**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;

D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year; and

E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year, based on actual cost of care.

b) The Office of the Attorney General shall develop a Hospital Financial Assistance Report form and make it available to hospitals by October 1, 2013.

c) Each hospital that annually files a Community Benefits Report with the Office of the Attorney General pursuant to the Community Benefits Act shall, at the same time, file its annual Hospital Financial Assistance Report jointly with its Community Benefits Report.

d) Each hospital that is not required to annually file a Community Benefits Report with the Office of the Attorney General shall file its annual Hospital Financial Assistance Report jointly with the Worksheet C Part I from its Medicare Cost Report most recently filed pursuant to the Hospital Uninsured Patient Discount Act.

e) Each hospital utilizing electronic and information technology in the implementation of the Hospital Financial Assistance Application requirements shall annually describe the EIT used and the source of the EIT to the Office of the Attorney General at the time of filing its Hospital Financial Assistance Report. The hospital shall certify annually that each of the Hospital Financial Assistance Application requirements set forth in this Part are included in applications processed by EIT.

f) Each hospital utilizing EIT in the implementation of the presumptive eligibility criteria shall annually describe the EIT used and the source of the EIT to the Office of the Attorney General at the time of filing its Hospital Financial Assistance Report. The hospital shall certify annually that each of the presumptive eligibility criteria requirements set forth in this Part are included in applications processed by EIT.

g) All records and certifications required to be filed under this Part in conjunction with the filing of a Community Benefits Report required by the Community Benefits Act shall be submitted to:

Charitable Trusts Bureau

Office of the Illinois Attorney General

100 West Randolph Street, 11th Floor

Chicago, Illinois 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

100 West Randolph Street, 10th Floor

Chicago, Illinois 60601