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		TRACKING # CPM 7-11
	TITLE: FINANCIAL ASSISTANCE PROGRAM (DISCOUNT PAYMENTS AND CHARITY CARE POLICIES)	
	PERFORMED BY: All RCHSD departments responsible, including Revenue Cycle, Patient Financial Services, Patient Access and Financial Counselors.	

1.0 PURPOSE:

1.1. To establish the Rady Children’s Hospital, San Diego (Hospital) Financial Assistance Program (FAP) for hospital inpatient and outpatient services, including emergency medical care and medically necessary care, via policies and procedures for both charity care and discounted payments for financially qualified patients. Rady Children’s Hospital- San Diego is referred to herein as “Rady Children’s.”

2.0 DEFINITIONS:

- 2.1. **Amounts Generally Billed (AGB)** means the retrospective review methodology used by Rady Children’s to calculate a limit on charges to Financial Assistance Program participants.
- 2.2. **Charge Description Master (CDM)** means a uniform schedule of charges represented by Rady Children’s to the public as its gross billed charge for a given service or item, including for diagnosis-related groups, regardless of payor.
- 2.3. **Charity Care** means either full charity care or partial charity care. **Full Charity Care** means free health care services, where the patient/Guarantor is expected to pay nothing. **Partial Charity Care** means the patient/Guarantor is not expected to pay a portion of the charges.
- 2.4. **Discount Payment** means a situation where the Hospital has determined the patient does not qualify for Full Charity Care, but is eligible for a discount and is expected to pay only a part of the bill. This is a form of Partial Charity Care.
- 2.5. **Emergency Physician** means a physician who is a credentialed member of the Hospital Medical Staff and is contracted by the Hospital to provide emergency medical services in the emergency department (ED). “Emergency Physician” does not include a physician specialist who is called into the ED or who is on staff, or has privileges, at the Hospital outside of the ED.
- 2.6. **Essential Living Expense** means expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or childcare; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs;

- installment payments; laundry and cleaning; and other extraordinary expenses.
- 2.7. **Family or Patient's Family** means, for patients 18 years of age and older, the patient's spouse, registered domestic partner, and dependent children under 21 years of age, whether living at home or not. For patients under 18 years of age, the Family includes the patient's parent, caretaker relatives, and other children (under 21 years of age) of the parent or caretaker relative.
 - 2.8. **FAP Participant** means a Rady Children's Financially Qualified Patient.
 - 2.9. **Federal Poverty Level/Federal Poverty Guidelines (FPL)** means the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services, published at <http://aspe.hhs.gov/poverty>.
 - 2.10. **Financial Assistance Program (FAP)** means the Rady Children's program described by this policy and procedure and designed to assist Financially Qualified Patients in obtaining Discounted Payments or Charity Care for Hospital services and Emergency Physician services.
 - 2.11. **Financially Qualified Patient** means:
 - 2.11.1. Uninsured patient with Family income at or below 550% of the FPL; or
 - 2.11.2. Insured patient with High Medical Costs and a Family income at or below 450% of the FPL; or
 - 2.11.3. Insured patient with non-covered charges and a Family income at or below 450% of the FPL; or
 - 2.11.4. A patient, whether uninsured or insured, who has High Medical Costs.
 - 2.12. **Guarantor** means the person with financial responsibility for the patient's health care services, usually the patient, parent, or legal guardian.
 - 2.13. **High Medical Costs** means any of the following, as applied to the date(s) of service
 - 2.13.1. Annual out-of-pocket costs incurred at the Hospital exceeding 10% of the Family income in the prior 12 months (determined by comparing the patient/Guarantor's out of pocket costs for the patient to the Patient's Family income), or
 - 2.13.2. Annual out-of-pocket costs that exceed 10% of the Family income if the patient/Guarantor provides documentation of medical expenses paid in the prior 12 months (determined by comparing total medical expenses, including those not incurred at Hospital, actually paid for the patient to the patient's Family income).
 - 2.14. **Medically Necessary Services** mean those services reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain or suffering through the diagnosis or treatment of disease, illness or injury, both mental and physical, as determined by a licensed health care professional acting within the applicable scope of professional practice.
 - 2.15. **Monetary Assets** means assets that are readily convertible to cash, such as bank accounts and publicly traded stock, but not illiquid assets such as real property. Monetary assets do not include retirement or deferred compensation plans, and neither the first \$10,000 of Monetary Assets, nor 50% of Monetary Assets over the first \$10,000, will be counted in determining FAP eligibility based on monetary assets.
 - 2.16. **Patient/Family Income** means income calculated as follows: Patient's and Family gross income before taxes, less payments made for alimony and child support (Retirement or deferred-compensation plans qualified under the Internal Revenue Code,

or nonqualified deferred-compensation plans, shall not be included in income calculations.)

