

Hospital Disclosures and Compliance System & Community Benefits Plan Resource Manual



NOTICE

This Hospital Disclosures and Compliance System & Community Benefits Plan Resource Manual, Version 1, February 2025, consists of discussion and comments related to the Hospital Disclosures and Compliance System and Community Benefits Plan. In the case of any perceived conflict between the non-regulatory material in this Manual and any regulations, the regulations shall prevail.

Table of Contents

4
5
9
11
15
18
19
21
23
24
26
27
28
29
32
35
37

HDC System Navigation



Background Information: Starting with fiscal year-end dates occurring on or after January 31, 2025, hospitals will be required to submit their plans to the Department using the Hospital Disclosure Compliance (HDC) System.

How to Create an Account

Step 1: Go to Hospital Report Submission Portal.

Step 2: Click "Login."

Step 3: Click "Sign up now."

***Please note: the system also allows users to create an account and sign in utilizing social media. ***

Sian in wit	HCAi
Email Addre	255
Password	
Don't have an a Sign in wit	Sign in account? Sign up now
	HCAI
	Microsoft
G	Google

Step 4: Type in an email address. Step 5: Click "Send verification code."

Email Address
Send verification code
New Password
Confirm New Password

Step 6: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field. Step 7: Click "Verify code."

< Cancel
Verification code has been sent to your inbox. Please copy it to the input box below.
@gmail.com
Verification Code
Verify code Send new code

Step 8: Create a password and confirm the password in the corresponding fields.

- ***Please note: the password must meet these criteria:
 - Between 16 and 64 Characters -
 - A lowercase letter
 - An uppercase letter
 - A digit
 - -A symbol

Step 9: Type the first name of the user in the "Display Name" and "Given Name" fields, then type the last name of the user for the "Surname" field.

Step 10: Click "Create."

E-mail address verified. You can now continue.
@ymail.com
Change e-mail
New Password
Confirm New Password
Display Name
Given Name
Surname
Create

Step 11: Click "Send verification code."

Cancel	HCAi
V Email A	/erification is necessary. Please click Send button. Address @gmail.com
	Send verification code
	Continue

Step 12: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field. Step 13: Click "Verify code."

Verification code has been sent to your inbox. Please copy it to the input box below. Email Address
@gmail.com
Verification code
Verification code
Verify code Send new code
Continue

Step 14: Click "Continue."

< Cancel	
E-mail address verified. You can now continue. Email Address @qmail.com	
Continue	

Step 15: Enter the required information for the profile and select "Update."

Please refer to <u>California Code of Regulations § 95101 subsection (b)</u> for required contact information:

A contact person must provide the following information:

- (1) The legal name of the hospital or hospital system.
- (2) The name of a contact person designated to receive notices.
- (3) The business title of the designated contact person.
- (4) A business address.
- (5) A business email address.
- (6) A business phone number.

My Profile	Business Ad Used for purpose compliance deter	dress s for sending HFBP correspondence and minations.		
Business Email:	*Country:		Change Password:	<u>Here</u>
Correspondence Email:	*Street Line 1:			
*First Name:	Line 2:			
Middle Initial/Name:	*City:			
*Last Name:	*State:			
*Business Title:	*Zip/Postal Code:			
Organization:	*Phone:			
	Extension:			
	Fax:			
	Cancel	Update		

How to Login

- Step 1: Go to Hospital Report Submission Portal and click "Login."
- Step 2: Type in the email address and password in the corresponding fields.
- Step 3: Click "Sign in."

	HCAi	
	IICAI	
Sign in v	with your email address	
Email Ac	ddress	
Passwor	rd	
orgot your	r password?	
	Sign in	
Sign in v	with your social account	
Sign in v	with your social account HCAI	
Sign in v	with your social account HCAI Microsoft	

Step 4: Click "Send verification code."



Step 5: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field. Step 6: Click "Verify code."

Verification code has been sent to your inbox. Please copy it to the input box below.
@gmail.com
Verification code
Verification code
Verify code Send new code
Continue

Step 7: Click "Continue."

E-mail address verified. You can now continue. Email Address
@gmail.com
Continue

How to Recover a Forgotten Password

Step 1: Go to <u>Hospital Report Submission Portal</u> and click "Login." Step 2: Click "Forgot your password?" ****Please note: the system requires the user to verify the account twice. ***

FICA: Sign in with your email address	
Email Address	2
Password	
Forgot your password?	
Sign in	
Don't have an account? Sign up now	

Step 3: Type the email address used to create the account. Step 4: Click "Send verification code."

Email Address
Send verification code
Continue

Step 5: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field. Step 6: Click "Verify code."

Verification code has been sent to your inbox. Please copy it to the input box below.
@gmail.com
Verification Code
Verify code Send new code
Continue

Step 7: After the email address is verified click "Continue." *****Please note: Please disregard the change email button.* ***

E-mail address verified. You can now continue.
@hcai.ca.gov
Change e-mail
Continue

Step 8: Re-enter the email address. Step 9: Click "Send verification code."

Verification is necessary. Please click Send button.
Email Address
Send verification code
Continue

Step 10: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.

