

Basic Instructions to fill out the Annual Survey:

1. The annual survey tool is located at www.mi-data.org.
2. Please review the [Annual Survey Training Videos](#) for section-by-section assistance.
 - Website Address: <https://www.michigan.gov/mdhhs/doing-business/providers/certificateofneed/program/annual-survey-webinars>
3. Select the facility type from the All Facilities menu and the facility from the Select Facility menu. Search capabilities have been changed to allow users to search by city, facility number, facility name or type. Push the Go button to move to the facility password required screen. If you have problems creating a new password, please contact SEMHA at 248-761-1714 or survey@semha.org.
4. Review the [Latest News and Important Information](#), at the bottom of the page users will be asked to electronically acknowledge they have read the information above. Please enter your first and last name and select submit, this page will no longer appear at every login.
5. Select and complete Section A.
 - Complete and update relevant facility information, including facility name and contact information.
 - Mark Y to all services provided at this facility and N to those not provided.
 - The services marked Y will determine which sections of the survey will be available for completion.
 - Leave an “N” for question "Is the data for this section complete and ready for reporting?" until you are ready to submit the data. Once you change to a “Y” and select submit the section will be locked and you will not be able to make changes.
 - Save your data and select the Next button.
 - You will see the responses provided by the facility to the CY 2024 CON Covered Services. These will be grayed out and are not able to be changed without reaching out to Amanda Curtis or Christopher Tyranski by email. You will be requested to confirm and attest to any change in CON Covered Services provided by your facility from CY 2024 to CY 2025.
6. Complete and save each of the required survey sections.
 - The excel files for four sections: **Section D (Computed Tomography)**, **Section E (Cardiac Catheterization)**, **Section F (Megavoltage Radiation Therapy)** and **Section G (Surgical Services)**, will have validation to ensure the physician volume files are completed before they are uploaded and match the data entered in the

survey. Users will receive error messages if the excel file is incomplete or the data on the file does not match the data entered in the section.

7. When each section, except Section Z, is complete and ready for submission, mark Y to the question "Is the data for this section complete and ready for reporting?" and submit each section. Each section should show as Completed and be locked from additional changes. The Department will mark Section Z complete once they've received the payment, making the Annual Survey fully submitted. Section Z can be printed as soon as Section A is completed.

8. 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