



QuickStart Guide Series

Community Benefits Plan

Getting Started

This QuickStart Guide will walk you through the steps to create an account and request report association.

Start

- 1 Go to the Hospital Report Submission Portal, also known as the [Hospital Disclosures and Compliance \(HDC\) System](#), and login.

Hospital Report Submission Portal

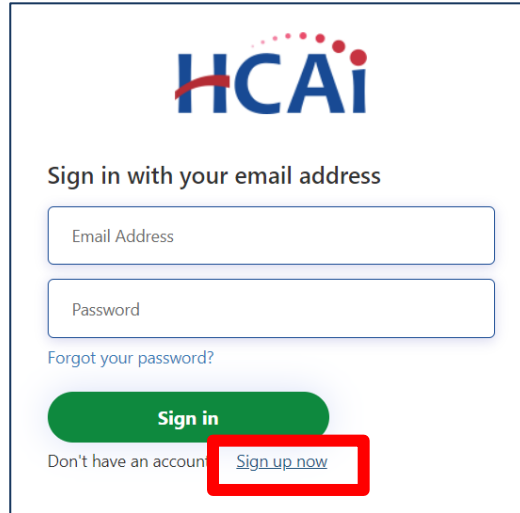
The Hospital Disclosures and Compliance (HDC) system is a report collection system that enables hospitals to electronically submit the disclosure report listed below:

- Hospital Community Benefit Plan Reporting (Coming Soon!)
- Hospital Supplier Diversity Report (due July 1 each year)
- Hospital Fair Billing Program (due Jan 1 each even year)

Log in to your account to submit these reports.

Login

- 2 If a user does not have an account set up, please click on “*Sign up now*” and fill in the following information:



HCAi

Sign in with your email address

Email Address

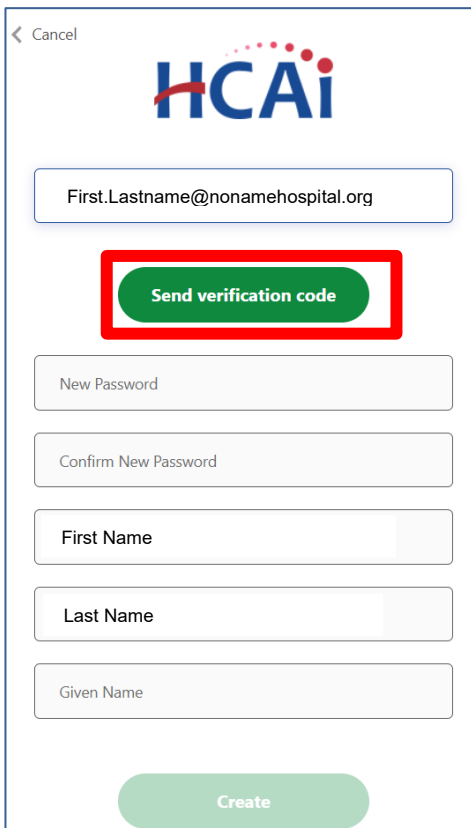
Password

Forgot your password?

Sign in

Don't have an account? [Sign up now](#)

- 3 Enter the email and then click on “*send verification code*”. Wait for the verification code to come into your mailbox. The email should be in your inbox within a few minutes.



Cancel

HCAi

First.Lastname@nonamehospital.org

Send verification code

New Password

Confirm New Password

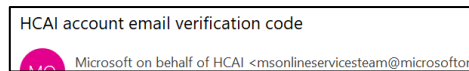
First Name

Last Name

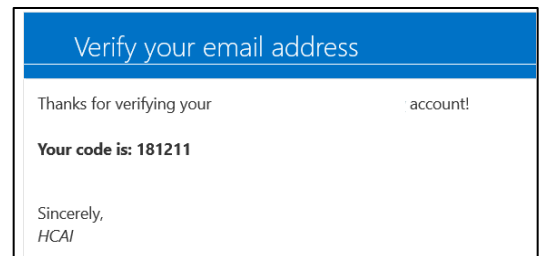
Given Name

Create

(Example image of verification email):



Do not use the code provided in the example when you are logging into the HDC System. It is only an example and will not allow you to access the HDC System.



- 4 Once verified, the user can start filling in the remainder of the information and click “*Create.*”

The screenshot shows a mobile application interface for HCAi. At the top left is a back arrow and the text "Cancel". The HCAi logo is centered at the top. Below the logo, a message states "E-mail address verified. You can continue now." A text input field contains the email address "First.Lastname@nonamehospital.org". Below this is a blue button labeled "Change e-mail". There are two password input fields, each containing a series of dots. Below these are three text input fields labeled "First Name", "Surname", and "Last Name". At the bottom, a green button labeled "Create" is highlighted with a red rectangular border.

- 5 On this page, please revise or enter the following required information:
- The legal name of the hospital or hospital system.
 - The name of the contact person designated to receive notices.
 - The business title of the designated contact person.
 - A business address.
 - A business email address.
 - A business phone number.

My Profile

Business Email:

Correspondence Email:

*First Name:

Middle Initial/Name:

*Last Name:

*Business Title:

Organization:

Business Address

Used for purposes for sending HFBP correspondence and compliance determinations.