Step 11: Click "Verify code."

Step 12: Click the blue "Continue" button.

Verification code has been sent to your inbox. Please copy it to the input box below.
@gmail.com
Verification Code
Verify code Send new code
Continue

Step 13: Click the green "Continue" button. ***Please note: Please disregard the change email button. ***

E-mail address verified. You can now continue.
@hcai.ca.gov
Change e-mail
Continue

Step 14: Create a password and confirm the password.

***Please note: the password must meet these criteria:

- Between 16 and 64 Characters
- A lowercase letter
- An uppercase letter
- A digit
- A symbol

Step 15: Click "Continue." The system will then sign the account in and it will redirect the user to the reporting homepage.

New Password	
Confirm New Password	
Continue	

How to Associate to a Facility

Step 1: Go to Hospital Report Submission Portal, and sign in.

***Please Note: If a user is already associated to a facility and they need to associate to another, click "Manage Users" and then click "Request Report Association." *** Step 2: Choose a report type from the drop-down menu.

	î.	View Past Submissions	Request an Extension	Manage Users	View Notificat	tions
v						
	0,000	History				
	eques	St History				
F	Request -	Request Date -	Status -			
1	143	10/7/2022	Closed			
1	144	10/7/2022	Closed			
1	184	7/27/2023	Closed			
1	187	7/27/2023	Closed			
1	190	7/27/2023	Closed			
2	228	12/8/2023	Closed			
2	261	12/28/2023	Closed			
2	266	12/29/2023	Closed			
2	270	1/4/2024	Closed			
2	271	1/4/2024	Closed			
	10 -]			1 2 >	
			for the state of a state base based on			
Re	eport Type	Community Benefit Plan	v			
	Fac	sility Name	Go			
	0	Facility Name	HCAI ID	Prim	ary Contact	View/Edit Current Selections
				No Data	to Display	
		10 -				

Step 3: In the "Facility Name" field, type the name of the desired facility. Step 4: Click "Go."

Type Community Benefit Plan			
Facility Name adventist	Go		
Facility Name -	HCAI ID	Primary Contact	View/Edit Current Selection
ADVENTIST HEALTH SELMA	106100793	0	
ADVENTIST HEALTH AND RIDEOUT	106580996	V	
ADVENTIST HEALTH BAKERSFIELD	106150788		
ADVENTIST HEALTH CLEARLAKE	106171049		
ADVENTIST HEALTH DELANO	106150706		

Step 5: Select the box to the left of the desired facilities (when selected a checkmark will appear in the box).

***Please Note: The "Primary Contact" box is only selected if the user is the designated primary contact for this facility. The primary contact is who HCAI would reach out to in the event of an issue with a facility's plan. An associated user is anyone within a facility who has the authorization to submit a plan. In accordance with <u>California Code of Regulations Section</u>

<u>95101</u>, each hospital must designate a primary contact person for the purpose of receiving compliance and informational communications and to submit the required reporting.***

rt Type Community Benefit Plan 🗸			
Facility Name adventist	Go		
Eacility Name -	HCAI ID +	Primary Contact	View/Edit Current Selections
ADVENTIST HEALTH SELMA	106100793	0	
ADVENTIST HEALTH AND RIDEOUT	106580996	2	
ADVENTIST HEALTH BAKERSFIELD	106150788		
ADVENTIST HEALTH CLEARLAKE	106171049		
ADVENTIST HEALTH DELANO	106150706		

Step 6: Click "Next."

Facility Name adventist Go				
□ Facility Name →		Primary Contact	View/Edit Current Sele	
ADVENTIST HEALTH SELMA	106100793			
ADVENTIST HEALTH AND RIDEOUT	106580996			
ADVENTIST HEALTH BAKERSFIELD	106150788			
ADVENTIST HEALTH CLEARLAKE	106171049			
ADVENTIST HEALTH DELANO	106150706			
ADVENTIST HEALTH GLENDALE	106190323			
ADVENTIST HEALTH HANFORD	106164029			
ADVENTIST HEALTH HOWARD MEMORIAL	106234038			
ADVENTIST HEALTH LODI MEMORIAL	106390923			
ADVENTIST HEALTH MENDOCINO COAST	106231013			
10 -	_	1 2 3	>	

Step 7: Review the facilities in the pop-up window. Step 8: Click "Confirm" if the facilities listed are correct.

You are requesting access to be assigned to the Supp	ou are requesting access to be assigned to the Supplier Diversity Plan for the following:									
3 Facility Name 🔺	HCAI ID 🔺	Primary Contact								
ADVENTIST HEALTH AND RIDEOUT	106580996									
ADVENTIST HEALTH HANFORD	106164029									
ADVENTIST HEALTH HOWARD MEMORIAL	106234038									
ADVENTIST HEALTH REEDLEY	106100797									
e										
			Previous	Confirm						
Facility Name		Primary Contact View	w/Edit Current Selections							

Step 9: A pop-up window will appear that states "Your request has been submitted!"

Step 10: Click "OK."

Step 11: The facility request will then appear on the table at the top of the page under request history.

