

HCAI's Hospital Equity Measures Training Webinar

August 18, 2025– Q&A Summary

Below is a summary of the questions and answers discussed during HCAI's Hospital Equity Measures Training webinar on August 18, including questions received during the event that could not be addressed within the webinar time.

The guidance in this document is based on statutory requirements ([Health and Safety Code Sections 127370-127376](#)) and regulations ([California Code of Regulations Title 22, Sections 95300-95316](#)). The information and support offered in this document are intended to facilitate adherence to these statutory requirements and regulations and ensure accurate and timely reporting. However, it is the responsibility of the user to ensure that all actions and submissions comply with the applicable legal and regulatory standards. For additional information, including reporting resources, please visit the Hospital Equity Measures (HEM) Reporting Program's [webpage](#).

The HEM Reporting Program, created by [Health and Safety Code Sections 127370-127376](#), requires HCAI to develop and administer a hospital equity report program to collect and post hospital equity reports. These annual reports are required to include measures on patient access, quality, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor as recommended by the Hospital Equity Measures Advisory Committee (Advisory Committee). The reports are also required to include a plan to prioritize and address disparities for vulnerable populations identified in the data and as specified by the Advisory Committee.

Any additional questions or feedback may be sent to hospitalequity@hcai.ca.gov. Please include "HEM Training Webinar" in the subject line.

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Measures Calculations

What is a disparity factor and how is it calculated? What is being asked when defining performance based on categories?

Disparities are differences in outcomes that are driven by socioeconomic or environmental factors. The HEM reports describe healthcare disparities that are assessed using a suite of standardized metrics and comparing them across race/ethnicity, age, disability status, and other demographic groups.

Are hospitals required to calculate and report the HCAI 30-day unplanned readmission rate for patients with no behavioral health diagnosis?

Yes, hospitals are required to calculate and report the readmission rate for no behavioral health diagnoses. Please refer to the Measures Submission Guide and utilize the stratification groups as specified in the corresponding Stratification Table.

If measures are not collected, should the fields be left blank? If the measures collected meet the criteria for suppression, should the field be left blank or should another code, word, or indicator be entered?

If the measures are missing/unknown, they should be reported as blank. If the DDG prohibits reporting the data, select "masked".

What happens if hospitals use Centers for Medicare & Medicaid Services (CMS) readmissions guidelines and not HCAI readmissions criteria?

HCAI readmissions are based on the CMS readmissions guidelines. Please follow the [Methodology for Calculating All Cause, 30-Day Hospital Readmission Rate, California Department of Health Care Access and Information](#).

Online Submission Report Portal

Is a data submission template available that outlines the required columns and data format?

The data submission template is posted on HCAI's HEM webpage under [the Laws and Regulations section](#) as the "Department's Format and File Specification for Submission of the Hospital Equity Report, Version 3.1" [Excel](#) and [Word](#) files. Submitters can choose the appropriate Excel template based on their hospital type, complete it, and submit the template sheet as a CSV in the online submission report portal.

How is access to the equity reporting portal granted, and what is the process for updating access credentials to ensure the appropriate individuals can submit data?

Each hospital and hospital system must ensure that both the primary and secondary contact persons register through the Department's online report submission portal at hdc.hcai.ca.gov. Initial registrations will be reviewed and approved by HCAI staff. Instructions on how to register can be found on the [QuickStart Guide: Getting Started](#) resource guide. HCAI will approve the initial Primary and Secondary system user requests for hospitals.

Once approved, the designated primary or secondary contact may authorize additional users—such as hospital employees or consultants—to access and submit reports via the portal on behalf of the facility. These contacts also have the authority to add or remove users as needed. Primary and Secondary contacts may remove/add system access to individual by navigating to the Manage Users section in the Hospital Disclosures and Compliance (HDC) system.

Hospitals are required to update the portal within 15 days of any changes to the primary or secondary contact persons or any related information as outlined in subdivisions (a) and (b).

