction.
- Q: Upon accessing the survey, why are certain sections already completed?**
- A:** Certain sections are either prepopulated from the previous year or restricted to administrative access only. This is to ensure the quality of the data reported and prevent unnecessary changes from happening.
- Q: If an Administrator or Data Contact Person has changed after a survey has been submitted, what is the process to get the information updated?**
- A:** Please email both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov) to update it. Please be sure to include your facility name and facility number. This is important as future notices will always go out to Facility Administrator and Data Contact with the most current dates and information.

2025 CON Annual Survey

General Info/Frequently Asked Questions (FAQ)

- Q: Do I still put myself down as the contact individual if I know that I am switching positions in the future?**
- A:** Yes, the contact information section is for the person responsible for completing the sections. If you are aware that you will no longer be responsible for the surveys in the future, please note that within the comments section and send an email to both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov) notifying them.
- Q: If we do not know our facility number, how can we locate our facility?**
- A:** The annual survey tool will have features that will allow you to narrow your search down by city, facility name, or facility type.
- Q: If we've started a section within the survey and need more clarification on the data, can we save it and come back to it later, or are we required to submit it?**
- A:** The annual survey tool has a feature at the bottom that will allow you to save your current answers and it will not be finalized until you've answered "Y" for the question "Is the data for this section complete?" then hit "Submit".
- Q: If I found an error in the previous year's reporting, am I able to correct it?**
- A:** Yes, you can. Please email both Amanda Curtis (CurtisA6@michigan.gov) and Christopher Tyranski (TyranskiC@michigan.gov) to correct it. Please be sure to include your facility name, facility number, the section, and the specific answer(s) within the section that need to be corrected.
- Q: My only service is Dental CT; do I have to complete the 2025 CON Annual Survey?**
- A:** If Dental CT is your only service, then you do not have to complete the 2025 survey as Dental CT is no longer required.
- Q: In the New NICU Section Q, questions 2-5 asks to report how many Neonates meet each category of the NICU services definition during the calendar year in the NICU Utilization Data box. What if a Neonate received more than one itemized service during their stay in the NICU?**
- A:** Please select all that apply for a single Neonate and use the following example to help with responses: A neonate was admitted to NICU at NICU level and received NICU service for 5 days, then the neonate was determined to be SCN level and received SCN service for 3 more days in the NICU, after that the neonate was determined to be well-newborn and received service for 2 more days in the NICU; for Q2 report 5 days and 1 Neonate, for Q3 report 3 days and 1 Neonate, for Q4 report 0 days and 0 Neonate, and for Q5 report 2 days and 1 Neonate; and for Q1, report total of 10 days for this Neonate and 1 discharge.