HCAi Department of Health Care Access and Information

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.

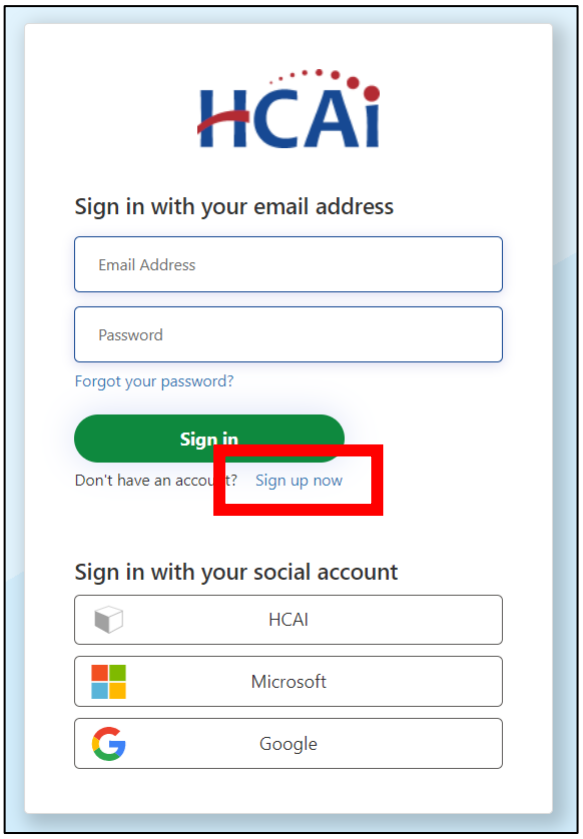
Table of Contents

HDC System Navigation

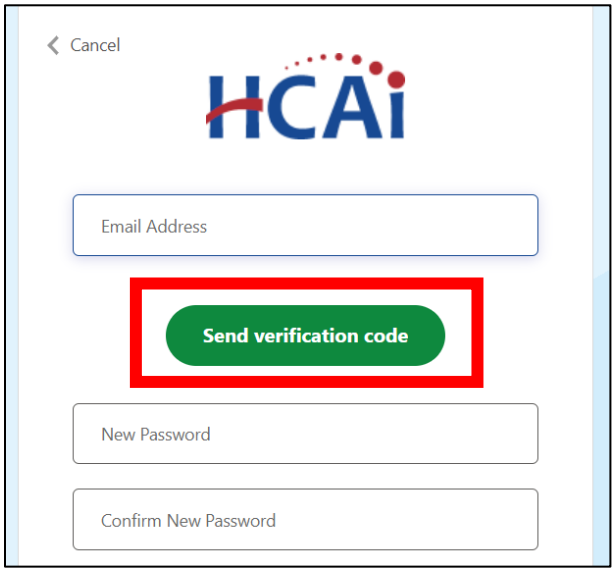
Background Information: Starting with fiscal year-end dates occurring on or after January 31, 2025, hospitals will be required to submit their plans to the Department using the Hospital Disclosure Compliance (HDC) System.

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. ******



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

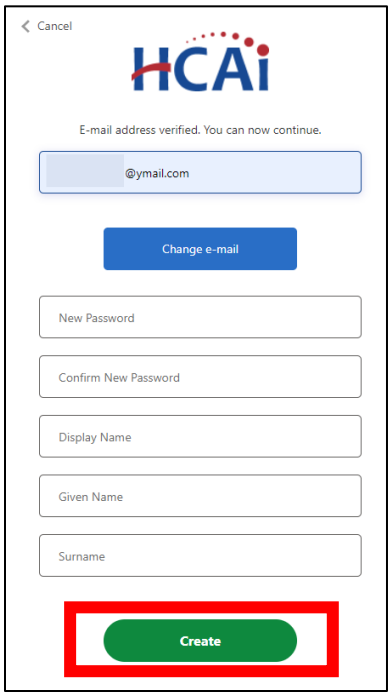


Step 6: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.
Step 7: Click “Verify code.”

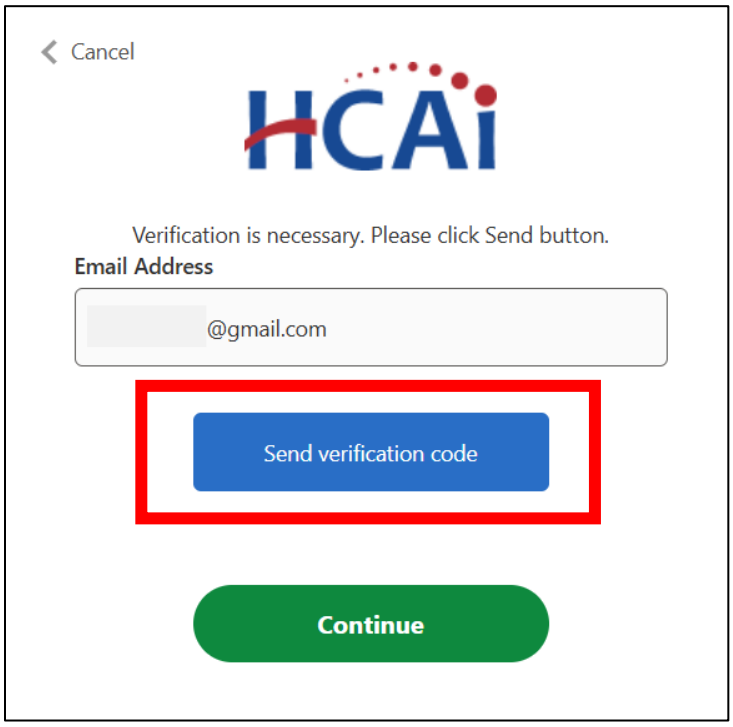
Step 8: Create a password and confirm the password in the corresponding fields.
Please note: the password must meet these criteria:

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

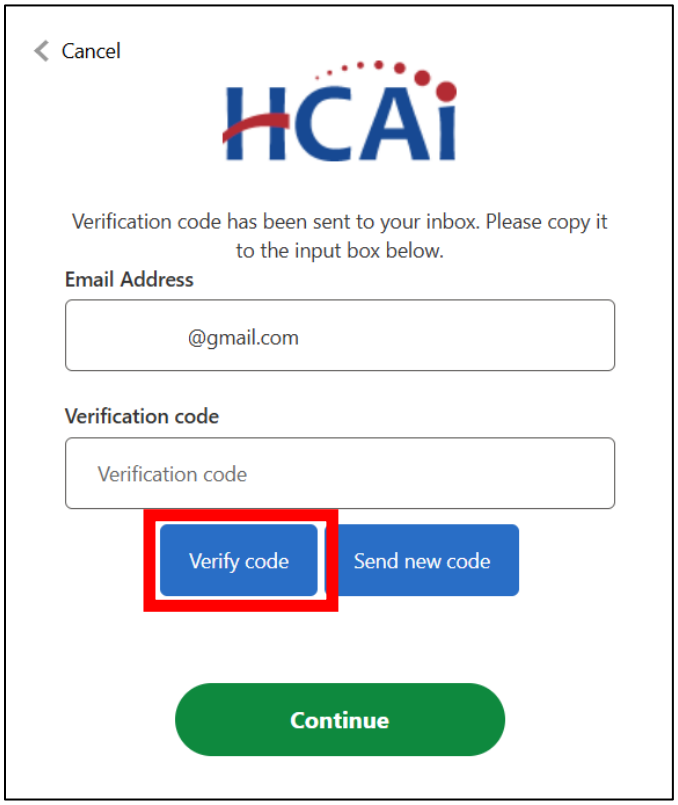
Step 9: Type the first name of the user in the “Display Name” and “Given Name” fields, then type the last name of the user for the “Surname” field.
Step 10: Click “Create.”



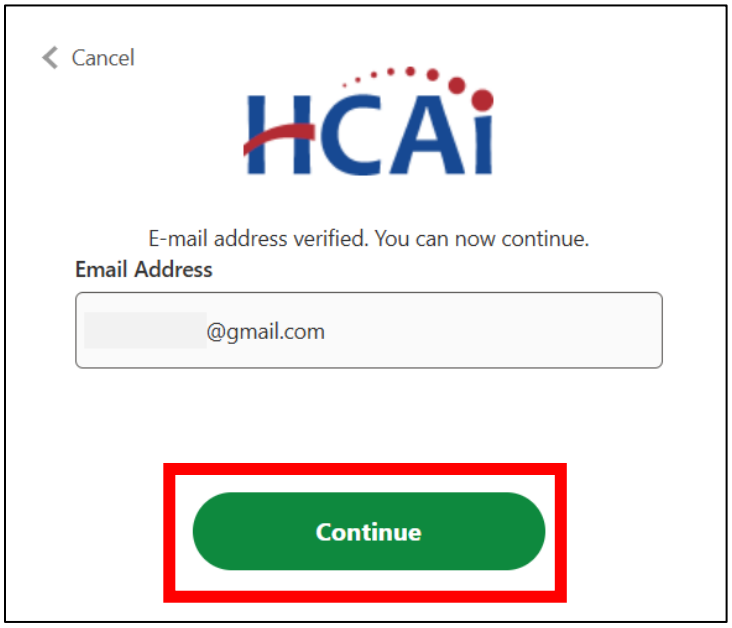
Step 11: Click “Send verification code.”



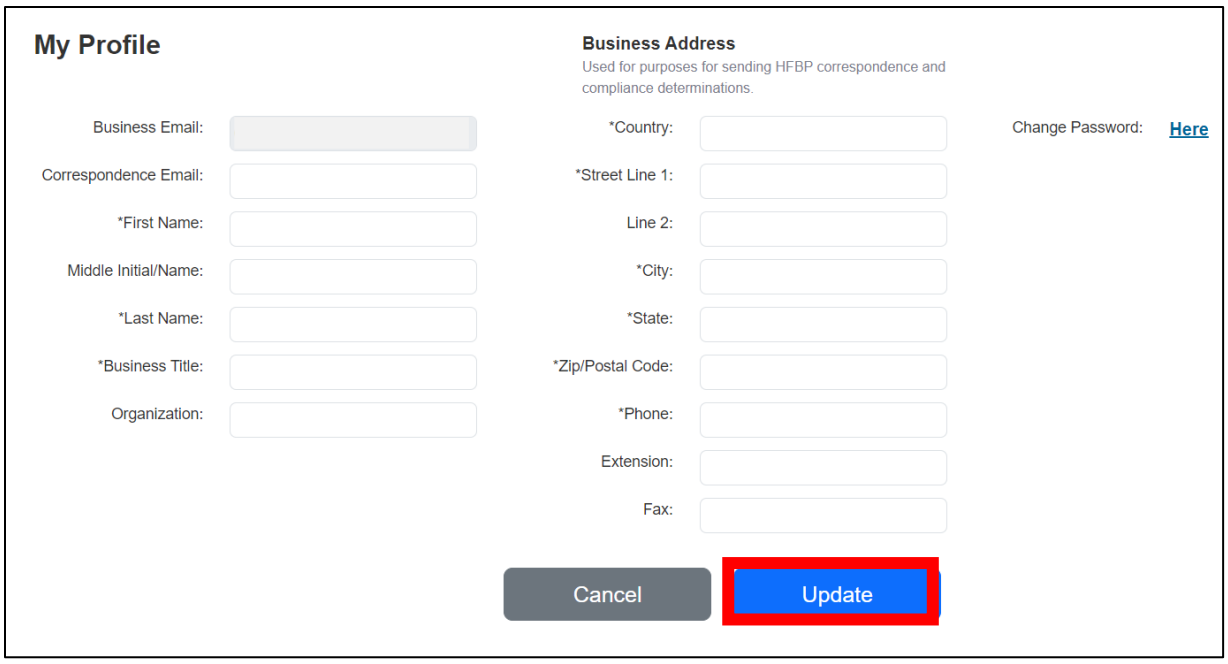
Step 12: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.
Step 13: Click “Verify code.”