- 2.17. **Payment Plan** means monthly payments of agreed upon terms between the Hospital and the patient/Guarantor.
- 2.18. **Self-Pay Patient** means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of worker's compensation, automobile insurance, or other insurance as determined and documented by the Hospital. **Financially Qualified Self-Pay Patients** are Patients with no third party insurance or other coverage and Patient/Family Income does not exceed 450% of the FPL. Financially Qualified Self-Pay Patients may include Charity Care patients.
- 2.19. **Third Party Payer** means private insurance including coverage offered through the California Health Benefits Exchange, Worker's Compensation, automobile insurance, as well as government health care program coverage such as Medi-Cal, CCS, Tricare, Medicare, CHAMPUS, Healthy Families.
- 2.20. **Third Party Liability (TPL)** Third Party Liability means a person or entity other than the patient or Hospital is alleged or adjudicated to be legally responsible for the patient's medical condition and medically necessary health care services, usually due to an injury to the patient.
- 2.21. **Uninsured Patient** means a Self-Pay Patient.

3.0 POLICY:

- 3.1. It is the policy of Rady Children's to provide financial assistance through the Rady Children's Financial Assistance Program (FAP) to
 - 3.1.1. Uninsured patients with Family income at or below 550% of the FPL;
 - 3.1.2. Insured patients with High Medical Costs and a Family income at or below 450% of the FPL;
 - 3.1.3. Insured patients with non-covered charges and a Family income at or below 450% of the FPL; and
 - 3.1.4. Uninsured and insured patients who have High Medical Costs.

4.0 PROCEDURES:

4.1. PROGRAM ADMINISTRATION

- 4.1.1. Rady Children's will administer a FAP to assist Financially Qualified Patients in obtaining discounted payments and/or Charity Care for Hospital services and Emergency Physician services.

4.2. APPLICATION PROCESS

- 4.2.1. To apply for the FAP program and request an eligibility determination, the patient/Guarantor must submit a complete Financial Assistance Application to the Financial Counseling Department.
- 4.2.2. All patients and/or guarantors applying for financial assistance are expected to pursue public health insurance options, including but not limited to Medi-Cal or California Children's Services, before Rady Children's will make a final FAP eligibility determination. If denied, Rady Children's must receive a copy of

denial. Rady Children's financial counseling staff will make every reasonable effort to assist families applying for Rady Children's FAP with completion of applications for government funding options for which they may be eligible. Failure to comply with the application process or provide required documents may be considered in the determination. Willful failure by the patient/guarantor to cooperate may result in Rady Children's inability to provide financial assistance.

- 4.2.3. The patient/Guarantor will be given 21 days from the date they first submit an application to make every reasonable effort to provide all of the following:
 - 4.2.3.1. Documentation of Patient/Family income. Income may be verified through any of the following mechanisms:
 - 4.2.3.1.1. Tax returns (preferred)
 - 4.2.3.1.2. Recent pay stubs/paycheck remittance or telephone verification by employer
 - 4.2.3.1.3. IRS form W-2
 - 4.2.3.1.4. Wage and Earnings Statement
 - 4.2.3.1.5. Social Security income
 - 4.2.3.1.6. Workers' Compensation or unemployment compensation determination letters
 - 4.2.3.1.7. Qualification within the preceding six months for governmental assistance program (including food stamps, Medi-Cal, and AFDC)
 - 4.2.3.1.8. If the patient/Guarantor is unable to provide documentation of income, Rady Children's may in its sole discretion require the patient/Guarantor to make an attestation signed under the penalty of perjury as to (i) the truth of any income information provided on the Financial Assistance Application form, (ii) an explanation as to why they have not provided income documentation, and (iii) verification of the accuracy of Rady Children's calculation of their income.
 - 4.2.3.2. Documentation of alimony and child support payments, if applicable.
 - 4.2.3.3. Documentation of assets if (a) applying for Charity Care and (b) requested by Rady Children's.
 - 4.2.3.4. Documentation of medical expenses, including where applicable those medical expenses not incurred at Hospital, actually paid for the patient in the prior 12 months. Expenses incurred by the guarantor, which are not related to the patient, will not be considered.
 - 4.2.3.5. Documentation of the presence or absence of third party health coverage (private insurance including coverage offered through the California Health Benefits Exchange, Medi-Cal, CCS, Tricare, Medicare, Worker's Compensation, automobile insurance, or other).
 - 4.2.3.6. Waivers or releases authorizing Rady Children's to obtain account information from financial or commercial institutions, or (if applicable) other entities that hold monetary assets.
- 4.2.4. Rady Children's may in its sole discretion grant additional time for a patient/Guarantor to produce documents in support of the application, for

