**Section 146.410 Patient Eligibility**

a) An eligible person shall:

1) Be a resident of the State of Illinois; and

2) Not be otherwise eligible for comprehensive benefits under the Public Aid Code [305 ILCS 5] or the Children's Health Insurance Program Act [215 ILCS 106]; and

3) Submit an application form accompanied by a copy of the most recent State Income Tax Return (IL 1040) for the person or, in the case of a minor, for the person's parents or guardian; and

4) Submit the Illinois Hemophilia Program Medical Form signed by the medical director of an approved Hemophilia Treatment Center to document the person has a diagnosis of hemophilia.

b) On an annual basis, the patient shall:

1) Receive a complete comprehensive care evaluation in a Hemophilia Treatment Center, unless otherwise recommended by the center's director.

2) Submit an application form accompanied by a copy of the most recent State Income Tax Return (IL 1040) for the patient or, in the case of a minor, for the patient's parents or guardian.

3) Meet the requirements of the Patient Protection and Affordable Care Act (ACA) (26 USC 5000A) by obtaining and providing proof of health coverage. Payment of a tax penalty for not obtaining insurance does not meet the requirement.

c) Patient Participation Fee

1) The Patient Participation Fee will be determined annually and is equal to 20 percent of the patient's available family income.

2) In cases where the family has more than one patient participating in the State Hemophilia Program, the Patient Participation Fee will be applied to the family as a unit.

3) The patient or, in the case of a minor, the patient's parent or guardian will be notified in writing of the Patient Participation Fee.

d) Hardship Cases

1) A hardship case refers to a patient who has been determined by the Department to owe a Patient Participation Fee and the patient or, in the case of a minor, the patient's parent or guardian believes the charge will cause financial hardship.

A) The patient or, in the case of a minor, the patient's parent or guardian may request a redetermination of the Patient Participation Fee. The request shall include the following information:

i) Reduction in family income since the previous year;

ii) Accrued medical bills for the entire family;

iii) Other illness in the family;

iv) Increased childcare costs;

 v) Extraordinary expenses incurred during the previous year;

 vi) Casualty losses experienced during the previous year; and

vii) Resources to which the family has access for medical care, vocational assistance and other supportive services.

B) The patient or, in the case of a minor, the patient's parent or guardian may also submit a written narrative explaining any additional factors supporting the request for a reduction in the Patient Participation Fee.

2) The Department shall review and evaluate each hardship request. Criteria used in the review shall include the number and severity of demands being made on the family's financial resources, the availability of assistance from other sources and the potential stress placed on the family if the Patient Participation Fee is not reduced.

3) The Department will respond in writing with its determination regarding the hardship request. The Department will take one of the following actions:

A) Make no changes in the Patient Participation Fee originally assigned to the patient;

B) Reduce the amount of the Patient Participation Fee; or

C) Remove the Patient Participation Fee.

(Source: Amended at 38 Ill. Reg. 13255, effective June 11, 2014)