Step 14: Click “Continue.”

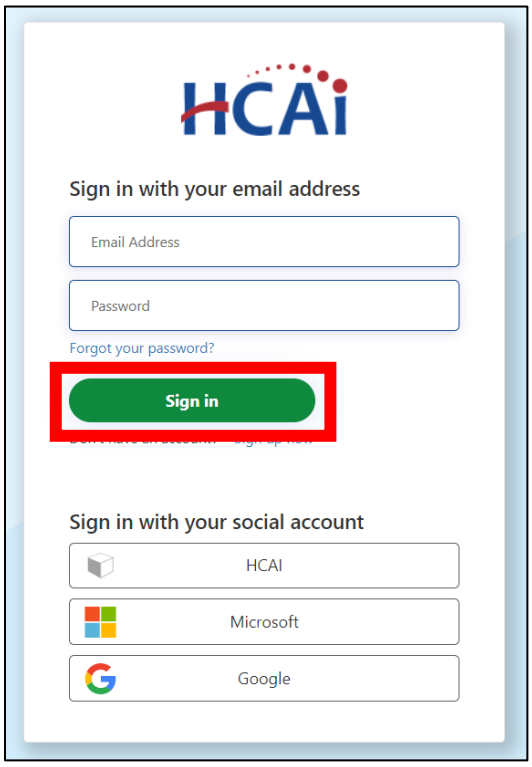


Step 15: Enter the required information for the profile and select “Update.”
Please refer to [California Code of Regulations § 95101 subsection (b)] for required contact information:
A contact person must provide the following information:
(1) The legal name of the hospital or hospital system.
(2) The 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.

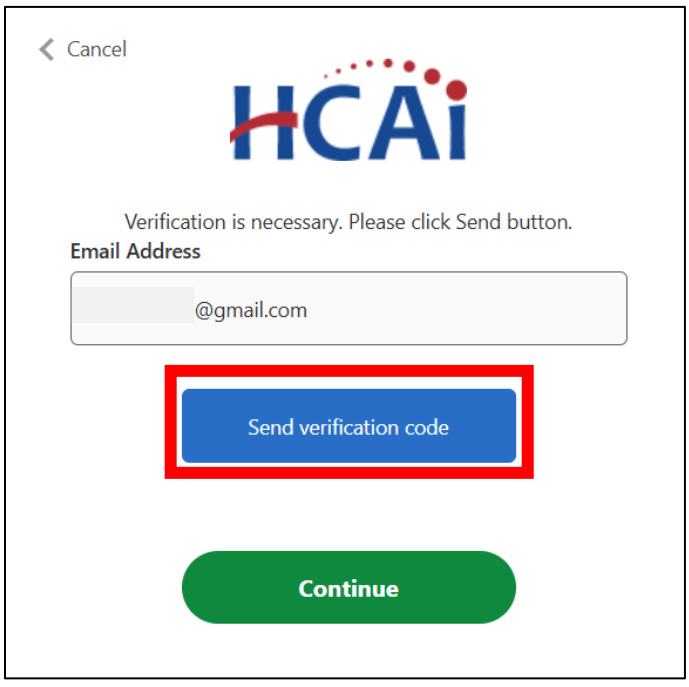


How to Login

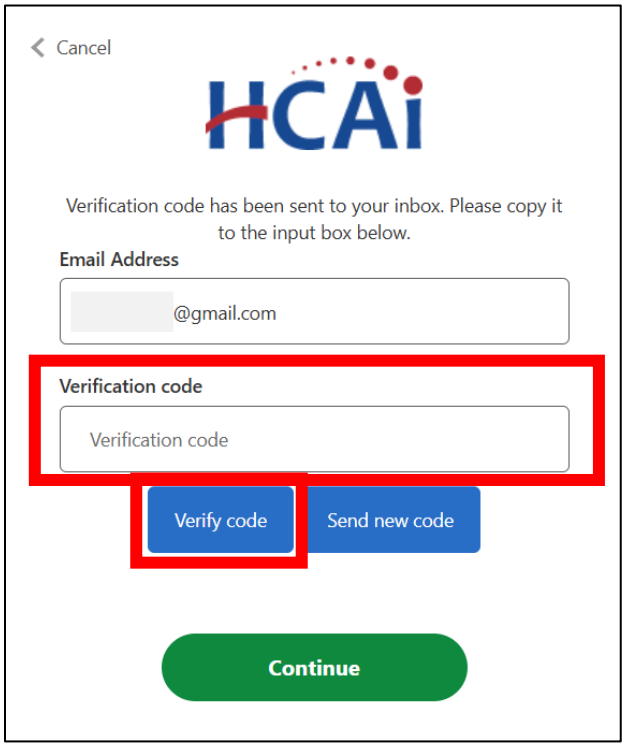
Step 1: Go to Hospital Report Submission Portal and click “Login.”
Step 2: Type in the email address and password in the corresponding fields.
Step 3: Click “Sign in.”



Step 4: Click “Send verification code.”



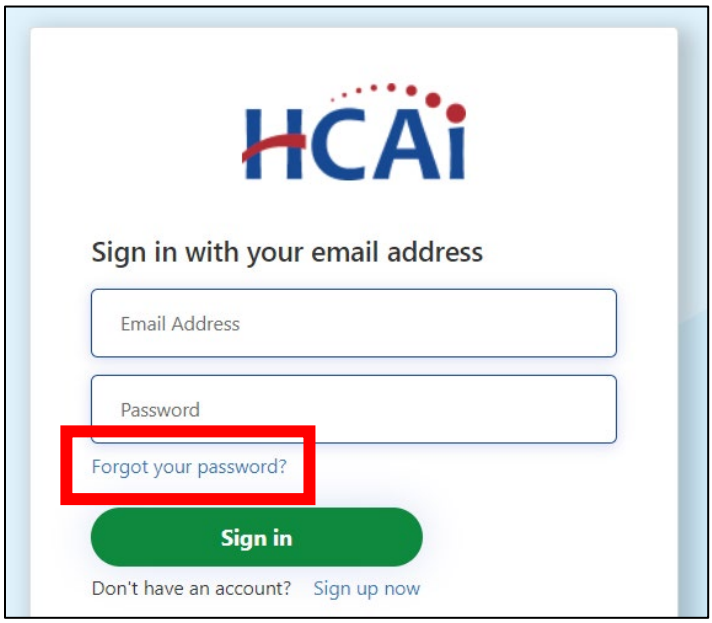
Step 5: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.
Step 6: Click “Verify code.”



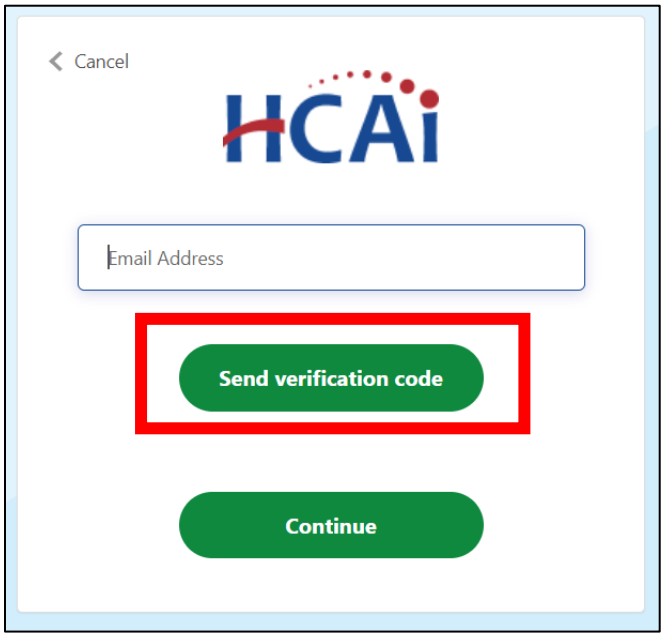
Step 7: Click “Continue.”

How to Recover a Forgotten Password

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

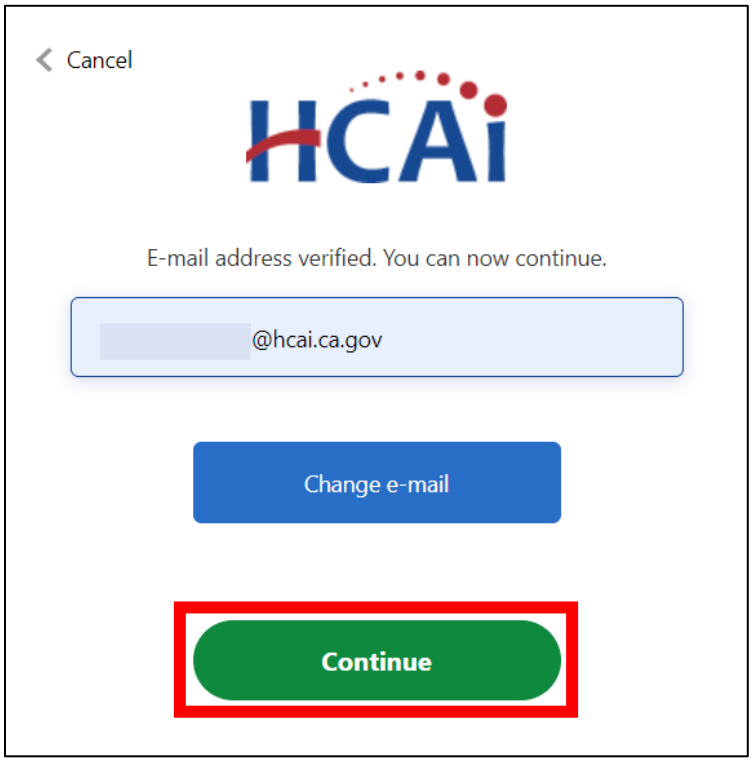


Step 3: Type the email address used to create the account.
Step 4: Click “Send verification code.”

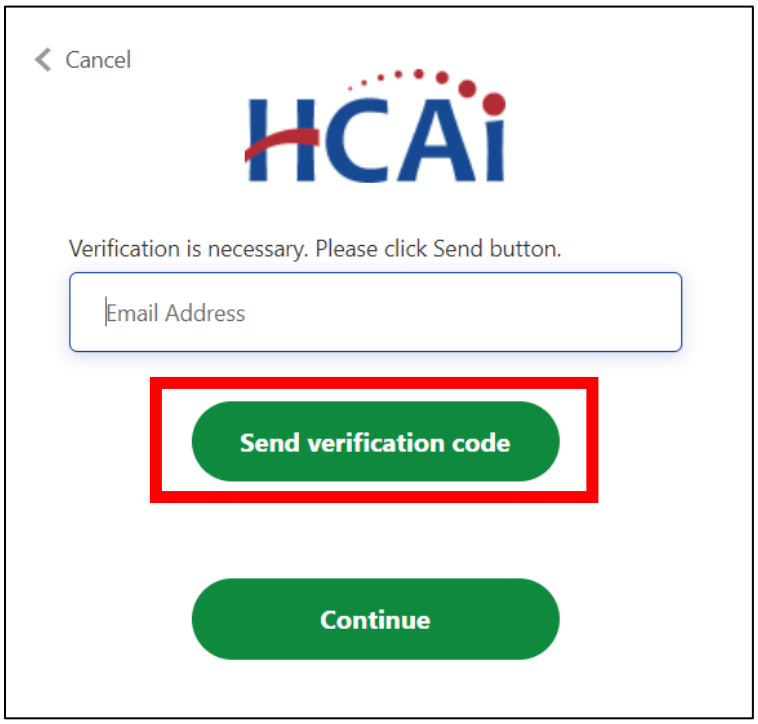


Step 5: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.
Step 6: Click “Verify code.”

