

Hospital / Medical Center
 Submission Checklist
 Twelve Months Filing

Please complete the boxes outlined in bold with a \checkmark and submit with your filing.				
	Hard Copy (Original and One Copy separately bound)		PDF (Filed through secure internet connection)	
Cover Letter & Submission Checklist	Hard Copy	<input type="checkbox"/>	PDF*	<input type="checkbox"/>
Affidavit - Notarized Twelve Month Actual Filing	Hard Copy	<input type="checkbox"/>	PDF*	<input type="checkbox"/>
DPH license - as of September 30, 2015	N/A	<input type="checkbox"/>	PDF	<input type="checkbox"/>
AUP - Independent Accountants Report on Applying Agreed-Upon Procedures	Hard Copy	<input type="checkbox"/>	PDF	<input type="checkbox"/>
Support Schedules - for Plus/Minus Other Adjustments	N/A	<input type="checkbox"/>	PDF	<input type="checkbox"/>
Variance Explanations -Thorough explanation of <i>input</i> amounts with a variance of greater than plus or minus 25% on Report 100, 150, 300, 350, 450, 500, 650 and 50% on Report 175.	N/A	<input type="checkbox"/>	PDF	<input type="checkbox"/>
IRS Form 990 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	<input type="checkbox"/>	PDF	<input type="checkbox"/>
HRS files have been electronically submitted and no hard copies of the HRS reports are being submitted.	N/A	<input type="checkbox"/>	HRS files submitted	<input type="checkbox"/>
		<input type="checkbox"/>		<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.*

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