

TITLE 77: PUBLIC HEALTH
CHAPTER XVIII: OFFICE OF THE ATTORNEY GENERAL

PART 4500
HOSPITAL FINANCIAL ASSISTANCE
UNDER THE FAIR PATIENT BILLING ACT

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4500.APPENDIX A 2022 Poverty Income Guidelines (Repealed)

AUTHORITY: Implementing and authorized by Section 27 of the Fair Patient Billing Act [210 ILCS 88/27].

SOURCE: Adopted at 37 Ill. Reg. 12536, effective July 22, 2013; amended at 38 Ill. Reg. 20263, effective October 10, 2014; amended at 39 Ill. Reg. 10751, effective July 27, 2015; amended at 40 Ill. Reg. 7900, effective May 18, 2016; amended at 41 Ill. Reg. 10653, effective August 4, 2017; amended at 42 Ill. Reg. 13615, effective June 29, 2018; amended at 43 Ill. Reg. 7628, effective June 28, 2019; amended at 44 Ill. Reg. 10869, effective June 12, 2020; amended at 45 Ill. Reg. 10281, effective July 29, 2021; amended at 46 Ill. Reg. 11502, effective June 23, 2022; amended at 47 Ill. Reg. 1305, effective January 11, 2023; amended at 50 Ill. Reg. _____, effective _____.

Section 4500.30 Hospital Financial Assistance Application Requirements

Hospital financial assistance applications shall be provided to patients on forms that are submitted annually, in conjunction with a hospital's filing of its Community Benefits Report as required by the Community Benefits Act or filing of Worksheet C as required by the Hospital Uninsured Patient Discount Act, to the Office of the Attorney General for review of compliance with this Part. Hospital Financial Assistance Applications for each hospital shall be in English and in any other language that is the primary language of at least 5% of the patients served by the hospital annually as identified for purposes of Section 15(c) of the Act. Information requested on the application shall include:

- a) Opening Statement, which shall contain the following paragraphs:

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help _____ Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 90~~60~~ days following the date of discharge or receipt of outpatient care.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

NOTE: The requirement to complete and submit this form within 90~~60~~ days following the date of discharge or receipt of outpatient care referenced in the Opening Statement may be increased by the hospital, but may not be decreased.

b) Patient information, which shall be limited to the following:

- 1) Patient name;
- 2) Patient date of birth;
- 3) Patient address;
- 4) Whether patient was an Illinois resident when care was rendered by the hospital;
- 5) Whether patient was involved in an alleged accident;
- 6) Whether patient was a victim of an alleged crime;
- 7) Patient Social Security Number (not required if you are uninsured);
- 8) Patient telephone number or cell phone number;

- 86
87 9) Patient e-mail address;
88
89 10) In cases in which a spouse or partner is guarantor for the patient or in
90 which a parent or guardian is guarantor for a minor, the name, address and
91 telephone number of the guarantor.
92

93 NOTE: The hospital may choose to not include the information in this
94 subsection (b)(10).
95

- 96 c) Family/household information, which shall be limited to the following:
97

- 98 1) Number of persons in the patient's family/household;
99
100 2) Number of persons who are dependents of the patient;
101
102 3) Ages of patient's dependents.
103

- 104 d) Patient's family income and employment information, which shall be limited to
105 the following:
106

- 107 1) Whether patient or patient's spouse or partner is currently employed;
108
109 2) If patient is a minor, whether patient's parents or guardians are currently
110 employed;
111
112 3) If patient or patient's spouse or partner is employed, name, address and
113 telephone number of all employers;
114
115 4) If a minor patient's parents or guardians are employed, name, address and
116 telephone number of all employers;
117
118 5) If patient is divorced or separated or was a party to a dissolution
119 proceeding, whether the former spouse or partner is financially responsible
120 for patient's medical care per the dissolution or separation agreement;
121
122 6) Gross monthly family income, including cases in which a spouse or
123 partner is guarantor for the patient or in which a parent or guardian is
124 guarantor for a minor, from sources such as:
125
126 A) Wages;
127
128 B) Self-employment;

- C) Unemployment compensation;
- D) Social Security;
- E) Social Security Disability;
- F) Veterans' pension;
- G) Veterans' disability;
- H) Private disability;
- I) Workers' compensation;
- J) Temporary Assistance for Needy Families;
- K) Retirement income;
- L) Child support, alimony or other spousal support;
- M) Other income;
- 7) Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns, or other documentation provided by the patient.
- e) Insurance/benefit information, including but not limited to:
 - 1) Health insurance;
 - 2) Medicare;
 - 3) Medicare Part D;
 - 4) Medicare Supplement;
 - 5) Medicaid;
 - 6) Veterans' benefits.
- f) Asset and estimated asset value information, which shall be limited to the following:

