_____ Hospital / Medical Center
Submission Checklist
Twelve Months Filing – FY 2025

Complete the shaded boxes with a √ and submit to OHS.	**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, 2025 *(only if the number of licensed beds changed.)*	September 30th	PDF / N/A	
Support Schedules - for Plus/Minus Other Adjustments on Report 550.	N/A	PDF	
Report 175 OHS Template providing a breakout of the top **10** categories that make up the Other Operating Expense amount.	N/A	Excel	
Variance Explanations - Thorough explanation of *input* amounts with a variance of greater than plus or minus 25% on Report 100, 150, 175, 300, 350, 450, and 550. *Hospitals should put all variance explanations in one file.*	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. (*If yes, the box to the far right should be checked. The forms don't need to be submitted.*)	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	
Excel file - with Supplemental Payment data including updated amounts for FY 2025.	September 30	Excel File	

**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.*