

96051.32 Appeals

(a)

Filing an Appeal. A hospital that has received notice of an accrued penalty under the Act and this chapter may appeal the penalty assessment by filing a written request for hearing within 30 calendar days after the date of the notice. The request shall be filed with the Department's hearing officer either by mail or by email as follows: (1) Mail shall be sent to the hearing officer at the Legal Office of the Department of Health Care Access and Information, located at 2020 West El Camino Avenue, Suite 1217, Sacramento, CA 95833. (2) Email shall be sent to the following email address: HearingOfficer@hcai.ca.gov.

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(b)

The request for hearing shall include the following: (1) The name of the hospital. (2) The name of the hospital's authorized representative for the appeal and the representative's contact information. (3) The name, address, phone number, and email address of the patient and any authorized representative who filed the

complaint. (4) The date of the penalty assessment notice. (5) A statement of the basis for the appeal. (6) A copy of the penalty notice.

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The name of the hospital.

(2)

The name of the hospital's authorized representative for the appeal and the representative's contact information.

(3)

The name, address, phone number, and email address of the patient and any authorized representative who filed the complaint.

(4)

The date of the penalty assessment notice.

(5)

A statement of the basis for the appeal.

(6)

A copy of the penalty notice.

(c)

No later than five calendar days after filing the request for hearing, the hospital shall provide a copy of the request to the Hospital Bill Complaint Program by email at HFBP@hcai.ca.gov.