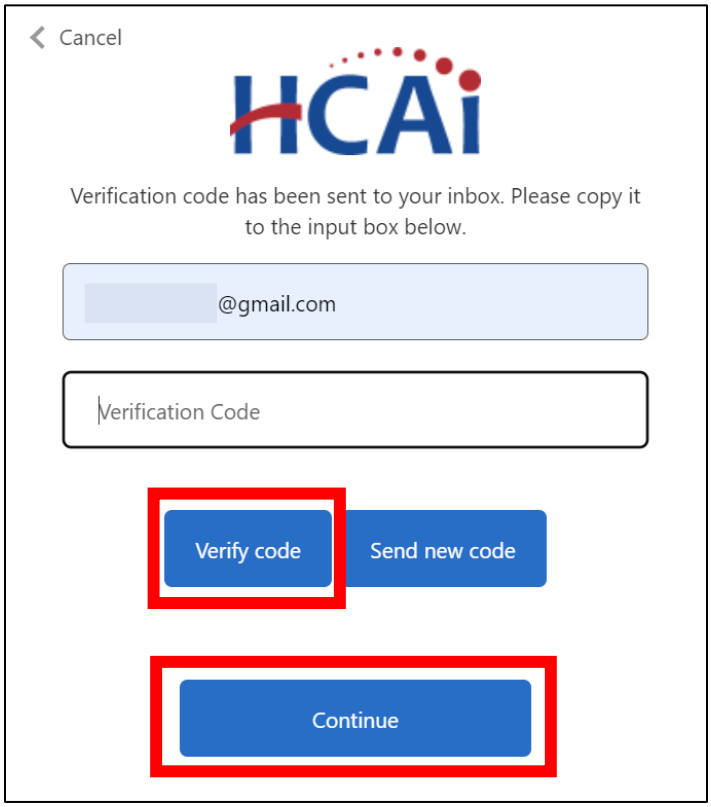
Step 7: After the email address is verified click “Continue.”
******Please note: Please disregard the change email button. ******



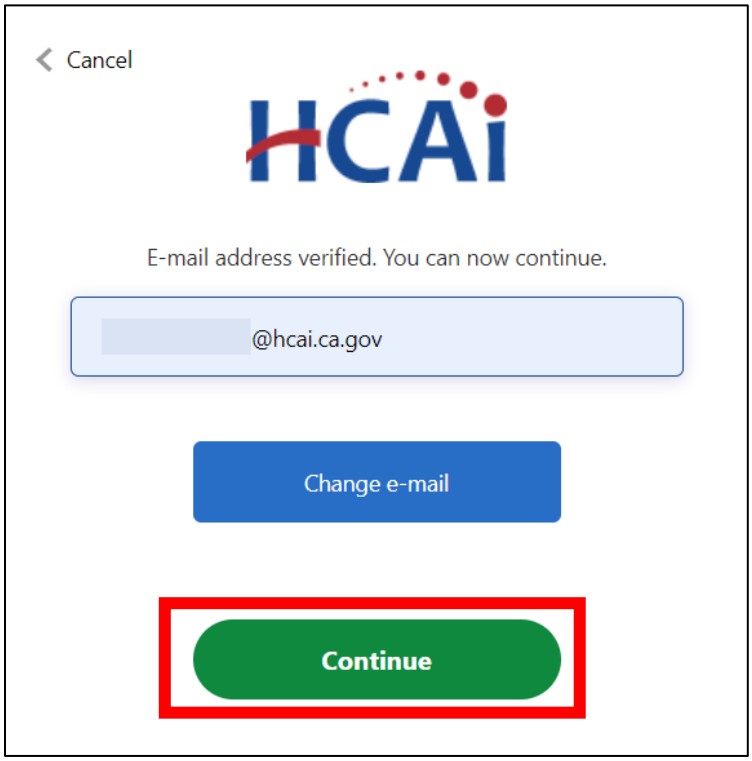
Step 8: Re-enter the email address.
Step 9: Click “Send verification code.”



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.



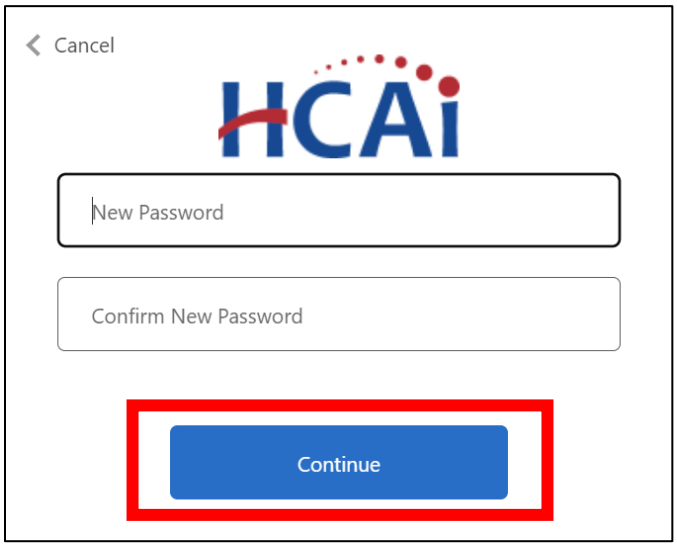
Step 13: Click the green “Continue” button.
******Please note: Please disregard the change email button. ******



Step 14: Create a password and confirm the password.
******Please note: the password must meet these criteria:***

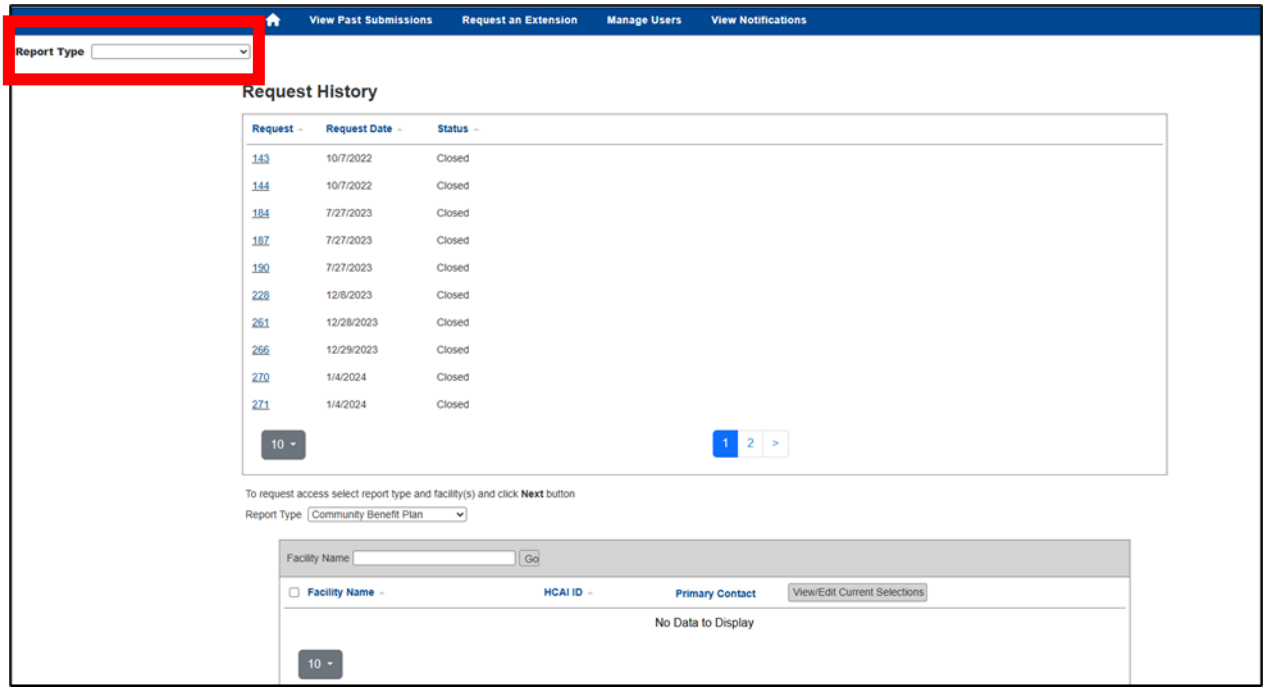
- ***Between 16 and 64 Characters***
- ***A lowercase letter***
- ***An uppercase letter***
- ***A digit***
- ***A symbol***

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

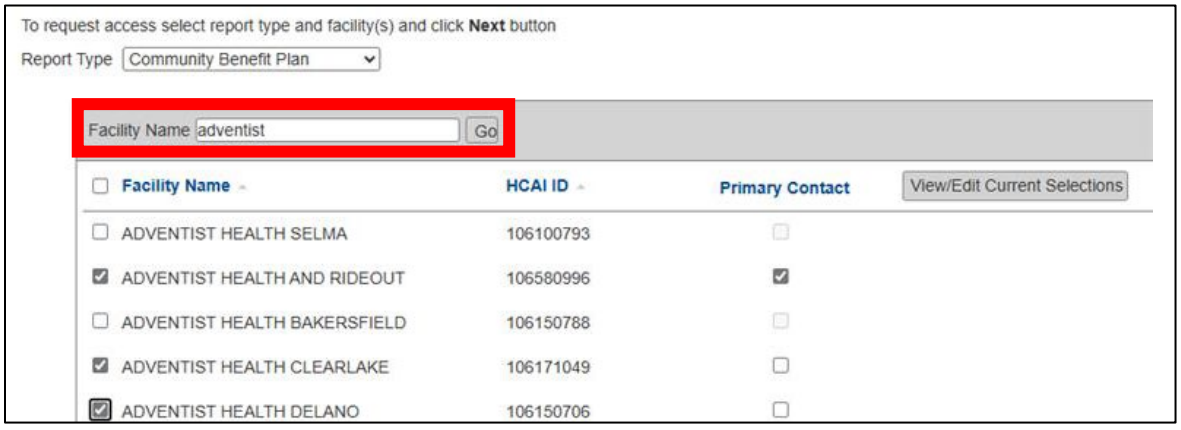


How to Associate to a Facility

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.



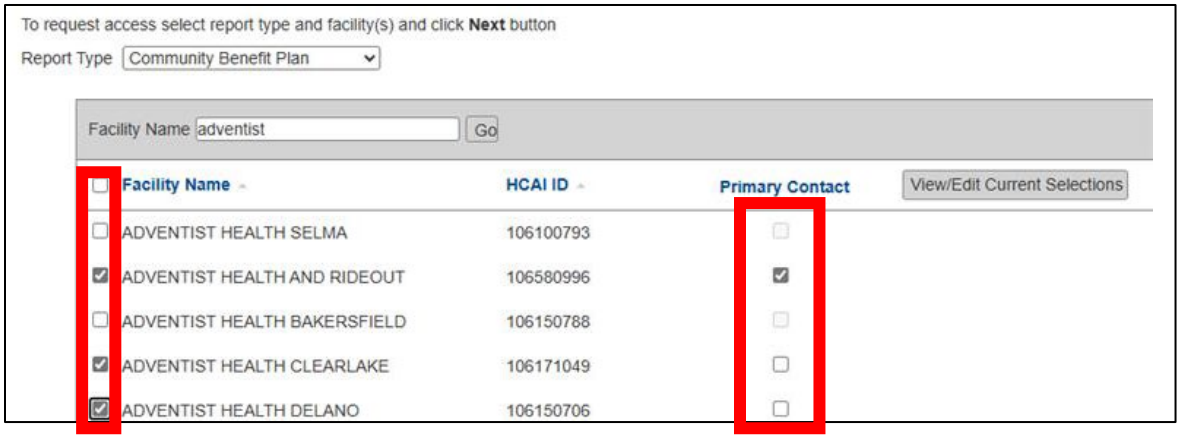
Step 3: In the "Facility Name" field, type the name of the desired facility.
Step 4: Click "Go."



