

\_\_\_\_ Hospital / Medical Center  
Submission Checklist  
Twelve Months Filing

<b>Please complete the boxes outlined in bold with a ✓ and submit with your filing.</b>			
	<b>Hard Copy</b> (Not Required)		<b>PDF</b> (Filed through HRS secure internet portal)
<b>Cover Letter &amp; Submission Checklist</b>	N/A		PDF* <input type="checkbox"/>
<b>Affidavit</b> - Notarized Twelve Month Actual Filing	N/A		PDF* <input type="checkbox"/>
<b>DPH license</b> - as of September 30, 2017	N/A		PDF <input type="checkbox"/>
<b>AUP</b> - Independent Accountants Report on Applying Agreed-Upon Procedures	N/A		PDF <input type="checkbox"/>
<b>Support Schedules</b> - for Plus/Minus Other Adjustments	N/A		PDF <input type="checkbox"/>
<b>Variance Explanations with the original submission</b> - Thorough explanation of <i>input</i> amounts with a variance of greater than plus or minus 25% on Report 100, 150, 300, 350, 450, 485,550, <b>and 50% on Report 175.</b>	N/A		Not Required for FY 2017 <input type="checkbox"/>
<b>IRS Form 990</b> or Form 8868 indicating the hospital applied for a time extension, or an approval letter from the IRS indicating the hospital received a time extension. (Hospitals may redact the donor names in the final submission to OHCA.)	N/A		PDF <input type="checkbox"/>
<b>HRS files</b> have been electronically submitted and no hard copies of the HRS reports are being submitted.	N/A		HRS files submitted <input type="checkbox"/>
<b>Report 450</b> - Other Hospital OP visits breakout of line M10.	N/A		PDF <input type="checkbox"/>

*\*Hospitals may submit the cover letter, submission checklist and affidavit in one PDF file. All other items should be submitted in separate PDF files. When naming PDF files, please use a filename that easily identifies the hospital and item being submitted.*