1.0 General Report Overview

Effective October 1, 2017, the Michigan Department of Health and Human Services (MDHHS) modified the functionality of the Financial Status Report (FSR) bundle. The modification to the FSR bundle is designed to increase reporting efficiency for the Community Mental Health Services Programs (CMHSPs) and the Prepaid Inpatient Health Plans (PIHPs). The FSR bundle will now allow FSR reporting specific to the needs of the reporting board. There are three FSR report types; CMHSP (Non-Medicaid reporting), PIHP (Medicaid/Affiliate CMHSP reporting), and Stand Alone (Detroit-Wayne, Oakland, Macomb). The selected FSR will only display the applicable report tabs, columns and rows.
Please note that the report tabs, columns and rows that are not applicable are hidden or relabeled to condense the FSR bundle. Additionally, the financial reporting instructions for each form within the FSR bundle have not been modified. All column, row, cell and formula references remain intact and should only be considered if applicable to the selected FSR.

The Report Certification will be utilized by the CMHSP/PIHP to identify the reports included in the electronic submission of reports to MDHHS. In recognition that various individuals may be responsible for the completion of the reports, the Report Certification allows identification of the contact name, contact telephone number, and contact email address for each report included on the certification. Additionally, the Report Certification will be used to certify the accuracy and completeness of the report submission related to the reporting of revenues and expenditures as required in contract attachments C.6.5.1.1 and Schedule E. Contact information and report certifications must be included with each electronic report submission to the MDHHS.

2.0 Report Submission

Reports should be submitted electronically to the department by the due dates specified in the reporting grid incorporated in Attachments C.6.5.1.1 and Schedule E. Reporting requirements can be found on the MDHHS website:
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

The reports should be submitted to MDHHS at **MDHHS-BHDDA-Contracts-MGMT@michigan.gov**.

3.0 Naming Convention

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission.

3.1 Fiscal Year

The format for the fiscal year should be as follows:

FYXX where XX represents the last two digits of the fiscal year.

3.2 Period Covered

The period covered is representative of the submission type. The format for the period covered should be as follows:

- Quarter 1 (October – December) reports should be depicted as **Q1**
- Quarter 2 (October – March) reports should be depicted as **Q2**
- Quarter 3 (October – June) reports should be depicted as **Q3**
- Projection (October – September) reports should be depicted as **PROJ**
- Year End Accrual (October – September) reports should be depicted as **YEC**
- Interim (October – September) reports should be depicted as **INTERIM**
- Final (October – September) reports should be depicted as **FINAL**

3.3 Agency Name

The agency name should reflect the reporting agency. Consistency with agency name across reports is requested.

3.4 Report Title

The format for the report title is as follows:

- FSR Reporting Package: **FSR BUNDLE**
  - Medicaid Contract Settlement Worksheet
  - Medicaid CRCS
  - Medicaid
  - Healthy Michigan
  - CCBHC
  - CCBHC - Supplemental
  - Health Home Services
  - Opioid Health Home Services
  - MI Health Link
  - RES Fund Balance
  - Medicaid ISF Report
  - Medicaid Shared Risk Calculation
  - All Non-Medicaid
  - All Non-Medicaid Supplemental
  - GF CRCS
  - GF Contract Settlement Worksheet
  - GF Special Fund Account – PA423 226a (Projection, Interim and Final only)
  - Certification Page
  - Additional Narrative

- GF Year End Accrual Schedule: **GFYEC**
- Medicaid Year End Accrual Schedule: **MEDYEC**
- GF Special Fund Account (226a): **GF SPEC FUND**
- Certification Report: **REPORT CERT**

3.5 Date of Submission

The format for the date of submission is as follows:

- **MM-DD-YYYY** where MM represents the month, DD represents the day of the month and YYYY represents the year the report is being submitted.

Example: For the FY XX Year-End Interim reporting package submitted from network180, the file name should read as **FYXX YE Interim network180 FSRBUNDLE MM-DD-YYYY**.

4.0 Instructions for Completion of the Certification Form

4.1 The CMHSP/PIHP name, Fiscal Year (FY), Submission Type, Submission Date will auto populate from the PIHP Medicaid FSR or CMHSP FSR All Non-Medicaid.

4.2 Enter an X in the column titled "X" to indicate inclusion of the report in the electronic submission.

4.3 For each report included in the submission, enter the Contact Name, Contact Telephone Number, and Contact Email Address that questions should be directed to.

5.0 Certification

This form certifies accuracy and completeness of the electronic report submission related to the reporting of revenues and expenditures as required in Contract Section 7.8 and Contract attachments C.6.5.1.1 and Schedule E. A certification form shall be completed and included with each electronic report submission to the MDHHS.

5.1 Enter the Contact Name & Title, Date, Telephone Number, and Email Address for the individual authorized to certify on behalf of the CMHSP/PIHP.

5.2 The name of the individual authorized to certify on behalf of the CMHSP/PIHP represents assurance that the submitted report(s) reflect an accurate statement of the revenues and expenditures for the reporting period.