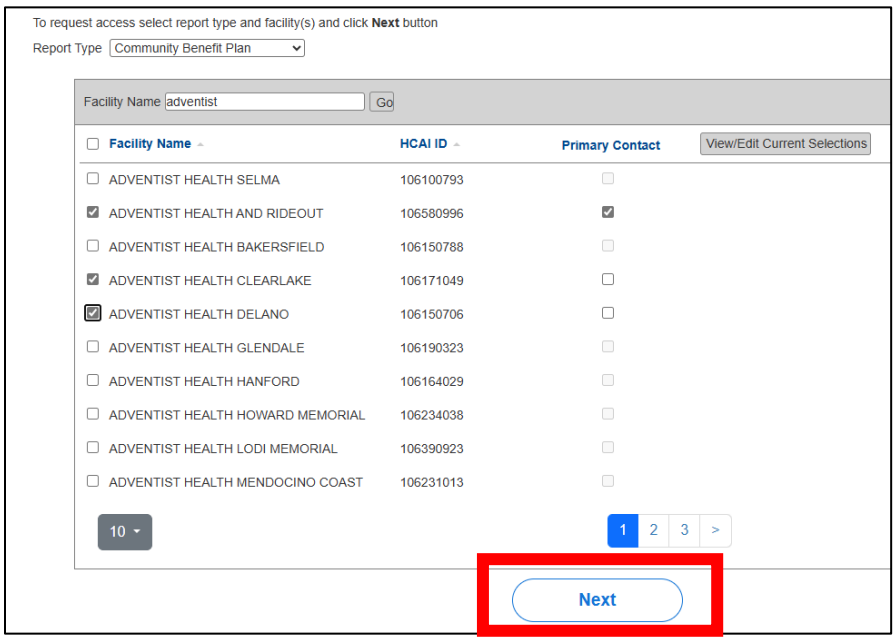
Step 5: Select the box to the left of the desired facilities (when selected a checkmark will appear in the box).

******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 California Code of Regulations Section***

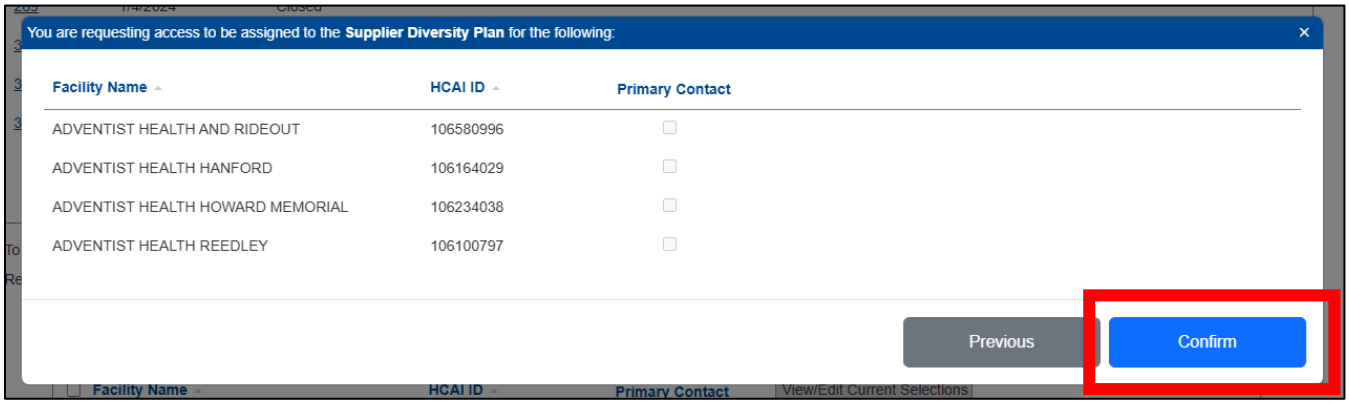
95101**, each hospital must designate a primary contact person for the purpose of receiving compliance and informational communications and to submit the required reporting.*



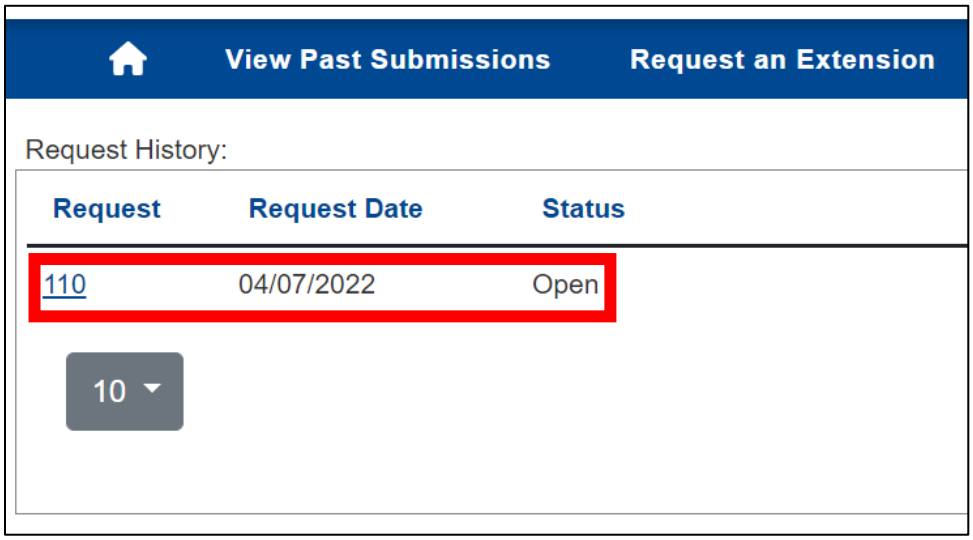
Step 6: Click “Next.”



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



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.

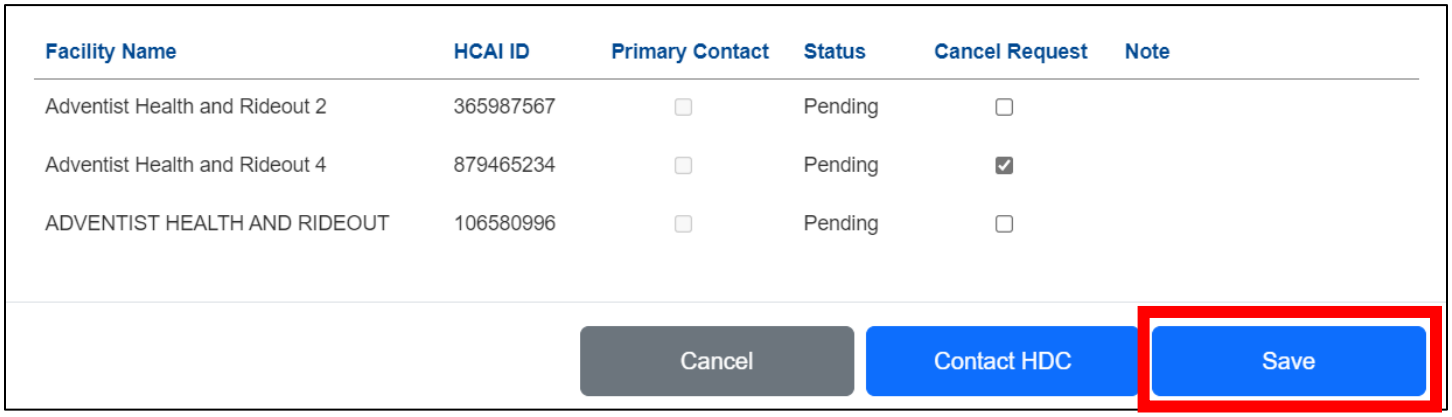


Please Note: Current users and HCAI staff can approve pending report association requests from new users for their facilities. After a request is approved, the user will gain access to all the reporting functions for the associated report type and hospital.

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. ******

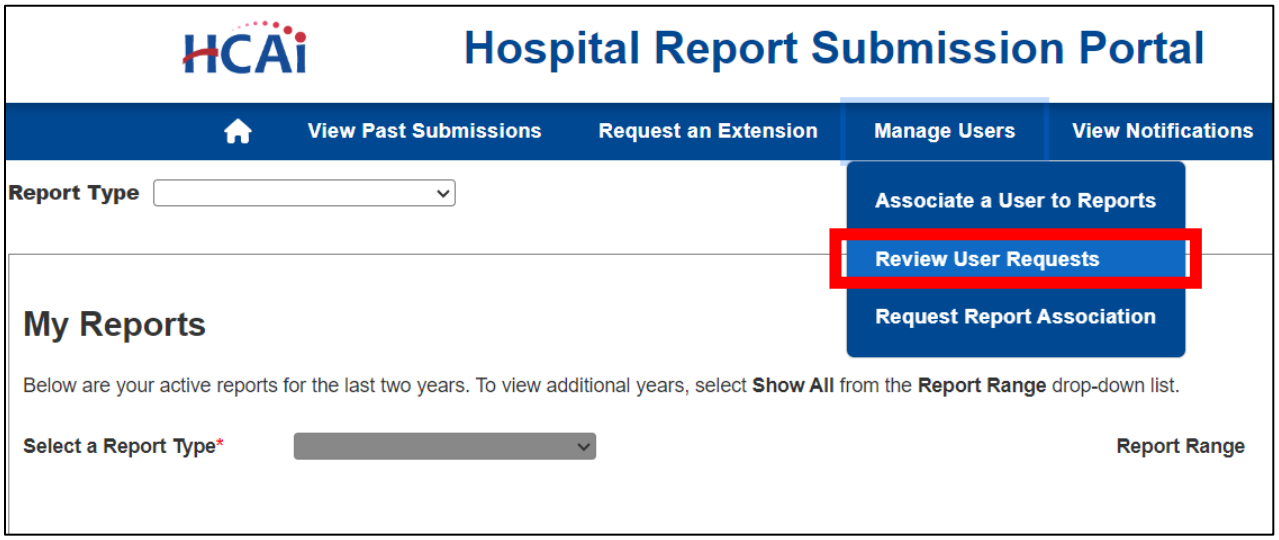
Step 3: A pop-up window will appear with the facility(s) that were included in the original association request
Step 4: Select the box, under the cancel request column of any facilities that intended to cancel the association request (when selected a checkmark will appear in the box).
Step 5: Click "Save."



