



July 25, 2019

HFS Mails Fiscal Year 2020 Hospital Inpatient and Outpatient Assessment Program Notice – *July Assessment Due Date is July 31, 2019*

The Department of Healthcare and Family Services (HFS) has posted a [notice](#) indicating that it has mailed each hospital the facility's inpatient and outpatient assessment remittance notices for fiscal year 2020. *Please note the July 2019 assessment is due the last day of the month – on July 31, 2019.* For August 2019 through June 2020, the due dates are the 17th business day of the month.

Your inpatient and outpatient assessment amounts are the same amounts that you paid every month in FY 2019. Most likely you will not receive your remittance notices by July 31; however, your assessment is due that day, and if not paid you will be subject to penalties.

Hospitals must remit the monthly assessments using the Illinois State Treasurer's E-Pay Program. In order to use this service, your hospital will need an Internet connection, checking account information (bank routing number and account number), from which the payment will be made, and the hospital's current remittance card. If your hospital is not familiar with the [Illinois State Treasurer's E-Pay Program](#), contact the Bureau of Hospital and Provider Services at (217) 524-7110.

In addition, each hospital is responsible for ensuring debit authorizations can be initiated from designated accounts in the appropriate dollar amount. The following are company identification numbers to be given to your banking institution, if debit block filters are used on the hospital's account. Use 1810599849 or 9810599849 for these transactions.

Following are instructions for remitting payment:

Link: <https://epayHOSPITALASSESSMENTS.illinois.gov>

Payment Category: Hospital Assessment

Payment Type: Hospital Assessments

Please enter the following information to identify the payment:

Account Number: HFS ID # and PIN

JetPay Authorization Number: 8 digit code provided by JetPay

Click: Search

Payment amount: Enter payment amount in dollars and cents.

Click: Add Item and Checkout

Enter Billing Contact Information

Click: Next Step: Add Payment Method

Payment Method: eCheck

Enter payment information including bank routing number and account number.

Click: Next Step: Review Payment

Check Box: I agree to the Payment Terms of Service.

Click: Make Payment

Thank you for your payment notification screen may be e-mailed or printed.

If you have any questions concerning this information, contact the Bureau of Hospital and Provider Services at [hfs.bchs@illinois.gov](mailto:hfs.bchs@illinois.gov) or 217-524-7110.

FISCAL YEAR 2020 HOSPITAL ASSESSMENT  
(FUND 346) DUE DATES

July-19	July 31, 2019
August-19	August 23, 2019
September-19	September 25, 2019
October-19	October 24, 2019
November-19	November 26, 2019
December-19	December 24, 2019
January-20	January 27, 2020
February-20	February 27, 2020
March-20	March 24, 2020
April-20	April 23, 2020
May-20	May 26, 2020
June-20	June 23, 2020

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