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Health Law ALERT

Office of Illinois Attorney General Adopts New Rules Regarding Hospital Financial Assistance Applications and Policies

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On August 2, 2013, the Office of the Illinois Attorney General adopted new rules requiring specific disclosures in financial assistance applications and limiting the patient, family/household, income and employment, asset, and monthly expense information that hospitals may require on their forms used to determine eligibility for assistance. The rules also require each hospital to develop and implement a presumptive eligibility policy identifying specific eligibility criteria by which a patient may be deemed eligible for financial assistance as soon as possible after receiving health care services and prior to the issuance of any bill for such services. The compliance date is January 1, 2014.

Amendments to The Fair Patient Billing Act, 210 ILCS 88/, effective June 14, 2012, added Section 27 directing the attorney general, by rule, to adopt standard provisions to be included in all applications for financial assistance and to adopt appropriate methodologies for the determination of presumptive eligibility for assistance. Several categories of presumptive eligibility criteria are mandatory and others are optional. Hospitals may use electronic and information technology to implement the new requirements. The final rules are published in the Illinois Administrative Code, Title 77: Public Health, Part 4500.

In conjunction with the filing of the community benefits reports required by the Community Benefits Act or Worksheet C Part I required by the Hospital Uninsured Patient Discount Act, the rules require hospitals to provide an annual hospital financial assistance report to the Office of the Attorney General. This report must include copies of the hospital's financial assistance application and its presumptive eligibility policy, and the following specific hospital financial assistance statistics:

1. The number of financial assistance applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year;

2. The number of financial assistance applications the hospital approved under its presumptive eligibility policy during the most recent fiscal year;

3. The number of financial assistance applications the hospital approved outside of its presumptive eligibility policy during the most recent fiscal year; and

4. The number of financial assistance applications the hospital denied during the most recent fiscal year.

The Fair Patient Billing Act, 210 ILCS 88/

Illinois Administrative Code, Title 77: Public Health, Part 4500

For more information, please contact Victoria R. Glidden or your regular Hinshaw attorney.