A	View Past Submis	sions	Request an Extension
Request Histo	ry:		
Request	Request Date	Status	
<u>110</u>	04/07/2022	Open	
10 🕶			

Please Note: Current users and HCAI staff can approve pending report association requests from new users for their facilities. After a request is approved, the user will gain access to all the reporting functions for the associated report type and hospital.

How to Cancel a Request to Associate to a Facility

Step 1: Go to Hospital Report Submission Portal, and sign in.

Step 2: Click on the request number for the intended cancellation.

***Please Note: A user can only cancel requests with an "Open" status. ***

1	h	View Past Submi	ssions	Request an Extension
Request	t Histor	y:		
Requ	est	Request Date	Status	5
<u>110</u>		04/07/2022	Open	
10	•			

Step 3: A pop-up window will appear with the facility(s) that were included in the original association request

Step 4: Select the box, under the cancel request column of any facilities that intended to cancel the association request (when selected a checkmark will appear in the box). Step 5: Click "Save."

Facility Name	HCAI ID	Primary Contact	Status	Cancel Request	Note
Adventist Health and Rideout 2	365987567		Pending		
Adventist Health and Rideout 4	879465234		Pending		
ADVENTIST HEALTH AND RIDEOUT	106580996		Pending		
		Cancel		Contact HDC	Save

Step 6: A pop-up window will appear that states "Do you want to save the changes?"

Step 7: Click "Save."

Step 8: A pop-up window will appear that states "Selected Items are Canceled Successfully!" Step 9: Click "OK."

***Please Note: When a user clicks on the request number, the facilities canceled will show their status as "Canceled" and no longer "Pending." ***

How to Approve Another User for a Facility

Step 1: Go to Hospital Report Submission Portal, and sign in.

Step 2: Click "Manage Users" then click "Review User Requests" from the drop-down menu.

HCAi	Hosp	Hospital Report Submission Portal						
A V	/iew Past Submissions	Request an Extension	Manage Users	View Notifications				
Report Type	~		Associate a User	to Reports				
			Review User Req	uests				
My Reports			Request Report A	Association				
Below are your active reports for t	he last two years. To view ad	ditional years, select Show All	from the Report Range	drop-down list.				
Select a Report Type*		~		Report Range				

Step 3: Select the desired report type.

HCAi Hospital Report Submission Portal										
	🚖 View Past Submissions Request an Extension Manage Users View Notifications									
eport Type										
Community Benefit Plan Review Suppler Diversity Plan Email: Hospital Fair Billing Program Email: Suppler Suppe	Report Type: V Primary: All V Secondary: All V Associated User: All V Date Range: 0101/2021 - 12/319999 Status: (Pending V) Go									
Email - Facility -	HCAIID - Report Type - Primary - Secondary - Associated User - Date - Status - + Kotes									
	No Data to Display									
10 -										
	Reject Approve									

Step 4: Search by typing either the user's email or the facility name that the user is requesting access to.

Step 5: Click "Go."

Review User Requests							
Email: Facility:	Report Type: Community	Benefit Plan 🗸 Primary: 📶	▼ Secondary: All	Associated User: All V Da	te Range: 01/01/2021	- 12/31/9999 Status: Pend	ing 🗸 Go
D Email -	Facility	HCAI ID 🔺	Report Type 🔺	Primary 🔺	Secondary 🔺	Associated User	Date 🔺

Step 6: Select the box to the left of the intended user's email (when selected a checkmark will appear in the box).

Step 7: Click "Approve."

***Please Note: Users can only see requests for the facilities they are associated with. If the user is not associated to a facility, the user will not see any requests for that facility. ***

Report Type Community Benefit Plan V									
Review User Requests									
Email: Facility:	Report Type: Community	/ Benefit Plan 🗸 Primary: 🗚	Secondary: All V Associa	ted User: All 🗸 Di	te Range: 01/01/2021	- 12/31/9999 Status: Pend	ing 💙 Go		
Email -	Facility -	HCAI ID 🗠	Report Type 🔺	Primary 🔺	Secondary 🔺	Associated User	Date 🗉	Status 🔺	+ Notes
C @hcai.ca.gov	Adventist Health and Rideout 2	365987567	Community Benefit Plan	No	N/A	Yes	9/22/2023	Pending	F
10 ~						1			
			Reject App	rove					

Step 8: A pop-up window will appear for the user to review the approval. Step 9: Click "Confirm."

Re	view Approval:			INV PTOTILE COL	nace os • Eodoni ×
1	The following user(s) will be associated to t	he facilitiy(s), report types, and assigned as primary or	secondary contacts:		
	Email 🔺	Facility Name 🔺	HCAI ID 🔺	Report Type 🔺	User Type 🔺
e	@hcai.ca.gov	Adventist Health and Rideout 2	365987567	Community Benefit Plan	Associated User
				Previous	Confirm

Step 10: A pop-up window will appear that states "Do you want to approve these requests?" Step 11: Click "Save."

Step 12: A pop-up window will appear that states "All Selected Items Approved Successfully!" Step 13: Click "OK."

How to Associate Another User to a Report

***Please note: To associate another user to a report, the current user must already be associated to the facility. Additionally, the other user must have an account created. ***

Step 1: Go to Hospital Report Submission Portal, and sign in.

Step 2: Click "Manage Users."

Step 3: Click "Associate a User to Reports."

	HCA	i Hosp	oital Report S	n Portal						
	f	View Past Submissions	Request an Extension	Manage Users	View Notifications					
Report Type Community Benefit Plan	~			Associate a User	to Reports					
				Review User Req	uests					
My Reports				Request Report A	Association					
Below are your active reports for the last two	Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.									

Step 4: Choose a report type from the drop-down menu at the top left of the page.

Step 5: Search for a user through the "Search for User" field. Search for the user by email, name, or organization.

Step 6: Click "Select."

HCAi Hospital Report Submission Portal								
	🟫 View Past Submissions	Request an Extensio	n Manage Users	View Notifications				
Report Type Community Benefit Plan	·							
	Associate Users to F	Reports						
	Report Type: Community Benefit Plan	Search for User: N	lame/Organization/Email Add	dress	Select	Reset		
	Facility Name 🔺	HCAIID	Community Benefit Plan	Primary Contact	Associated User 2	Expiration Date		
		I	No Data	to Display				
	10 -							
	10 • Next							

Step 7: Select the Community Benefit Plan box next to the desired facility. Step 8: Select the Primary Contact box or Associated User box.

Please note: Only check the Primary Contact box if the contact is the designated primary contact for this facility. The primary contact is who HCAI would reach out to in the event of an issue with a facility's plan. An associated user is anyone within a facility who has the authorization to submit a plan. In accordance with <u>California Code of Regulations Section</u> <u>95101</u>, each hospital must designate a primary contact person for the purpose of receiving compliance and informational communications and to submit the required reporting.

	Associate Users to	Reports				
	Report Type: Community Benefit Plan	Search for User:			Select	Reset
-	Facility Name 🔺	HCAI ID	Community Benefit Plan	Primary Contact	Associated User 2	Expiration Date
	ADVENTIST HEALTH AND RIDEOUT	106580996				
	Adventist Health and Rideout 2	365987567				

Step 9: Select "Next."

eport Type: Community Benefit Plan Search for Use	Select Reset			
Facility Name 🔺	HCAI ID	Community Benefit Plan Select All	Primary Contact Select All	Expiration Date
DVENTIST HEALTH GLENDALE	106190323			
DVENTIST HEALTH SELMA	106100793		2	
AKERSFIELD MEMORIAL HOSPITAL	106150722		1	
LENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	106190522		1	
ADY CHILDREN'S HOSPITAL - SAN DIEGO	106370673			
10 -		1		

Step 10: After selecting "Next," a pop-up window will appear to confirm the changes. Click "Confirm" if the information is correct.

How to Review Facility Status and Submission Due Date

- Step 1: Go to <u>Hospital Report Submission Portal</u>, and sign in.
- Step 2: Click "Report Type"
- Step 3: Choose a report type from the drop-down menu.

HC	HCAi Hospital Report Submission Portal										
A	View Past	Submissions	Request an Extension	Manage Us	ers \	/iew Notifications					
Report T	уре										
My R	Commu Commu Supplie Hospita	unity Benefit Pla er Diversity Plan al Fair Billing Pro	n ngram To view additional ye	ars, select Show	v All from t	he Report Range drop	o-down list.				
Select a	Report Type*	-	~				Report R	ange Show	Last 2 Years		
Repor	t Type 🔺	Year 🔺	Facility -	HCAI ID	Status -	RPE Date	Due Date	Last Updated 🔺	Actions		
	No Data to Display										
10) -										

Step 4: All facilities that a user is associated with under the selected report type will appear. The status, reporting period end date, and due date are visible under the status, RPE date, due date columns.

R	teport Type [Community Betelli Plan 🔹										
	My Reports										
	Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.										
	Select a Report Type* Community Eened Plan V Report Range Show Lat 2 Years V										
	Report Type 🐭	Year -	Facility -	HCAI ID 🕤	Status -	RPE Date	Due Date 🔺	Last Updated 🖉	Actions		
	Community Benefit Plan	2024	ADVENTIST HEALTH AND RIDEOUT	106580996	In Progress	12/31/2024	05/30/2025	09/05/2024	\bigtriangledown		
	Community Benefit Plan	2024	Adventist Health and Rideout 2	365987567	Pending	12/31/2024	05/30/2025		\bigtriangledown		
	Community Benefit Plan	2024	ADVENTIST HEALTH SELMA	106100793	Pending	12/31/2024	05/30/2025		\bigtriangledown		

How to Request an Extension

Step 1: Go to Hospital Report Submission Portal, and sign in.

Step 2: Click "Request and Extension."

HCA	HCAi Hospital Report Submission Portal									
A	View Past Submissions	Request an Extension	Manage Users	View Notifications						
Report Type	~		4							
My Reports										
Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.										
Select a Report Type*		~		Report Range	Show Last 2 Years					

Step 3: Click on "Report type" and select "Community Benefits Plan."

	HCAi Hospital Report Submission Portal										
_		🔒 Vi	ew Past Submissions	Request an Extension	Manage Users	View Notifications					
Report Type	~ ·										
	Community Benefit Plan										
Request	Supplier Diversity Plan										
Click on the ch	Hospital Fair Billing Program	ch you wou	Id like to request an extension	on. To request extensions for al	I reports, check the Se	lect All checkbox. Once yo	ou have selected reports	s, click on the Create Request button.			
Select Repor	т Туре	~								Create Request	
C Rej	port Type 🔺	Year 🔺	Facility ~				HCAI ID 🗠	Status 🔺	RPE Date 🔺	Due Date 🤟	

Step 4: Select the box to the left of the facility that requires an extension (when selected a checkmark will appear in the box). Step 5: Click "Create Request."

HCAi **Hospital Report Submission Portal** ÷ View Past Submissions Request an Extension Manage Users View Notification eport Type Community Benefit Plan ~ **Request an Extension** Only one extension is allowed for Community Benefit Plan = 60-day extension. Click on the checkbox to the left of the report(s) for which you would like to request an extension. To request extensions for all reports, check ect All checkbox. Once you hav elected reports, click on the Create Request button Create Request Select Report Type Community Benefit Plan Report Type Facility HCAI ID Status RPE Date Year Due Date Community Benefit Plan BARTON MEMORIAL HOSPITAL 106090793 Pending 03/06/2025 08/03/2025 2025

Step 6: Review the requested information and click "Submit."

Request an Extension				×						
I hearby request a 60-day extension for Hospital Community Benefit Plan for unintended and unforeseen delays for the following facilities.										
Facilities	HCAI ID	RPE Date	New Due Date							
BARTON MEMORIAL HOSPITAL	106090793	03/06/2025	10/2/2025							
			Cancel	Submit						

Step 7: Text will appear that states, "Your extension request has been approved." Step 8: Click "Ok."

Extension Approvals and Rejection				×
Your extension request has been approved	for the following hospitals:			
Facilities	HCAI ID	RPE Date	New Due Date	
BARTON MEMORIAL HOSPITAL	106090793	03/06/2025	10/2/2025	
				Ok
				ŬŇ

Step 9: The new due date will then update in the system.

		🔒 Viev	w Past Submissions	Request an Extension	Manage Users	View Notifications				
Report	Type Community Benefit Plan 🗸									
Req	uest an Extension									
Only on	e extension is allowed for Community Ben	efit Plan = 60-day	extension. Click on the ch	eckbox to the left of the report(s)) for which you would lii	ike to request an extensio	n. To request extension	s for all reports, check the Sel	ect All checkbox. Once you have se	lected reports, click on the Cre
Select	Report Type Community Benefit Plan	~								Create Request
	Report Type	Year 🔺	Facility -					Status 🐣	RPE Date 🗠	Due Date 🔶
	Community Benefit Plan	2025	BARTON MEMORIAL H	IOSPITAL			106090793	Extension	03/06/2025	10/02/2025
1) +					1				

***Please Note: For extension requests, approved on or before the original due date, the system will automatically set a new due date that is 60 days from the original due date. For extension requests, approved after the original due date, the system will automatically assign a new date that is 60 days from the submission date of the request. Approved extensions after the due date may be subject to a fine. Please refer to <u>California Code of Regulations § 95105</u> for extension requests. ***

How to View Past Submissions

Step 1: Go to <u>Hospital Report Submission Portal</u>, and sign in. Step 2: Click "View Past Submissions."

		HCA	i Hos	oital Report S	ubmissio	n Portal
		A	View Past Submissions	Request an Extension	Manage Users	View Notifications
Re	port Type		~			
ſ	/ly Repo	orts				
E	elow are your	active reports	for the last two years. To view a	dditional years, select Show All t	from the Report Range	drop-down list.
s	elect a Repo	rt Type*		~		Report Range

Step 3: Select the desired report type.

HCAi Hospital Report Submission Portal									
	A	View Past Submissions	Request an Extension	Manage Users	View Notifications				
Report Type		~							
View Pas	t Subm	issions							
Below is a list of	reports subm	itted to HCAI in the past two y	ears for facilities/hospitals you are	associated with. You m	nay revise and resubmit a	ny report. To revise or view and print a report, click on the Actions button.			
Select a Report	t Type*		~		Report Range	Show Last 2 Years 🗸			

Step 4: All previously submitted plans, for facilities the user is associated to, will be listed here. Step 5: Click on the drop-down menu under the "Actions" column. Step 6: Click "View/Print."

	CA.						My Profile	Contact Us -	Logout	
	HCAi	Hosp	ital Report S	ubmissio	n Portal					
	🔶 V	iew Past Submissions	Request an Extension	Manage Users	View Notifications					
Report Type Community Benefit Plan	~									
View Past Submission	S									
Below is a list of reports submitted to HC	AI in the past two years	for facilities/hospitals you are	associated with. You may revis	se and resubmit any rep	ort. To revise or view and p	rint a report, click on	the Actions button.			
Select a Report Type* Commun	nity Benefit Plan	1		Report Range Shi	ow Last 2 Years	·				
Report Type	Veer	Facility		HCALID	Status	DDE Date	Due Date	Last Undated	Autient .	
Community Report Disp	2025			106184008	Submitted	02/06/2025	09/02/2025	02/10/2025		
Community Denence Plan	2023	DANNER EASSEN MEDIC	ALCENTER	100104000	Submitted	03/00/2023	00/03/2023	03/10/2023	Revise	
10 -					1				View Previous Versions	
_					_				Add/View Comments	
									View/Print	

Community Benefits Plan Reporting



Background Information: <u>Health and Safety Code Section 127340-127360</u> requires the Department of Health Care Access and Information (HCAI) to collect and post private not-for-profit (NFP) hospitals' community benefits plans. Pursuant to Health and Safety Code Section <u>127350</u>, and in order to maintain tax-exempt status per the Internal Revenue Service's (IRS) 501(r)(3) <u>standard</u>, not-for-profit hospitals are required to adopt and update a community benefits plan. NFP hospitals are required to meet certain needs of their communities through the provision of essential health care and other services. Community Benefits Plans are due annually no later than 150 days after the facility's fiscal year-end date. Hospitals may request a 60-day extension to file their plan.

What are the Reporting Regulations?

The regulations are available to view in full on the California Code of Regulations website.

Community Benefits Plan Template

Please Note: the report submitter may use this template to assist in gathering the information required for submission. All plans are required to be submitted in the Hospital Disclosures and Compliance System (HDC). All information provided on this plan will be available for viewing by the public, including numerical and written responses

General Information

Hospital Name: HCAI Hospital ID: [Is a nine-digit number that may start with 106] Report Period Start Date: [Start of the hospital's fiscal year] Report Period End Date: [End of the hospital's fiscal year]

The web address where the Community Benefits Plan is published on the hospital's website: [Website link for hospital's Community Benefits Plan]

The year the hospital last conducted a Community Health Needs Assessment (CHNA):

What community groups attended or engaged with the most recent CHNA process? [Identify the vulnerable populations represented by these. See "Vulnerable Populations" definition in the Glossary.]

How the hospital made the Community Health Needs Assessment (CHNA) available to the public:

The web address where the CHNA is publicly accessible:

Community Benefits

For the reporting period, input the dollar amounts for the hospital's net community benefit expenses, separately aggregating each category for services to vulnerable populations and the broader community. The HDC system will automatically calculate total fields.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care			
Medi-Cal			
Other Means-Tested Government (Indigent Care)			
Sum Financial Assistance and Means-Tested Government Program			
Other Benefits			
Community Health Improvement Services			
Community Benefit Operations			
Health Professions Education			
Subsidized Health Services			
Research			
Cash and in-kind Contributions for Community Benefits			
Other Community Benefits			
Total Other Benefits			

Community Benefits Spending		
Total Community Benefits*		
Medicare (non-IRS)		
Total Community Benefits with Medicare		

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

Additional Information

Other relevant information to the hospital's Community Benefits Plan not otherwise captured: [Please take this opportunity to add any information to be shared with the public about the Community Benefits Plan report. All information provided will be made available to the public.]

In addition to the above information, hospitals are required to submit their Community Benefits Plan to HCAI in compliance with Health and Safety Code, Section 127350. To meet submission requirements, each plan must be uploaded as a Portable Document Format (.pdf) file. Additionally, documents should be provided in a machine-readable format rather than scanned images or pictures of paper documents in compliance with Title 22, Division 7, Chapter 8.2, Section 95102 of the California Code of Regulations.

How to Submit a Community Benefits Plan Report

Step 1: Go to <u>Hospital Report Submission Portal</u>, and sign in. Step 2: Click on "Report type" and select "Community Benefits Plan."

	HCA	i Hosp	Hospital Report Submission Porta				
	A	View Past Submissions	Request an Extension	Manage User	rs View Notifications		
Report Type							
Community Benefit Plan							
My Repc Supplier Diversity Plan Hospital Fair Billing Program Below are your acuive reports for the last two ye	ars. To vie v	additional years, select Show All	from the Report Range drop-do	own list.			
Select a Report Type*		~		Report Range	Show Last 2 Years	~	

Step 3: Click on "Community Benefits Plan" under the column "Report Type" next to the desired individual facility.

HCAi Hospital Report Submission Portal									
🟫 View Past Submissions Request an Extension Manage Users View Notifications									
Report Type Community Benef	Report Type Community Benefit Plan								
My Reports									
Below are your active reports for	the last two years. To view	w additional years, select Show All	from the Report Range drop-	down list.					
Select a Report Type*	community Benefit Plan	~		Report Rang	e Show Last 2 Years	~			
Report Type	Vear	Facility			Status	BBE Data	Due Date	Leat Undeted	
Report type ×	real A	Pacifity A			Statu's A	RFE Date A	Due Date 🔺		Actions
Community Benefit Plan	2024	Adventist Health and Rideout 2	36	5987567	Pending	12/31/2024	05/30/2025		
Community Benefit Plan	2024	ADVENTIST HEALTH SELMA	10	6100793	Pending	12/31/2024	05/30/2025		
Community Benefit Plan	2024	KAISER FOUNDATION HOSPI OAKLAND/RICHMOND	TAL - 10	6014326	Pending	12/31/2024	05/30/2025		

Step 4: Answer all the narrative questions and complete the financial data tables. Please refer to our <u>Community Benefits Plan Template</u> for guidance on the information needed to complete this plan. Step 5: Upload the facility's Community Benefits Plan file.

Step 6: Click "Choose File" and upload the PDF version of the Community Benefits Plan.

HCA	i Hos	Hospital Report Submission I				
^	View Past Submissions	Request an Extension	Manage Users	View Notifications		
California Hospital Community Benefit Plans						
Upload Community Benefit Pla Select File to Upload Choose File to file ch	an Iosen					
Back Next						

Step 7: Select "Upload."

HCA	i Hosp	oital Report	Submission	Portal
^	View Past Submissions	Request an Extension	Manage Users	View Notificat
California Hospital Con	nmunity Bene	fit Plans		
Upload Community Benefit Pla	an			
Select File to Upload* Choose File Commun	ity Benefit Plan.pdf			
Upload				
Back Next				

Step 8: Select "Next."

HCA	li Hos	oital Report S	tal Report Submission				
☆	View Past Submissions	Request an Extension	Manage Users	View Notificatio			
California Hospital Con	nmunity Bene	fit Plans					
Upload Community Benefit Pla Current Uploaded File: Community Benefit Plan	1D 1.pdf						
Upload Delete	ny beneni Plan.pu						

Step 9: Check the Report Certification Statement box. Step 10: Click "Submit"

HCAI	Hospital F	eport Submissi	on Portal
^	View Past Submissions Reques	an Extension Manage User	View Notifications
California Hospital Com	munity Benefit Pla	ns	
Report Certification Statement Content of Adventist Health a 127340137360 and Article 2 of Chapter 8.2 of Divis Back Submit	and Rideout 2 certify under penalty of sion 7 of Title 22 of California Code of	erjury that I am duly authorized t egulations.	o certify this plan; and that the data and information reported is true, correct, and complete as required by Health and Safety Code sections

Step 11: A pop-up window will appear that states "Are you sure you want to submit this report?" Step 12: Click "OK."

Step 13: A pop-up window will appear that states "You successfully submitted your report."

Step 14: Click "OK."

How to Revise a Community Benefits Plan Report

Step 1: Go to <u>Hospital Report Submission Portal</u>, and sign in. Step 2: Click "View Past Submissions."

	HCA	i Hosp	ital Report S	ubmissio	n Portal		
	ŵ	View Past Submissions	Request an Extension	Manage Users	View Notifications		
Report Type		~					
My Report	ts						
Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.							
Select a Report T	ype*		*		Report Range		

Step 3: Click on "Report type" and select "Community Benefits Plan"

	HCA	i Hos	oital Report S	ubmissio	n Portal	
	A	View Past Submissions	Request an Extension	Manage Users	View Notifications	
Report Type		~				
View Pas	t Subm	issions				
Below is a list of	reports subm	nitted to HCAI in the past two yes	ars for facilities/hospitals you are	associated with. You m	ay revise and resubmit a	ny report. To revise or view and print a report, click on the Actions button.
Select a Report	t Type*		~		Report Range	Show Last 2 Years

Step 4: All previously submitted plans for facilities the user is associated with will be listed here. Step 5: Click on the drop-down menu under the "Actions" column. Step 6: Click "Revise."

Report Type 🔺	Year	Facility 🔺	Туре		Status 🔺	RPE Date 🔺	Due Date 🔺	Last Updated 🔺	Actions
Community Benefit Plan	2024	ADVENTIST HEALTH AND		106580996	Complete	12/31/2024	05/30/2025	02/25/2025	
		RIDEOUT							Revise
Community Benefit Plan	2024	Adventist Health and Rideout 2		365987567	Complete	12/31/2024	05/30/2025	02/25/2025	View Previous Versions
Community Benefit Plan	2024	ADVENTIST HEALTH SELMA		106100793	Submitted	12/31/2024	05/30/2025	02/25/2025	Add/View Comments
									View/Print

Step 7: Update the plan. Please refer to the <u>Community Benefits Plan Template</u> for additional guidance. Step 8: Check the Report Certification Statement box at the end of the plan.

Step 9: Click "Submit."

Step 10: A pop-up window will appear that states "Are you sure you want to submit this report?" Step 11: Click "Ok."

Step 12: A pop-up window will appear that states "You successfully submitted your report." Step 13: Click "Ok."

***Please Note: After a revision is submitted, the primary contact and the report submitter will receive an automatic notification that the revision has been submitted. ***

Who to Contact with Program Specific Questions

Please contact support by emailing us directly at <u>CommunityBenefit@hcai.ca.gov</u> or by calling us at (916)326-3830

Step 1: Go to <u>Hospital Report Submission Portal</u>, and sign in. Step 2: Click "Contact Us" in the top right corner of the window. Step 3: Click "Community Benefits Plan."

My Profile	Contact Us -	Logout			
	Community Be	nefit Plan			
	Supplier Diversity Report				

Step 4: An email pop-up window will appear with the following email address populated: <u>CommunityBenefit@hcai.ca.gov</u>

Glossary of Terms and Abbreviations

<u>"Broader Community"</u> means groups or communities not specifically identified as vulnerable populations. This may include groups or communities where vulnerable populations cannot be identified, or the activity is not specifically directed towards vulnerable populations.

<u>"Cash contributions</u>" means contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities. "Cash contributions" does not mean any payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit.

CBP: Community Benefits Plan

<u>"Charity care"</u> means free health services provided without expectation of payment to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care shall be reported at cost, as reported to the Department of Health Care Access and Information. Charity care does not include bad debt defined as uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay. "Charity Care" as defined in Health and Safety Code section 127345(a).

CHNA: Community Health Needs Assessment

"Community benefit operations" means activities associated with conducting community health needs assessments, community benefit program administration, and the organization's activities associated with fundraising or grant writing for community benefit programs. "Community benefit operations" does not mean the activities or programs provided primarily for marketing purposes or if they are more beneficial to the organization than to the community.

<u>"Community benefits plan"</u> means the written document prepared for annual submission to the Department of Health Care Access and Information that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community. "Community Benefits Plan" as defined in Health and Safety Code section 127345(b).

<u>"Community health improvement services</u>" means activities or programs subsidized by the health care organization and carried out or supported for the express purpose of improving community health. Such services don't generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

Department means the Department of Health Care Access and Information.

<u>Director</u> means the Director of the Department of Health Care Access and Information, as described in Health and Safety Code section 127005.

Facility: used to indicate a hospital.

<u>HCAI</u>: Department of Health Care Access and Information formerly the Office of Statewide Health Planning and Development.

HCAI ID: a number used by the Department of Health Care Access and Information to identify the different facilities.

HDC System: Hospital Disclosures and Compliance System.

<u>"Health Professions Education"</u> means educational programs that result in a degree, a certificate, or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty. It doesn't include education or training programs available exclusively to the organization's employees and medical staff or scholarships provided to those individuals. It does include education programs if the primary purpose of such programs is to educate health professionals in the broader community. Costs for medical residents and interns can be included, even if they are considered "employees" for purposes of Form W-2, Wage and Tax Statement.

Hospital: means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code.

"Hospital" does not mean any of the following:

- Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.
- Small and rural hospitals as defined in Section 124840, unless the hospital is part of a hospital system.

Hospital System/Regional Network: means two or more hospitals owned, sponsored, or managed by the same organization.

<u>"Hospital system"</u> means two or more licensed hospitals that are owned, sponsored, or managed by the same organization.

"In-kind contributions" means contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities. These include the cost of staff hours donated by the organization to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. "In-kind contributions" does not include payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit.

<u>"Means-tested government program</u>" means a government health program for which eligibility depends on the recipient's income or asset level.

<u>"Net Community Benefit Expense</u>" means a hospital's total expenses less direct offsetting revenue for the purpose of administering community benefit programs and activities.

<u>"Other Community Benefits"</u> means any activity, program and/or contribution that meets the definition of Community Benefit and is not already reported under Charity Care, Medi-Cal, Medicare, Other Means-Tested, Community Health Improvement, Community Benefit Operations, Health Professions Education, Subsidized Health Services, Research, Cash, and In-kind contributions.

<u>"Private not-for-profit"</u> means a health facility, licensed by California Department of Public Health with licensee type of nonprofit corporation.

<u>"Report Period"</u> means the time frame for reporting that begins on the first day of the hospital's fiscal year and ends on the last day of the fiscal year. A reporting period may be less than one year due to changes in the hospital's fiscal year-end or ownership.

<u>"Research"</u> means any study or investigation the goal of which is to generate increased generalizable knowledge made available to the public. "Research" does not mean direct or indirect costs of research funded by an individual or an organization that isn't a tax-exempt or government entity.

<u>"Subsidized Health Services</u>" means clinical services provided despite a financial loss to the organization. The financial loss is measured after removing losses associated with bad debt, financial assistance, Medi-Cal, and other means-tested government programs. Losses attributable to these items are not included when determining the value of subsidized health services.

<u>"Vulnerable populations"</u> means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. "Vulnerable populations" also includes both of the following:

- Racial and ethnic groups experiencing disparate health outcomes, including Black/African American, American Indian, Alaska Native, Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, or other nonwhite racial groups, as well as individuals of Hispanic/Latino origin, including Mexicans, Mexican Americans, Chicanos, Salvadorans, Guatemalans, Cubans, and Puerto Ricans.
- Socially disadvantaged groups, including:
 - The unhoused.
 - Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50 percent or lower.
 - People with disabilities.
 - People identifying as lesbian, gay, bisexual, transgender, or queer.
 - Individuals with limited English proficiency.