*Country:

*Street Line 1:

Line 2:

*City:

*State:

*Zip/Postal Code:

*Phone:

Extension:

Fax:

Change Password: [Here](#)

When ready, click .

*The password must contain at least **16-64** characters, with at least one special character (!, @, #, \$, %, ^, &, and * only), one upper case alphabetic character, one lower case alphabetic character, and one number. Also, the password cannot match the email address.

- 6 You will automatically be brought to this page. Select “Community Benefits Plan” from the drop-down at the top of the page.

Request History

Request	Request Date	Status
143	10/7/2022	Closed
144	10/7/2022	Closed
184	7/27/2023	Closed
187	7/27/2023	Closed
190	7/27/2023	Closed
228	12/8/2023	Closed
261	12/28/2023	Closed
266	12/29/2023	Closed
270	1/4/2024	Closed
271	1/4/2024	Closed

To request access select report type and facility(s) and click Next button
Report Type Community Benefit Plan

Facility Name Go

<input type="checkbox"/> Facility Name	HCAI ID	Primary Contact	View/Edit Current Selections
No Data to Display			

- In the “Facility Name” field, type the name of the desired facility and click “Go.”
- Select the box to the left of any desired facilities.
- Select the Primary Contact box if you are the primary contact. In accordance with [California Code of Regulations Section 95101](#), each hospital must designate a primary contact person for the purpose of receiving compliance and informational communications and to submit the required reporting.

To request access select report type and facility(s) and click Next button
Report Type Community Benefit Plan

Facility Name Go

<input type="checkbox"/> Facility Name	HCAI ID	Primary Contact	View/Edit Current Selections
<input type="checkbox"/> ADVENTIST HEALTH SELMA	106100793	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input checked="" type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH BAKERSFIELD	106150788	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH CLEARLAKE	106171049	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH DELANO	106150706	<input type="checkbox"/>	

➤ Click “Next” then “Confirm.”

To request access select report type and facility(s) and click **Next** button

Report Type

Facility Name

<input type="checkbox"/> Facility Name ^	HCAI ID ^	Primary Contact	<input type="button" value="View/Edit Current Selections"/>
<input type="checkbox"/> ADVENTIST HEALTH SELMA	106100793	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input checked="" type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH BAKERSFIELD	106150788	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH CLEARLAKE	106171049	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH DELANO	106150706	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH GLENDALE	106190323	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH LODI MEMORIAL	106390923	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH MENDOCINO COAST	106231013	<input type="checkbox"/>	

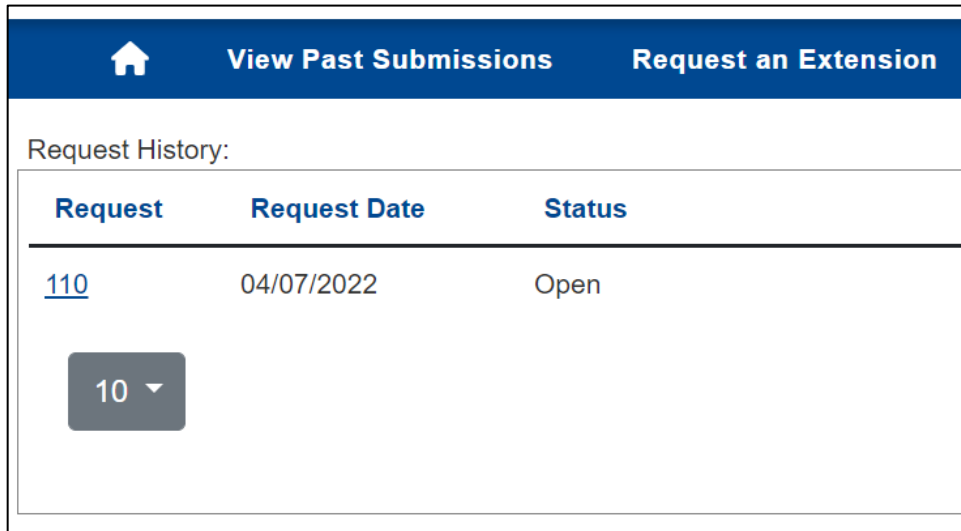
10 ▾ 1 2 3 >

➤ Review the facilities in the pop-up window and click “Confirm” if the facilities listed are correct.

You are requesting access to be assigned to the **Supplier Diversity Plan** for the following:

Facility Name ^	HCAI ID ^	Primary Contact
ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>
ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>
ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>
ADVENTIST HEALTH REEDLEY	106100797	<input type="checkbox"/>

- When the pop-up closes, the facility request will appear on the table at the top of the page under request history.



Request	Request Date	Status
110	04/07/2022	Open

10 ▾

Current users and HCAI staff can approve pending report association requests from new users for their facilities.

Once a request is approved, the user will gain access to all the reporting functions for the associated report type and hospital.

Finish

For more detailed information on this process, please refer to the [Hospital Disclosures and Compliance System & Community Benefit Plan Resource Manual](#). For additional assistance, please contact us via email at communitybenefit@hcai.ca.gov or via phone at (916) 326-3830.