example in cases where Rady Children’s requests additional information after 21 days from the date of application.

4.3. ELIGIBILITY DETERMINATIONS

4.3.1. Rady Children’s Financial Counseling Department will:

- 4.3.1.1. Determine FAP eligibility as soon as possible after the application process above is complete.
- 4.3.1.2. Classify the patient account as Self-Pay while an eligibility determination is in process.
- 4.3.1.3. Take into consideration and act reasonably when a patient/Guarantor fails to provide reasonable and necessary documentation as required by this policy to support their FAP application. If the documentation is essential to a FAP determination, Rady Children’s may deny FAP participation if it is unable to make an eligibility determination. If Rady Children’s can make a reasonable determination in the absence of the documentation, it will make an effort to do so.
- 4.3.1.4. Not make a final determination of ineligibility for the FAP until at least 150 days from the initial billing date.
- 4.3.1.5. Determine if a patient is a Financially Qualified Patient who is eligible for discounted payments by evaluating:

4.3.1.5.1. Patient/Family Income, as compared to the FPL to determine the percentage of the FPL. FPL greater than 550% does not qualify for financial assistance discount rates.

4.3.1.5.1.1. Insured patients with High Medical Cost or non-covered charges:

FPL	Discount Rate
Up to 350%	100% Discount Rate (Co-pay per table below)
Up to 450%	75% Discount Rate

The discount rate for insured patients with High Medical Costs or non-covered charges will be applied to the patient liability, as determined by the insurer.

4.3.1.5.1.2. Uninsured patients:

FPL	Discount Rate
Up to 350%	100% Discount Rate (Co-pay per table below)
Up to 450%	75% Discount Rate
Up to 550%	50% Discount Rate

The discount rate for uninsured patients will apply to charges based upon Rady Children’s Charge Description Master.

4.3.1.5.1.3. Co-payment schedule (Only for full participants at or below 350% FPL)

Hospital service	Co-payment
Clinic visit	\$10.00/visit
Emergency department	\$25.00/visit
Urgent Care Center	\$25.00/visit
Inpatient admission	\$100.00/admission

Emergency department resulting in an inpatient admission	\$100.00/admission
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- 4.3.1.5.2. Insurance status of insured or uninsured, including through a state or federal health care program.
- 4.3.1.5.3. Annual medical expenses actually paid for the patient in the prior 12 months, including those not incurred at Hospital.
- 4.3.1.5.4. Whether the patient has High Medical Costs, by either:
 - 4.3.1.5.4.1. comparing annual out-of-pocket costs incurred at the Hospital to the Family Income to determine if annual out-of-pocket costs exceed 10% of the Family income in the prior 12 months, or
 - 4.3.1.5.4.2. if the patient provides documentation of medical expenses paid in the prior 12 months, by comparing total medical expenses (including those not incurred at Hospital) actually paid for the patient to the patient's Family income to determine if annual out-of-pocket costs exceed 10% of the Family income.
- 4.3.1.6. Determine if a Financially Qualified Patient is eligible for Full Charity Care by evaluating:
 - 4.3.1.6.1. Patient/Family Income, as compared to the FPL to determine if it is at or below 350% of the FPL.
 - 4.3.1.6.2. Patient/Patient Family's Monetary Assets.
 - 4.3.1.6.3. Whether the health care service rendered to the patient was medically necessary, elective or cosmetic in nature. Rady Children's may in its sole discretion deny Charity Care for non-medically necessary health care services.
- 4.3.1.7. Use prior eligibility determinations only as follows: If a patient is a current FAP participant and returns to Rady Children's for health care services, the FAP participation will be automatically extended for 6 months for all medically necessary services.
- 4.3.1.8. Rady Children's may suspend the final determination of FAP eligibility for a patient account upon appropriate information and notice that the patient's health care services are potentially the result of TPL, during the legal proceedings to determine TPL. If based on an initial review of the FAP application, the patient is FAP eligible, Rady Children's will put patient statements on hold pending the result of the TPL matter. Upon appropriate information and notice that the TPL legal proceedings have concluded and the result or resolution of the TPL matter, Rady Children's will re-process the FAP application and make a final determination of FAP eligibility.