Is there a streamlined process for associating data submissions CMS for hospitals participating in the Social Drivers of Health (SDOH) and Hospital Commitment to Health Equity Structural (HCHE) Measures?

Hospitals are responsible for compiling the measures submitted to CMS, such as SDOH and HCHE, in their HEM report.

Please clarify the questions 6-10 on the equity report. Do you have a sample of what should be submitted?

The data submission templates are available at [HCAI website Hospital Equity Measures Reporting Program under Reporting Resources](#). Please follow the template based on your hospital type.

Where do submitters enter the ten free-text questions into the HCAI form?

Responses with the measures data can be included in the CSV file or electronic form, depending on the submission method.

Will HCAI notify the hospital if any errors are found in the submitted report?

HCAI is committed to providing technical assistance to submitters. While the HDC system conducts format validation prior to submission, HCAI will review the reports and may contact submitters for data clarifications or corrections.

Is the CSV file one type of submission, and the manual entry another? Additionally, is the downloaded report the one we should post on our website?

There are two methods to submit reports: either through a CSV version or manual entry. The HDC allows you to print the reports, which can be posted on hospital websites to meet statutory mandates.

How do you submit an individual hospital report using CSV files? The webinar presentation displayed a multiple report submission option.

Submitters can choose the appropriate Excel template based on their hospital type, complete it, and submit the single template sheet in the online submission report portal. Submitters may utilize the CSV reporting method for a single hospital or more than one hospital in a single CSV file. Each row represents a single report, with one for each hospital if submitting multiple reports.

Are hospitals required to publish the health equity plan on their website, or is it sufficient to only share the stratified measure for compliance?

Yes, in accordance with Health and Safety Code Section 127373, subdivision (a)(3), hospitals are required to publish the HEM report, including the measures data and narrative responses, on their website.

What is the difference between a system-level report versus a hospital report?

The Medical Equity Disclosures Act requires individual hospitals licensed as General Acute Care, Acute Psychiatric, and Special hospitals to submit an equity report. Additionally, hospital systems with two or more hospitals, including at least one General Acute Care hospital, must present information in the equity report both disaggregated at the individual hospital level and aggregated across all hospitals in the system.

HCAI outlines system-level reporting requirements for each hospital type in [California Code of Regulations Title 22, Section 95304](#). Each licensed hospital must submit an equity report to the department. Hospital systems meeting statutory and regulatory definitions must file an equity report aggregated by each facility type.

Is the CSV file format comma delimited, tab delimited, or another format?

The CSV file is comma-delimited format. The HDC accepts both CSV and Excel formats.

Data De-Identification Guidelines (DDG)

How should hospitals report identified disparities and action plans if hospitals have to mask the data related to those disparities?

Hospitals should conduct risk assessments and apply the DDG before calculating risk ratios. Hospitals can include additional information in a supplemental document, such as disparities identified in the patient population that are not reflected among the top 10 disparities due to DDG concerns.

Please clarify how age data are masked, and why maternal age is not included?

Maternal measures and non-maternal measures use different age categories for stratification (refer to Page 27 of the [Measure Submission Guide](#)). For data de-

identification, hospitals should consider that age is personal information and apply the Publication Scoring Criteria method accordingly.

How are the DDG scores and risk assessment applicable to Acute Care Hospital Equity plan reporting?

Data should be de-identified and assessed for risk of identification in accordance with Health and Safety Code Section 127374(e), as well as any state and federal privacy laws, including the California Confidentiality of Medical Information Act (CMIA) and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to submission to HCAI. HCAI has approved use of the Publication Scoring Criteria for data identification risk.

What if DDG masks most data for small hospitals, leaving us without a top 10 disparities list? Some smaller hospitals have only one or no entries due to de-identification criteria.

Hospitals should report the information to the extent of the available data. Hospitals can include additional information in a supplemental document, such as disparities identified in the patient population that are not reflected among the top 10 disparities due to DDG concerns.

