

Hospital / Medical Center
Submission Checklist
Twelve Months Filing – FY 2020

Please complete the boxes outlined in bold with a ✓ and submit with your filing.			
	Reporting Date		PDF (Filed through HRS portal)
Cover Letter & Submission Checklist	N/A		PDF* ☐
Affidavit - Notarized Twelve Month Actual Filing	N/A		PDF* ☐
DPH license - as of September 30, 2020 (<i>only if the number of licensed beds changed.</i>)	September 30th		PDF / N/A ☐
Support Schedules - for Plus/Minus Other Adjustments <u>and</u> a breakout of the top 5 categories that make up the Other Operating Expense amount on Report 175.	N/A		PDF ☐
Variance Explanations - Thorough explanation of <i>input</i> amounts with a variance of greater than plus or minus 25% on Report 100, 150, 175, 300, 350, 450, and 550.	N/A		PDF ☐
Variance Explanations – Descriptions are clear and concise and no abbreviations or acronyms were used.	N/A		Descriptions are clear & concise ☐
IRS Form 990 - hospitals may redact the donor names on Schedule B when submitting the forms.	September 30th		PDF (if applicable) ☐
IRS Form 990 – the hospital requested a time extension with the IRS. (<i>If yes, the box to the far right should be checked. The forms don't need to be submitted.</i>)	September 30th		N/A ☐
HRS files have been electronically submitted and no hard copies of the HRS reports are being submitted.	N/A		HRS files submitted ☐
COVID-19 Excel File – Excel file for the collection of COVID-19 related data.	FY 2020		Excel ☐

**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.*