4.4. DISCOUNT PAYMENTS (LIMITED EXPECTED REIMBURSEMENT)

- 4.4.1. Patients whom Rady Children's determines are Financially Qualified Patients pursuant to Section 4.3.1.6 above will be granted Discount Payments as follows:

- 4.4.1.1. **Hospital Discount Payments (All FAP Participants)**. Rady Children’s will apply these “Payment Limits” to provide discounts to all FAP Participants for health care services provided by the hospital. Accordingly, these payment limits apply to Uninsured patients with Family income at or below 550% of the FPL; Insured patients with High Medical Costs and a Family income at or below 450% of the FPL; Insured patients with non-covered charges and a Family income at or below 450% of the FPL; and patients, whether uninsured or insured, who have High Medical Costs.
- 4.4.1.1.1. FAP Participant payments will be limited to the amount Rady Children’s would expect in good faith to receive for the same services from Medicare, Medi-Cal, Healthy Families, or another government-sponsored health program in which Rady Children’s participates, whichever is greatest. Rady Children’s will determine the limitation on payment by identifying the expected reimbursement amount for the same service, by reference to health care service codes (such as revenue codes, HCPCS, CPT, ICD-9, APR). However, in no event will payment exceed the AGB.
- 4.4.1.1.2. FAP Participant payments for hospital services for which there is no established payment by Medicare or any other government-sponsored program will be limited to the CDM rate discounted in accordance with this policy.
- 4.4.1.1.3. FAP Participant payments will never exceed the Amount Generally Billed (AGB) to privately insured patients. Rady Children’s determines AGB per its Fair Pricing Policy.
- 4.4.1.1.4. Rady Children’s will use a sliding scale approach to charge FAP Participants a percentage of charges depending on patient/Family Income. This may result in different amounts charged to different FAP participants for the same service depending on income level, but the expected payment will never exceed the maximum allowed per this policy.
- 4.4.1.2. **Hospital Discount Payments (Certain FAP Participants)**. Rady Children’s will apply these payment limits to provide discounts to certain FAP Participants for health care services provided by the hospital.
- 4.4.1.2.1. For insured patients with High Medical Costs and a Family Income at or below 450% of the FPL, the Payment Limits in section 4.4.1.1 above will apply to the portion of the bill that is the patient’s responsibility, including (non Medi-Cal) copayments and deductibles.
- 4.4.1.2.2. Payments of FAP Participants with High Medical Costs will be limited so the payments will not exceed the difference between the amount of payment available from any third-party payer and the maximum rate established for a service pursuant to the CDM (See Fair Pricing Policy.) However, in

no event will the payment exceed the AGB.

4.4.1.3. Rady Children's will use the following method to calculate AGB:

4.4.1.3.1. Apply an annual look-back method (retrospective) review, after the close of the previous fiscal year, on actual past claims paid to the Hospital by Medicare fee-for-service together with all private health insurers.

4.4.1.3.2. The annual AGB percentage(s) and a description of the calculation is available free of charge upon request from the Financial Counseling Office by contacting them at 858-966-4005 or sending them a written request at 3020 Children's Way, MC 5055, San Diego, CA 92123-4282. A copy is also available on Rady Children's website at <https://www.rchsd.org/patients-visitors/financial-assistance/>.

4.4.1.3.2.1. The limit will be calculated like this example:

- CDM rate (\$50)
- Third Party Payer payment (\$25)

- = FAP Participant maximum payment (\$25)

4.4.1.4. Emergency Department Physician Discount Payments.

4.4.1.4.1. Rady Children's Emergency Physicians will rely on the hospital's determination of FAP eligibility.

4.4.1.4.2. Discount Payments for Rady Children's Emergency Physician services will be in accordance with this policy and procedure except where differences are stated below.