Health Equity Plans

Our only two disparities identified in the report were "Assigned Male at Birth" and those with Medicare insurance. These disparities present challenges in developing actionable items. Can you provide any recommendations on how to approach this?

The [Hospital Equity Data Toolkit](#) offers resources to help hospitals develop actionable items. Check out the section "Tools for Health Equity Planning," which includes developing and monitoring health equity plans and data utilization resources.

What is required for submitting the action plan to HCAI?

Responses regarding the equity plan are included in the CSV file or submitted manually. Hospitals may also include any equity information in the supplemental document.

In the report, can we group disparities within the same categories (e.g. readmissions for ages 65+, Medicare) and address actions for those in a single section?

Yes, the equity plan may describe proposed actions that address a number of the top disparities identified.

What if we cannot identify 10 disparities?

Hospitals should report the top disparities to the extent the data is available.

When writing our health equity plan for the top opportunities, any recommendations on how we can fit in all the equity plans in 5,000 characters?

Hospitals may submit an optional supplemental report to provide more details or context supporting their main equity plan.

Regulations**What are the reporting requirements for data completeness and statistical significance?**

Hospitals are required to submit the measures to the extent the data is available. Statistical significance testing is not required.

Several federal standards in the Measures Submission Guide, especially those related to gender identity or sexual orientation, no longer exist. Will HCAI or the Department of Health Care Services provide a replacement framework?

HCAI is committed to collecting meaningful and actionable data. The current stratification categories are defined by statute and regulations. Any changes to these statutes would require legislative action, and changes to regulations must undergo a public process. In consultation with Hospital Equity Measures Advisory Committee, HCAI will evaluate any suggested changes or updates to the report and initiate a formal rulemaking process as necessary.

For the Joint Commission measures regarding language, should we address those questions if our hospital has not achieved the Joint Commission Health Care Equity Certification?

Yes, hospitals are required to answer the questions regardless of the Joint Commission Health Care Equity Certification status.

Is posting the health equity plan on an organization's public website a requirement?

Yes, posting on a hospital website is a statutory requirement. According to HSC 127373 (a)(3), hospitals must "annually post the equity report on the hospital's internet website. The report shall be available via a link that includes the words "Equity Report" or a substantially similar term, which shall be visible on the main page of the hospital's internet website as loaded by a standard internet browser in an easily readable font size without having to scroll down."

We do not have an acute psychiatric hospital, but we do have an acute care facility. Could you please clarify our reporting requirements? Specifically, should we be reporting for both acute care and psychiatric, or just for acute care?

If your hospital is licensed as a general acute care hospital, the HEM report should meet the requirements for the general acute care type. Your hospital does not need to submit measures for acute psychiatric hospital.

Data Sources

Can we use data from Collaborative Healthcare Patient Safety Organization (CHPSO) and Community Health Worker resources for validating how we track Hospital Equity measures? It's important to show others how they may use data or provide more relevant examples.

It is up to each hospital to determine how to validate the data submitted, as long as the requirements of the HEM report are met.

Requesting an Extension

If we request an extension, are we locked out from submitting? If so, when will it reopen for us?

No. Submitters will be able to submit their report at any time, with or without extensions, before the reporting period closes, which is 120 days after the original due date. However, submission after the due date or the extended due date may be subject to fines.

Data Requirements

Are hospitals only required to report data they currently collect for this year's reporting? If a hospital does not collect certain measures, should those be left blank?

Yes, hospitals are required to report the information to the extent that the data is available, with the reporting period being the preceding calendar year (January 1 to December 31) from the due date (Example: The 2024 Hospital Equity Measures Report is due September 30, 2025, covering the time period from January 1, 2024, to

December 31, 2024.). If a hospital does not collect the data to calculate certain measures, the corresponding fields should be left blank.

Public Reporting

Can you present the data in percentages on your website so the public will be able to understand the values?

Upon submission, the portal generates a PDF of the HEM report with plain language summaries of the data inputs and measures. While not all the measures are expressed in percentages, the language summaries provide context to the values so that the information is more accessible to the public.