- 172
- 173 1) Checking;
- 174
- 175 2) Savings;
- 176
- 177 3) Stocks;
- 178
- 179 4) Certificates of deposit;
- 180
- 181 5) Mutual funds;
- 182
- 183 6) Automobiles or other vehicles;
- 184
- 185 7) Real property;
- 186
- 187 8) Health savings/Flexible Spending Account.
- 188
- 189 g) Monthly expense information and estimated expense figures, which shall be
- 190 limited to the following:
- 191
- 192 1) Housing;
- 193
- 194 2) Utilities;
- 195
- 196 3) Food;
- 197
- 198 4) Transportation;
- 199
- 200 5) Child care;
- 201
- 202 6) Loans;
- 203
- 204 7) Medical expenses;
- 205
- 206 8) Other expenses.
- 207
- 208 h) Certification, which shall contain only the following paragraph:
- 209
- 210 I certify that the information in this application is true and correct to the
- 211 best of my knowledge. I will apply for any state, federal or local
- 212 assistance for which I may be eligible to help pay for this hospital bill. I
- 213 understand that the information provided may be verified by the hospital,
- 214 and I authorize the hospital to contact third parties to verify the accuracy

of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Patient or Applicant Signature and Date.

- i) The application shall contain a notation that, if a patient meets the presumptive eligibility criteria established in Section 4500.40 or is otherwise presumptively eligible by virtue of the patient's family income, the patient shall not be required to complete the portions of the application addressing the monthly expense information and estimated expense figures set out in subsection (g).

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 4500.60 Hospital Financial Assistance Reporting Requirements

- a) Each hospital shall annually provide, in conjunction with the filing of its Community Benefits Report required by the Community Benefits Act or its Worksheet C Part I required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General, which shall include the following:
 - 1) A copy of the Hospital Financial Assistance Application;
 - 2) A copy of the hospital's Presumptive Eligibility Policy, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for hospital financial assistance;
 - 3) Hospital financial assistance statistics, which shall include:
 - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year;
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year;
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year;

- 258
- 259 D) The number of Hospital Financial Assistance Applications denied
- 260 by the hospital during the most recent fiscal year; and
- 261
- 262 E) The total dollar amount of financial assistance provided by the
- 263 hospital during the most recent fiscal year, based on actual cost of
- 264 care.
- 265
- 266 b) The Office of the Attorney General shall develop a Hospital Financial Assistance
- 267 Report form and make it available to hospitals by October 1, 2013.
- 268
- 269 c) Each hospital that annually files a Community Benefits Report with the Office of
- 270 the Attorney General pursuant to the Community Benefits Act shall, at the same
- 271 time, file its annual Hospital Financial Assistance Report jointly with its
- 272 Community Benefits Report.
- 273
- 274 d) Each hospital that is not required to annually file a Community Benefits Report
- 275 with the Office of the Attorney General shall file its annual Hospital Financial
- 276 Assistance Report jointly with the Worksheet C Part I from its Medicare Cost
- 277 Report most recently filed pursuant to the Hospital Uninsured Patient Discount
- 278 Act.
- 279
- 280 e) Each hospital utilizing electronic and information technology in the
- 281 implementation of the Hospital Financial Assistance Application requirements
- 282 shall annually describe the EIT used and the source of the EIT to the Office of the
- 283 Attorney General at the time of filing its Hospital Financial Assistance Report.
- 284 The hospital shall certify annually that each of the Hospital Financial Assistance
- 285 Application requirements set forth in this Part are included in applications
- 286 processed by EIT.
- 287
- 288 f) Each hospital utilizing EIT in the implementation of the presumptive eligibility
- 289 criteria shall annually describe the EIT used and the source of the EIT to the
- 290 Office of the Attorney General at the time of filing its Hospital Financial
- 291 Assistance Report. The hospital shall certify annually that each of the
- 292 presumptive eligibility criteria requirements set forth in this Part are included in
- 293 applications processed by EIT.
- 294
- 295 g) All records and certifications required to be filed under this Part in conjunction
- 296 with the filing of a Community Benefits Report required by the Community
- 297 Benefits Act shall be submitted to:
- 298

299 Charitable Trusts Bureau
300 Office of the Illinois Attorney General

115 South LaSalle Street, 24th Floor~~100 West Randolph Street, 11th Floor~~
Chicago, Illinois 60603~~60601~~

- h) All records and certifications required to be filed under this Part in conjunction with the filing of a Worksheet C required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Health Care Bureau
Office of the Illinois Attorney General
115 South LaSalle Street, 25th Floor~~100 West Randolph Street, 10th Floor~~
Chicago, Illinois 60603~~60601~~

(Source: Amended at 50 Ill. Reg. _____, effective _____)