4.4.1.4.3. Rady Children's will limit payments from FAP Participants for Emergency Physician services to an amount that is no more than (a) 50% of the median of billed charges based on a nationally-recognized database of physician charges once a database has been selected or (b) 50% of actual billed charges using the Rady Children's Charge Description Master.

4.5. FREE/FULL CHARITY CARE

4.5.1. Self-Pay Patients whose patient/Family Income does not exceed 350% of the FPL will receive Charity Care with a nominal charge not to exceed \$100.

4.5.2. Non-medically necessary services that are purely cosmetic in nature are eligible for Charity Care in Rady Children's sole discretion.

4.6. PRESUMPTIVE ELIGIBILITY

4.6.1. Separate from the manual application process outlined in section 4.2, patients may also be presumed to be eligible for financial assistance based on evidence provided through the use of a third-party screening tool regardless of insurance status.

4.6.2. To qualify for financial assistance under presumptive eligibility, the patient must meet the same federal poverty level requirements of those patients completing

the manual application process as defined in section 3.0 above. Information obtained from the third-party screening tool is used to verify the patient's financial status and may be used as the sole documentation source to make a financial assistance determination.

- 4.6.3. Those patients deemed ineligible for financial assistance through the presumptive eligibility process may apply through the standard application process as detailed in section 4.2.

4.7. NOTICES TO PATIENTS & OSHPD

4.7.1. Rady Children's will:

- 4.7.1.1. Provide to all patients that do not indicate insurance coverage by a third-party, an application for Medi-Cal, Healthy Families, the California Health Benefit Exchange, or other governmental program (to the extent available to Rady Children's). These applications will be provided to emergency care department patients, Hospital outpatients, and prior to discharge for Hospital inpatients.
- 4.7.1.2. Submit this policy and procedure document including a sample FAP application form to the California Office of Statewide Health Planning and Development (OSHPD) when a significant change is made or documents are updated, and at least every other year will provide notice to OSHPD if no changes have been made.
- 4.7.1.3. Post this policy and procedure document, a plain language summary of this document, and the FAP application form on the Hospital website.
- 4.7.1.4. Offer and make available paper copies of this document, the FAP application, and the plain language summary of this document
 - 4.7.1.4.1. upon request and without charge by mail
 - 4.7.1.4.2. as part of Hospital intake or discharge process, and
 - 4.7.1.4.3. in conspicuous public locations including the emergency care department, patient admitting areas, the billing office, Registration-Patient Access, and other outpatient settings.
- 4.7.1.5. Notify and inform members of the community about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the Hospital.
- 4.7.1.6. Include conspicuous written notice on billing statements about the availability of the FAP, including the phone number of the Hospital office that can provide information about the application process, and a website address where this policy and procedure is posted.
- 4.7.1.7. Accommodate all significant patient populations that have limited English proficiency (LEP) by providing translated documents of the FAP, FAP application, and plain language summary into the primary language(s) spoken of its patient population.

4.7.2. The Medical Foundation will:

- 4.7.2.1. Provide specific notice of the FAP when billing patients who have not provided proof of third party coverage. This notice shall be conspicuous written notice on billing statements about the availability of the FAP, including the phone number of the Hospital office that can provide

information about the application process, and a website address where this policy and procedure is posted.

4.8. REIMBURSEMENT OF OVERCHARGES

- 4.8.1. Rady Children's will reimburse patients amounts paid in excess of the amount due under the FAP, including applicable interest.
- 4.8.2. Interest accrues on an overpayment from a patient qualifying for the FAP from the date the payment is received by Rady Children's.
- 4.8.3. If the excess is less than \$5, Rady Children's will provide a credit to the patient's account for 60 days from the date the amount is due to be reimbursed to the patient. If the credit is not used in that 60-day period, it is retired from the Rady Children's accounts.