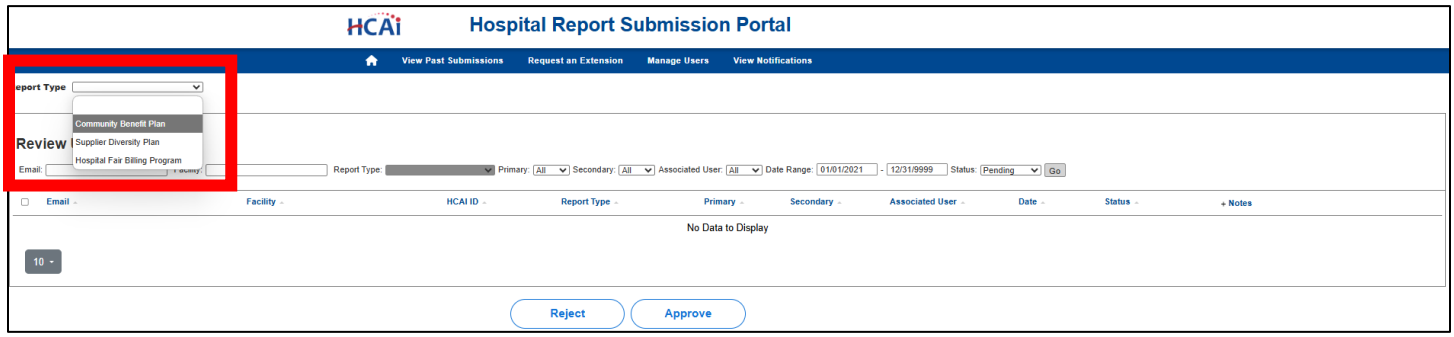
Step 6: A pop-up window will appear that states "Do you want to save the changes?"
Step 7: Click "Save."
Step 8: A pop-up window will appear that states "Selected Items are Canceled Successfully!"
Step 9: Click "OK."
******Please Note: When a user clicks on the request number, the facilities canceled will show their status as "Canceled" and no longer "Pending." ******

How to Approve Another User for a Facility

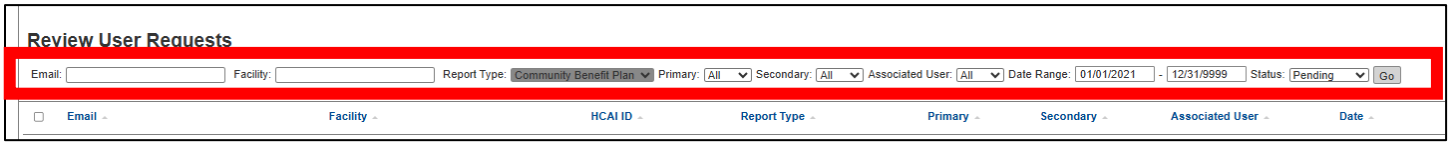
Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click “Manage Users” then click “Review User Requests” from the drop-down menu.



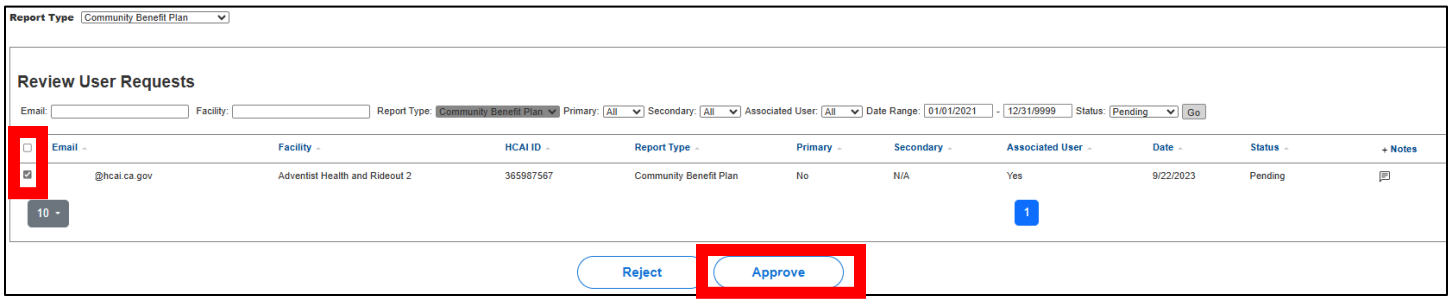
Step 3: Select the desired report type.



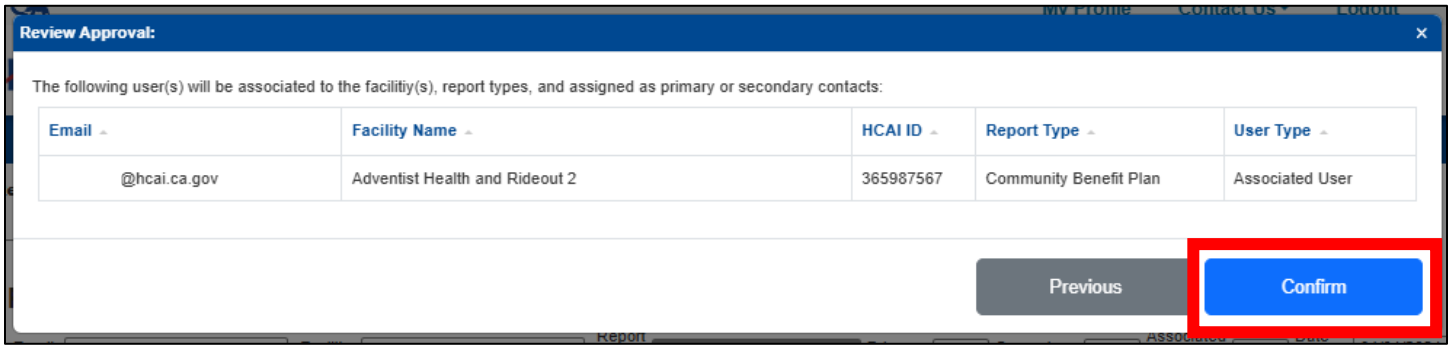
Step 4: Search by typing either the user's email or the facility name that the user is requesting access to.
Step 5: Click “Go.”



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. ******



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



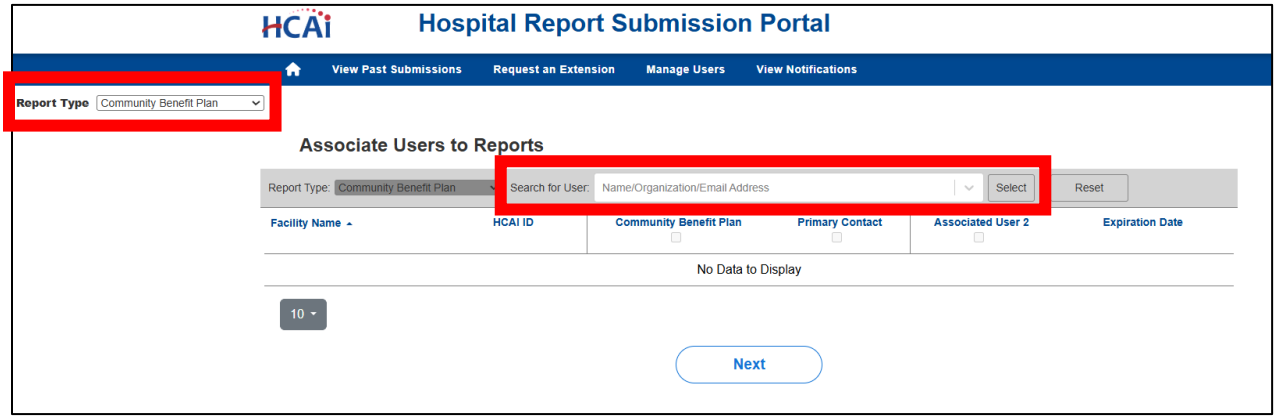
Step 10: A pop-up window will appear that states “Do you want to approve these requests?”
Step 11: Click “Save.”
Step 12: A pop-up window will appear that states “All Selected Items Approved Successfully!”
Step 13: Click “OK.”

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. ******

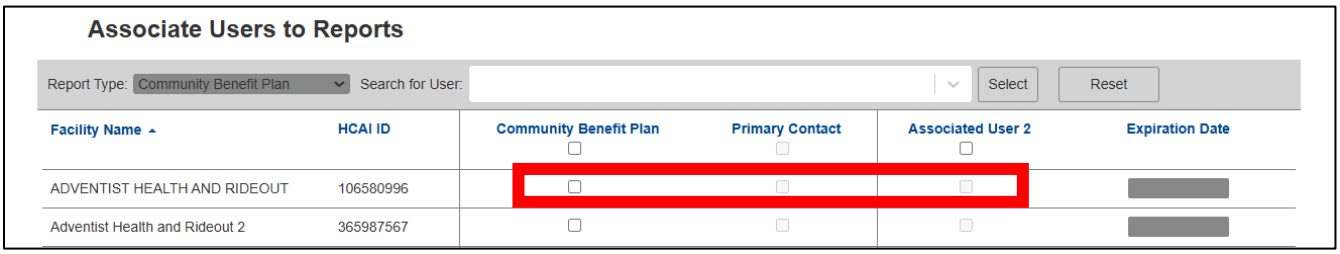
Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click “Manage Users.”
Step 3: Click “Associate a User to Reports.”

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.”

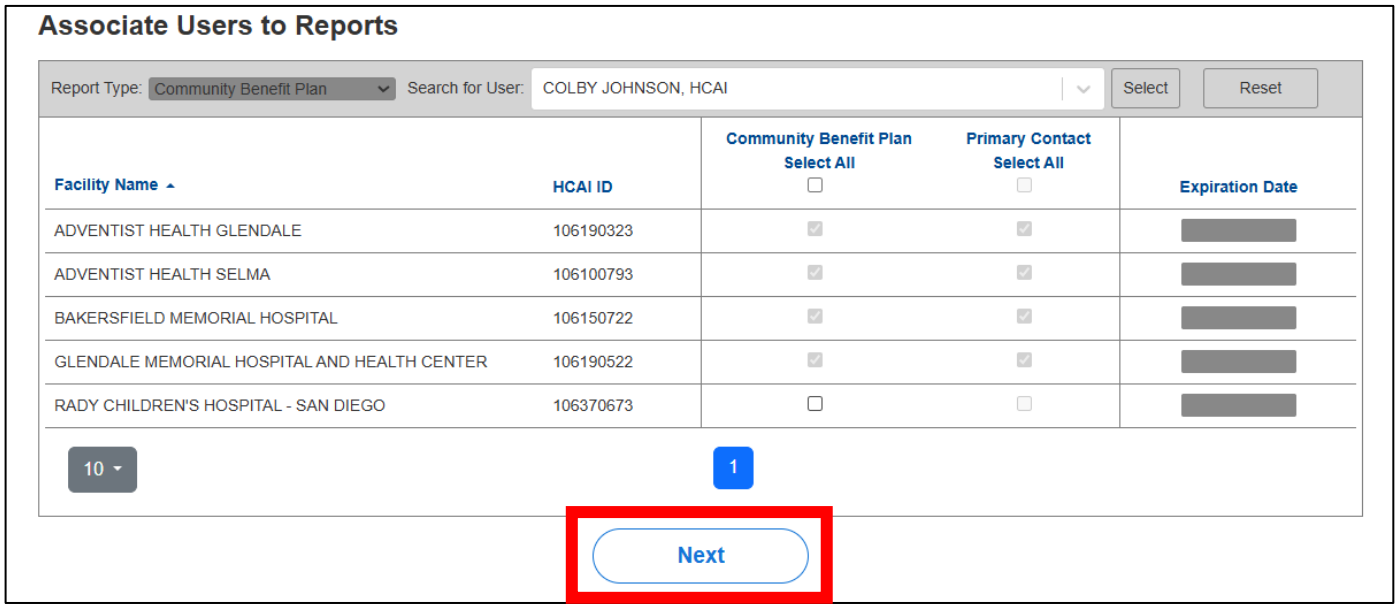


Step 7: Select the Community Benefit Plan box next to the desired facility.
Step 8: Select the Primary Contact box or Associated User box.

******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 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.******



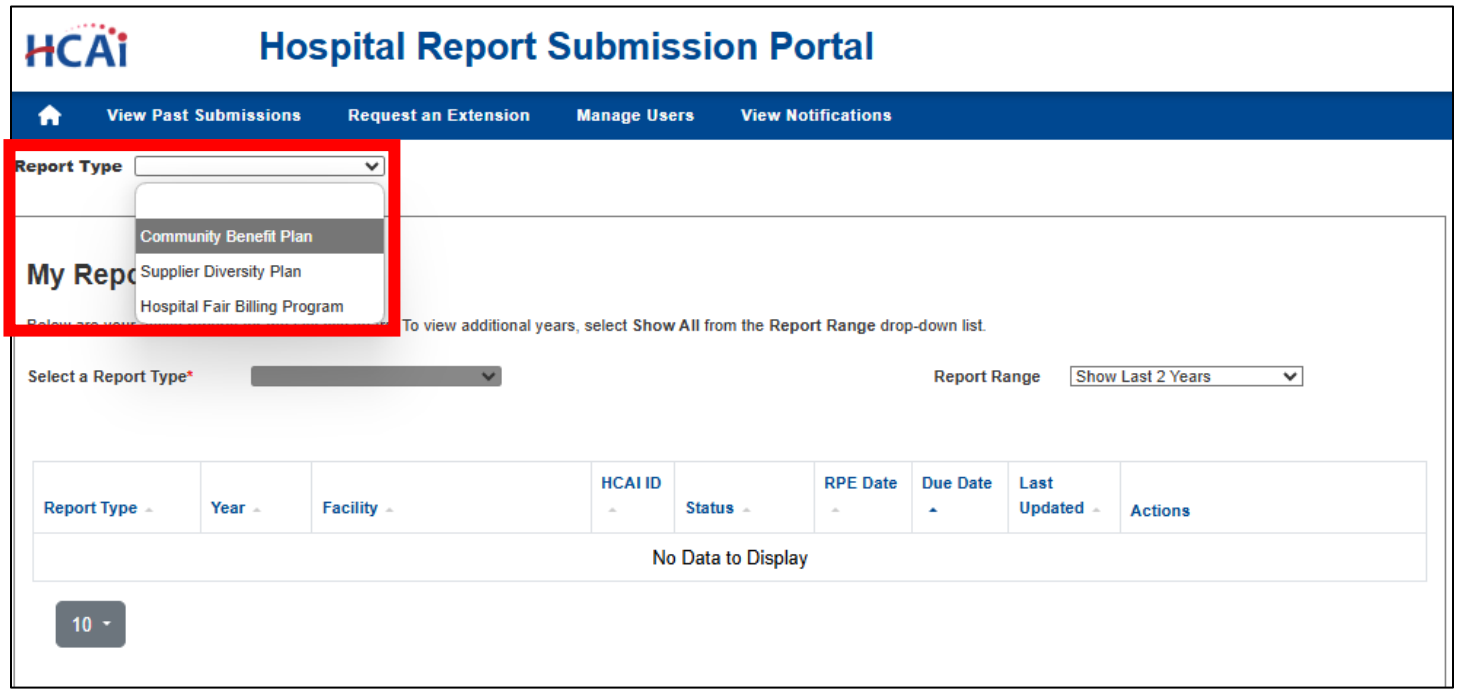
Step 9: Select “Next.”



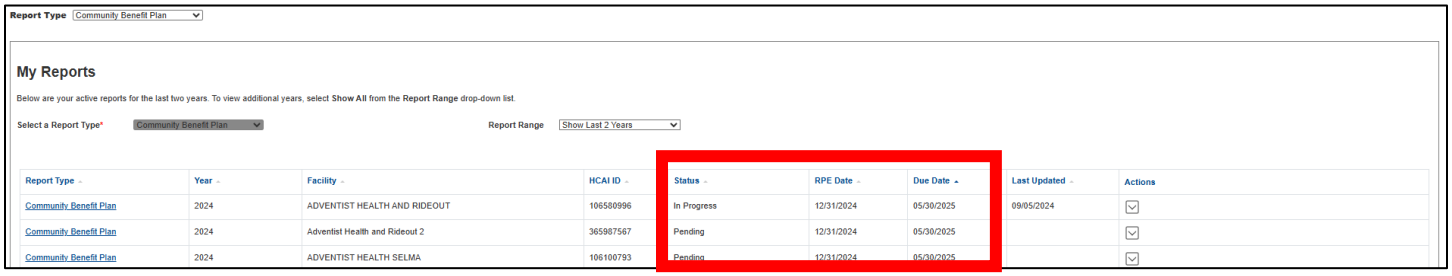
Step 10: After selecting “Next,” a pop-up window will appear to confirm the changes. Click “Confirm” if the information is correct.

How to Review Facility Status and Submission Due Date

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

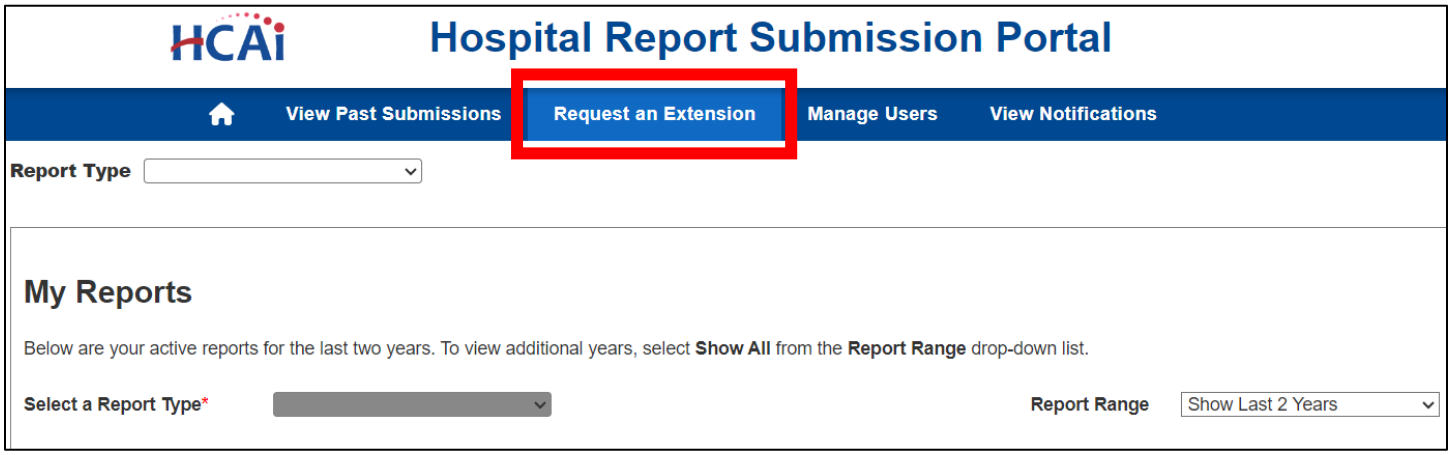


Step 4: All facilities that a user is associated with under the selected report type will appear. The status, reporting period end date, and due date are visible under the status, RPE date, due date columns.

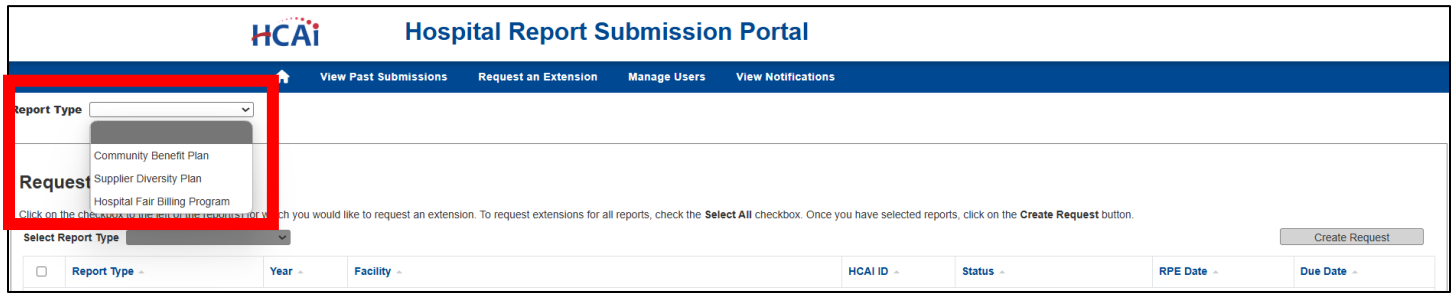


How to Request an Extension

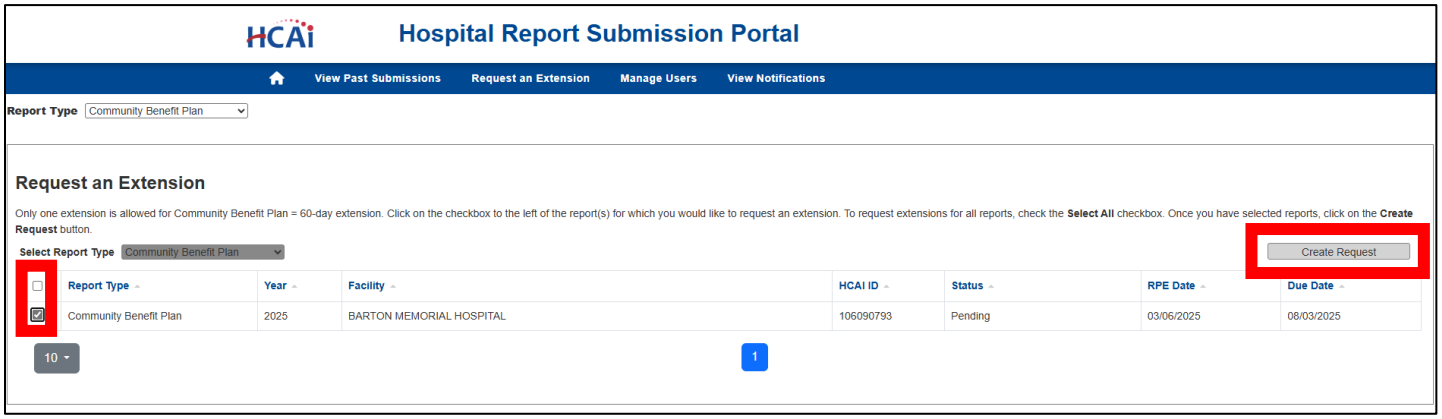
Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click “Request and Extension.”



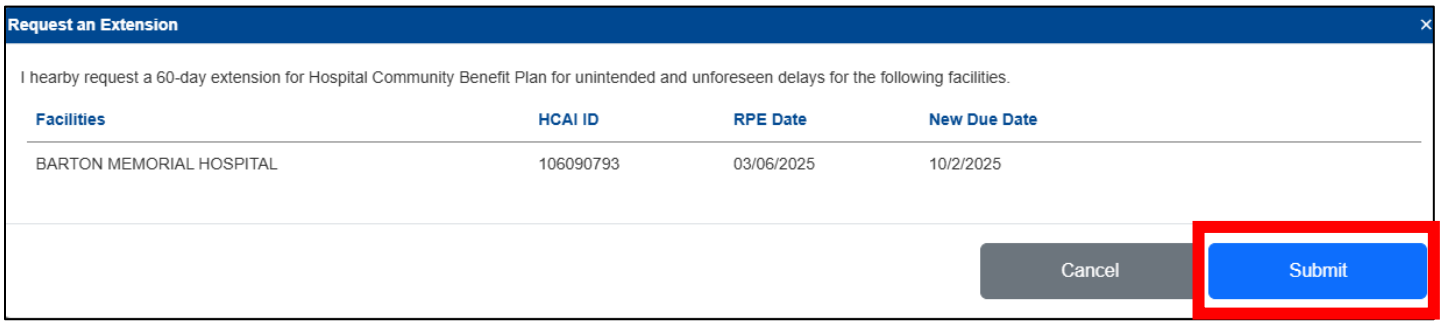
Step 3: Click on “Report type” and select “Community Benefits Plan.”



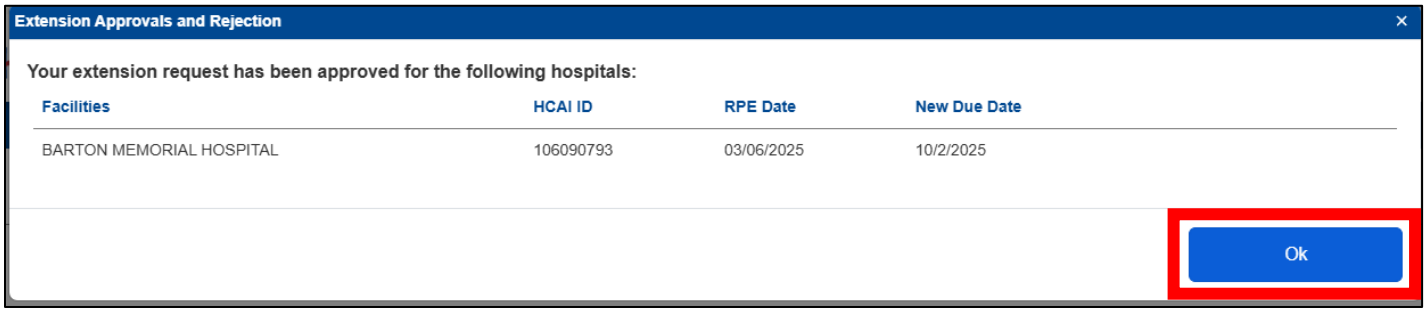
Step 4: Select the box to the left of the facility that requires an extension (when selected a checkmark will appear in the box).
Step 5: Click “Create Request.”



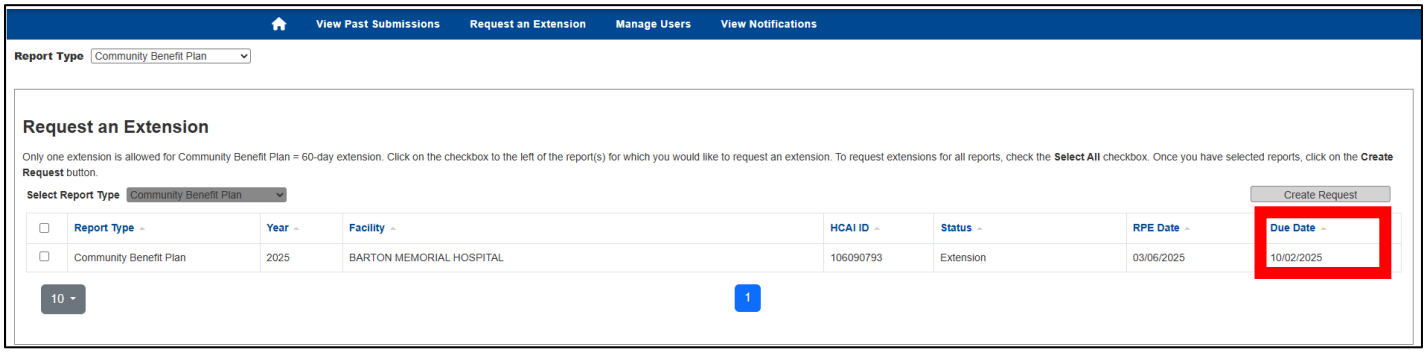
Step 6: Review the requested information and click “Submit.”



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



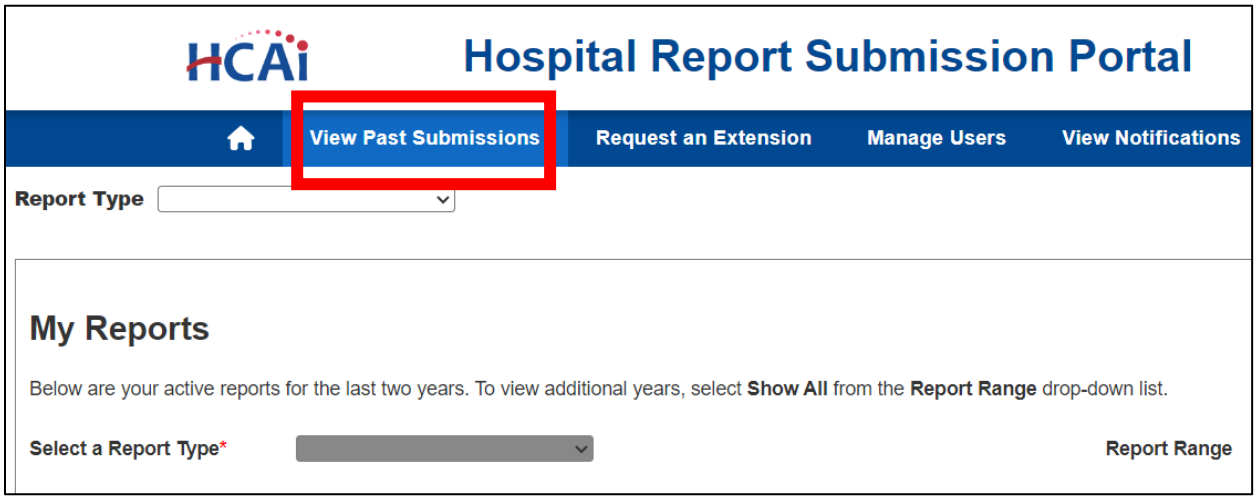
Step 9: The new due date will then update in the system.



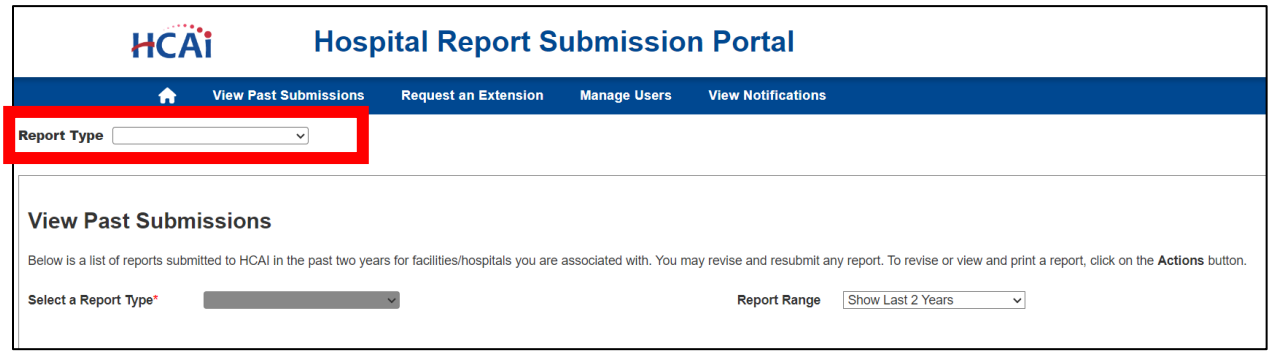
******Please Note: For extension requests, approved on or before the original due date, the system will automatically set a new due date that is 60 days from the original due date. For extension requests, approved after the original due date, the system will automatically assign a new date that is 60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

How to View Past Submissions

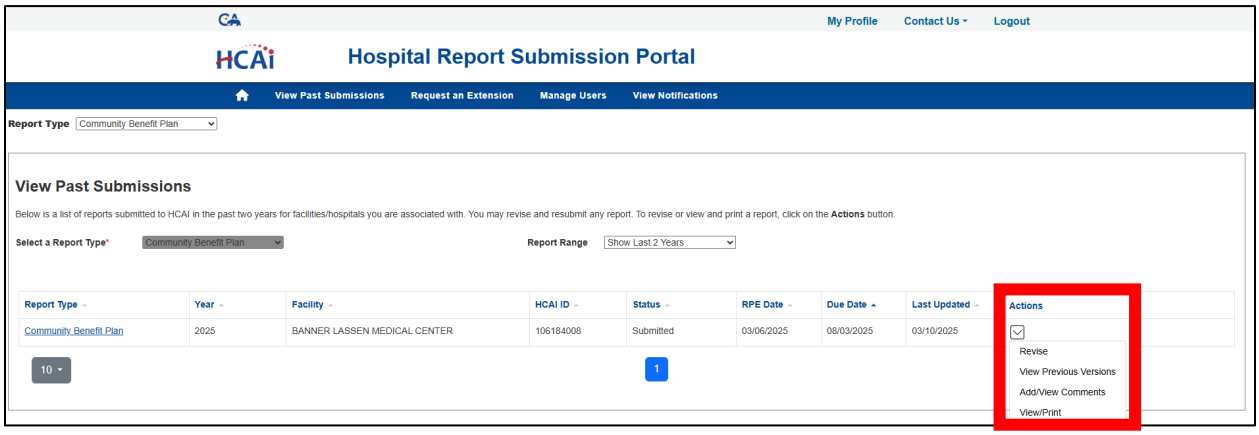
Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click “View Past Submissions.”



Step 3: Select the desired report type.



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.”



Community Benefits Plan Reporting

Background Information: Health and Safety Code Section 127340-127360 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 127350, and in order to maintain tax-exempt status per the Internal Revenue Service's (IRS) 501(r)(3) standard, 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			
Total Community Benefits with Medicare			

* Aggregate from tables above

Additional Information

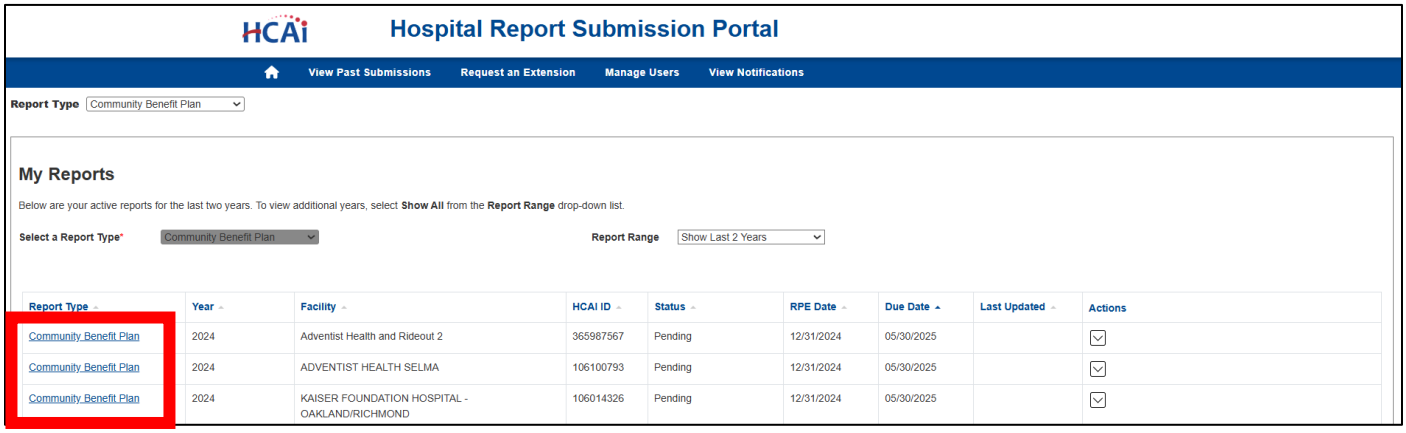
Other relevant information to the hospital's Community Benefits Plan not otherwise captured: [Please take this opportunity to add any information to be shared with the public about the Community Benefits Plan report. All information provided will be made available to the public.]

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.

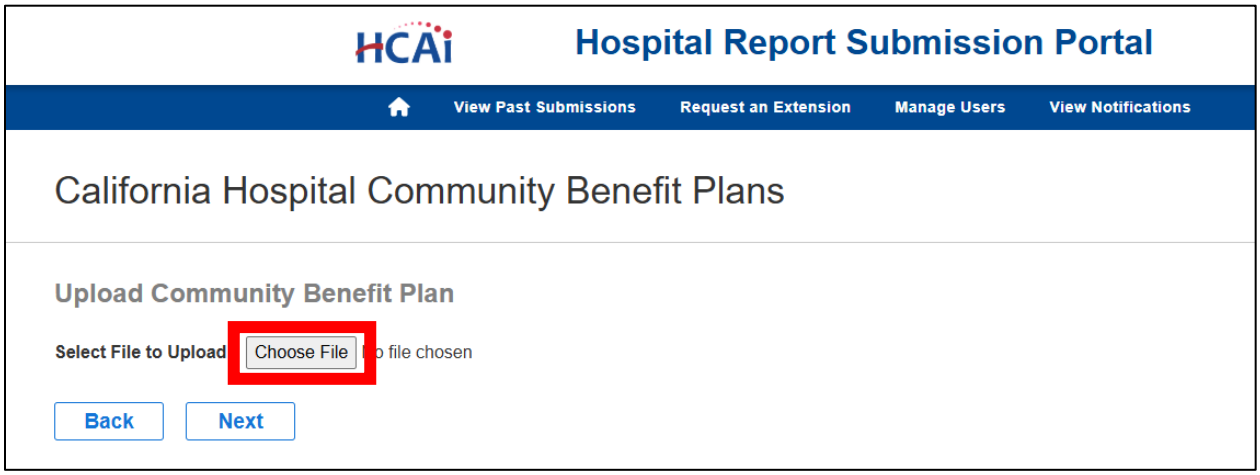
How to Submit a Community Benefits Plan Report

Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click on “Report type” and select “Community Benefits Plan.”

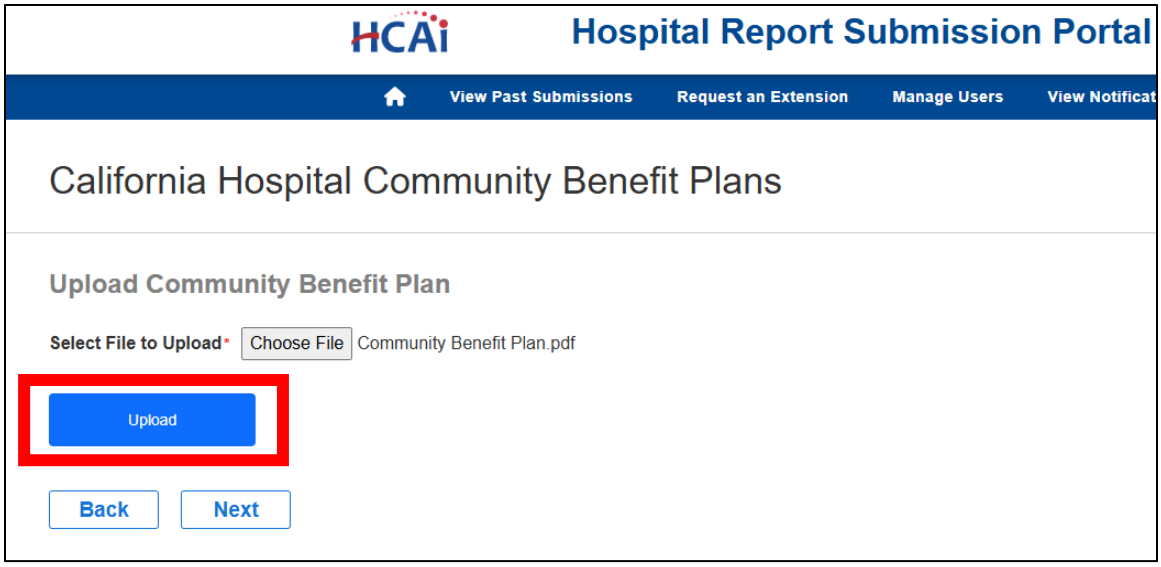
Step 3: Click on “Community Benefits Plan” under the column “Report Type” next to the desired individual facility.



Step 4: Answer all the narrative questions and complete the financial data tables. Please refer to our Community Benefits Plan Template 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.

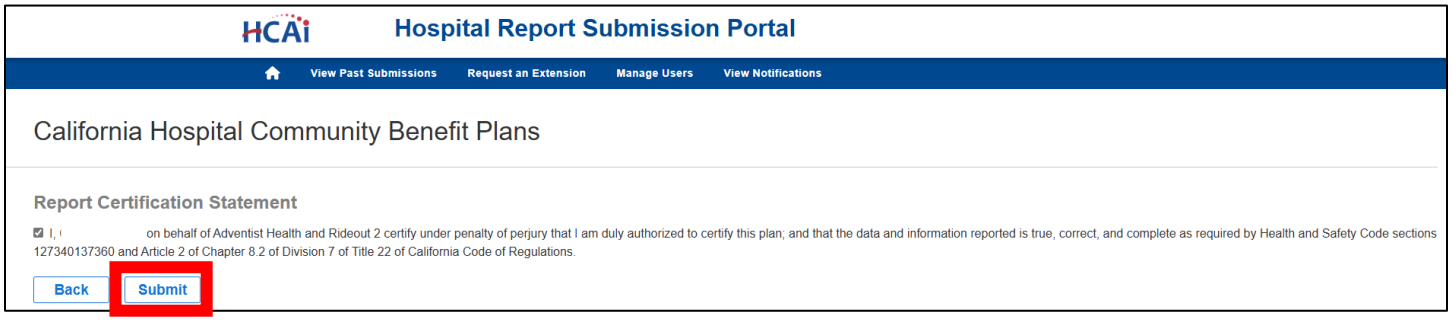


Step 7: Select “Upload.”



Step 8: Select “Next.”

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

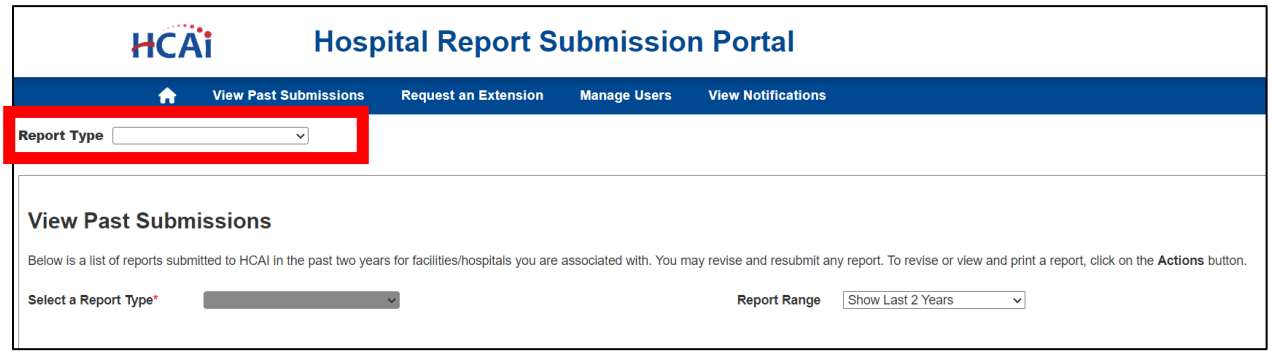


Step 11: A pop-up window will appear that states “Are you sure you want to submit this report?”
Step 12: Click “OK.”
Step 13: A pop-up window will appear that states “You successfully submitted your report.”
Step 14: Click “OK.”

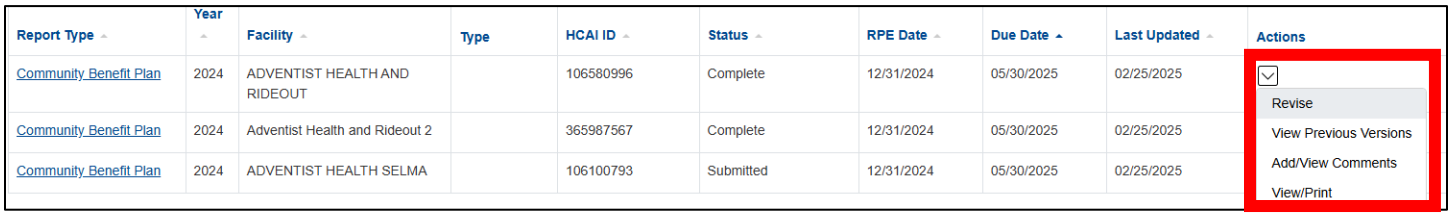
How to Revise a Community Benefits Plan Report

Step 1: Go to Hospital Report Submission Portal, and sign in.
Step 2: Click “View Past Submissions.”

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



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.”



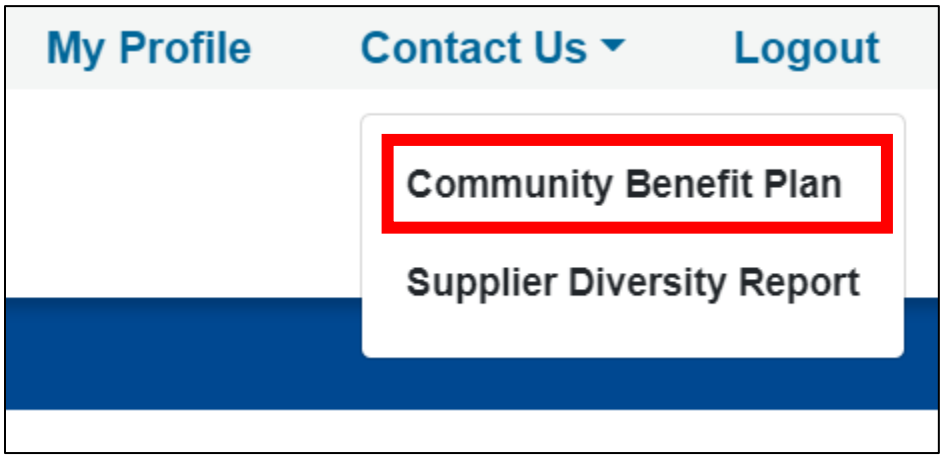
Step 7: Update the plan. Please refer to the Community Benefits Plan Template for additional guidance.
Step 8: Check the Report Certification Statement box at the end of the plan.
Step 9: Click “Submit.”
Step 10: A pop-up window will appear that states “Are you sure you want to submit this report?”
Step 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 CommunityBenefit@hcai.ca.gov or by calling us at (916)326-3830******

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



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

Glossary of Terms and Abbreviations

"Broader Community" 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.

"Cash 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. "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

"Charity care" 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.

"Community benefits plan" 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).

"Community health improvement services" 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.

Director 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.

HCAI: 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.

"Health Professions Education" 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.

"Hospital system" 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.

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

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

“Other Community Benefits” 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.

“Private not-for-profit” means a health facility, licensed by California Department of Public Health with licensee type of nonprofit corporation.

“Report Period” 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.

“Research” 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.

“Subsidized Health Services” 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.

“Vulnerable populations” 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.