4.9. PROVIDER LIST

- 4.9.1. All members of the Medical Foundation who are on the Hospital Medical Staff are covered by the FAP. Rady Children's maintains a list of the Medical Foundation physicians at <http://www.rchsd.org/rcssd/>.
- 4.9.2. All Emergency Physicians rendering health care services at the Hospital are covered by the FAP. Rady Children's maintains a list of the Emergency Physicians at [http://www.rchsd.org/doctors/?spec=emergency medicine/urgent care](http://www.rchsd.org/doctors/?spec=emergency%20medicine/urgent%20care).
- 4.9.3. The Medical Staff Services department maintains the above provider lists and are updated at least every 90 days.
- 4.9.4. Rady Children's partners with outside providers (i.e. anesthesiologists, radiologists, and hospitalists) to assist us in delivering certain specialized services. These providers are not covered by the FAP and may have separate policies regarding financial assistance.

4.10. DENIAL OF FINANCIAL ASSISTANCE

- 4.10.1. Rady Children's may reverse current financial assistance that was granted under this policy if it determines a patient/Guarantor submitted false, misleading, or fraudulent information on or with the Financial Assistance application.
- 4.10.2. Rady Children's may withdraw a Financial Assistance application if it determines the patient/Guarantor submitted false, misleading, or fraudulent information on or with the Financial Assistance application.
- 4.10.3. If Rady Children's determines that the patient/Guarantor is not eligible for the FAP under this policy, it will notify the patient/Guarantor of this denial in writing. The Financial Counseling department will coordinate the processing and mailing of these communications.
- 4.10.4. Rady Children's may reverse current financial assistance that was granted under this policy in order to suspend FAP eligibility final determination in accordance with Section 4.3.1.8. A reversal pursuant to this section 4.10.4 will not result in any additional financial liability for the patient or guarantor, and all payments made by the patient or guarantor will be returned pending final FAP eligibility determination. A letter will be sent to the patient or guarantor notifying them of the reason for the payment refund and that payment from the patient or

guarantor may be pursued at a later date if the resolution of the TPL matter and final FAP determination deems the patient or guarantor has financial responsibility.

4.11. ELIGIBILITY DISPUTES

- 4.11.1. Rady Children's may deny eligibility for Charity Care or Discount Payments on either of the following grounds: 1) the patient is not financially eligible or 2) the patient/Guarantor did not provide required documentation per this policy and procedure.
- 4.11.2. Rady Children's designates the Director of Patient Access to review disputes concerning eligibility. Eligibility disputes should be submitted to Hospital Customer Service at 800-788-9029 for documentation and tracking. Customer Service will refer each dispute to the Director of Patient Access for review.
- 4.11.3. Rady Children's limits its debt collection activities in accordance with its Billing & Debt Collection policy.
 - 4.11.3.1. A free copy of this policy is available by contacting the Financial Counseling Office at 858-966-4005 or at <https://www.rchsd.org/patients-visitors/financial-assistance/>. A copy may also be obtained by mail by sending a request to the Financial Counseling Office at 3020 Children's Way, MC 5055, San Diego, CA 92123-4282 as well as in public locations in the hospital.

4.12. COMMUNITY HEALTH NEEDS ASSESSMENT/COMMUNITY BENEFIT ANALYSIS

- 4.12.1. Rady Children's performs an annual Community Health Needs Assessment/Community Benefit Analysis, which can be accessed at <http://www.rchsd.org/health-safety/community-health-needs-assessment/>.

5.0 FORMS:

- 5.1 Application for FAP (Free/Charity Care or Discounted Payments)
- 5.2 Summary of the FAP

6.0 RELATED POLICIES:

- 6.1 Hospital & ED Physician Fair Pricing, CPM 7-55
- 6.2 Billing & Debt Collection, CPM 7-56

7.0 REFERENCES:

- 7.1 California AB 774 (2007), AB 1503 - Chapter 445 (2010), SB 1276 – Chapter 758 (2014)– Hospital Fair Pricing Policies Law (Health & Safety Code 127400-127446)
- 7.2. Title 22, California Code of Regulations, §§ 96005-96020, 96040-96050
- 7.3. oshpd.ca.gov/HID/Products/Hospitals/Chrgmstr
- 7.4. Health & Safety Code §§ 1339.55, 1339.56, 1339.59, 1339.585 & 128770
- 7.5. Patient Protection and Affordable Care Act
- 7.6. Internal Revenue Code section 501(r)

Date Written: January 2013

Date Revised: November 2019, January 2020, May 2021

Date Reviewed:
