

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.

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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.

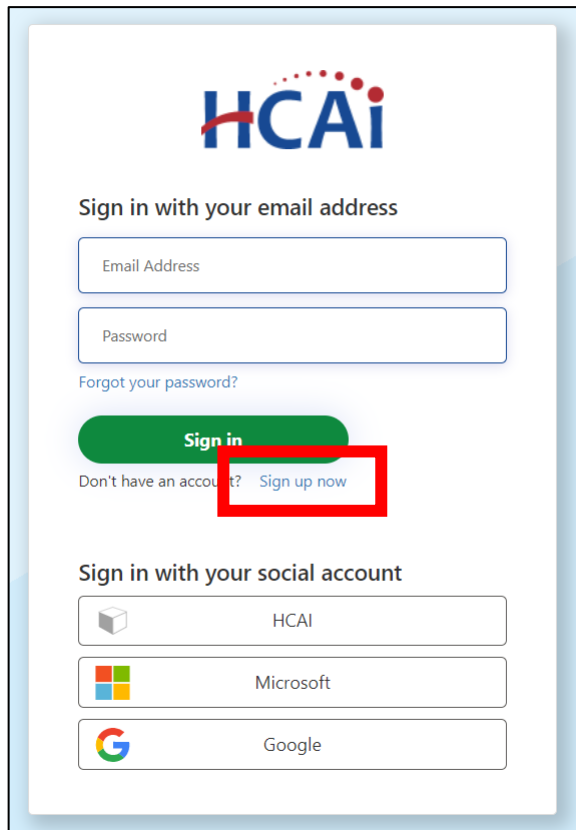
How to Create an Account

Step 1: Go to [Hospital Report Submission Portal](#).

Step 2: Click “Login.”

Step 3: Click “Sign up now.”

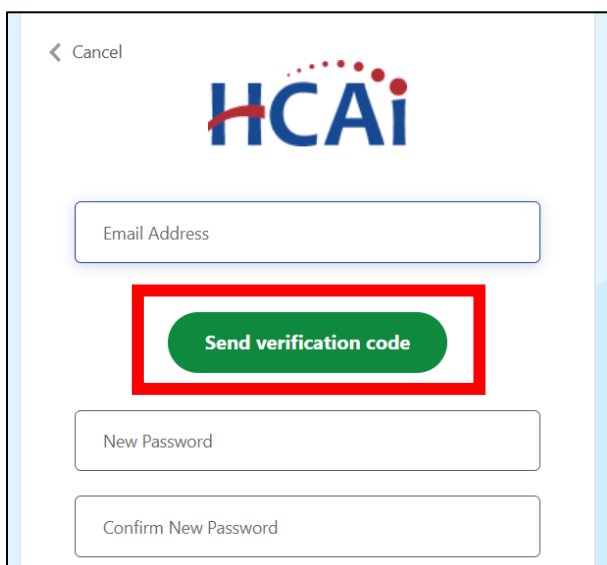
*****Please note: the system also allows users to create an account and sign in utilizing social media. *****



The screenshot shows the HCAi login and sign-up interface. At the top is the HCAi logo. Below it, the text "Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". A link "Forgot your password?" is located below the password field. A green "Sign in" button is positioned below the input fields. Below the button, the text "Don't have an account?" is followed by a "Sign up now" link, which is highlighted with a red rectangular box. Below this section, the text "Sign in with your social account" is displayed. There are three social login options: HCAi (with a cube icon), Microsoft (with the Microsoft logo), and Google (with the Google logo).

Step 4: Type in an email address.

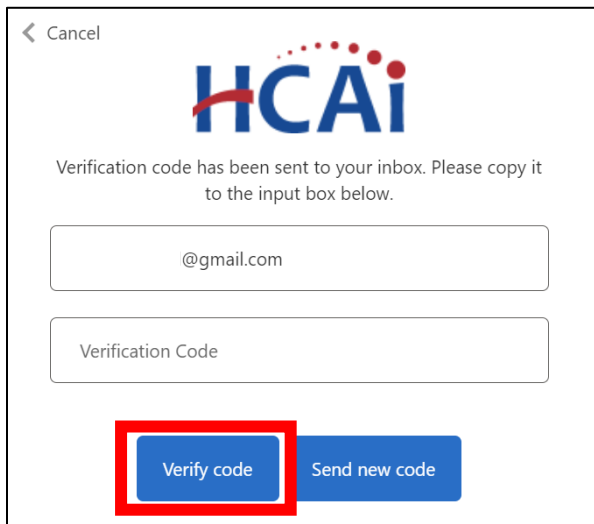
Step 5: Click “Send verification code.”



The screenshot shows the HCAi account creation interface. At the top left is a "Cancel" link with a back arrow. The HCAi logo is at the top center. Below the logo is an "Email Address" input field. Below this field is a green "Send verification code" button, which is highlighted with a red rectangular box. Below the button are two more input fields: "New Password" and "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.”



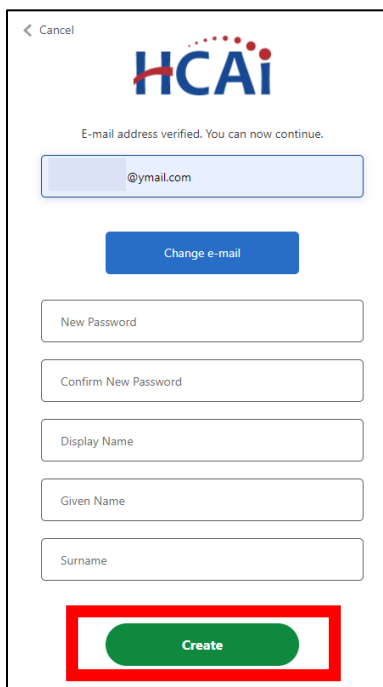
Step 8: Create a password and confirm the password in the corresponding fields.

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

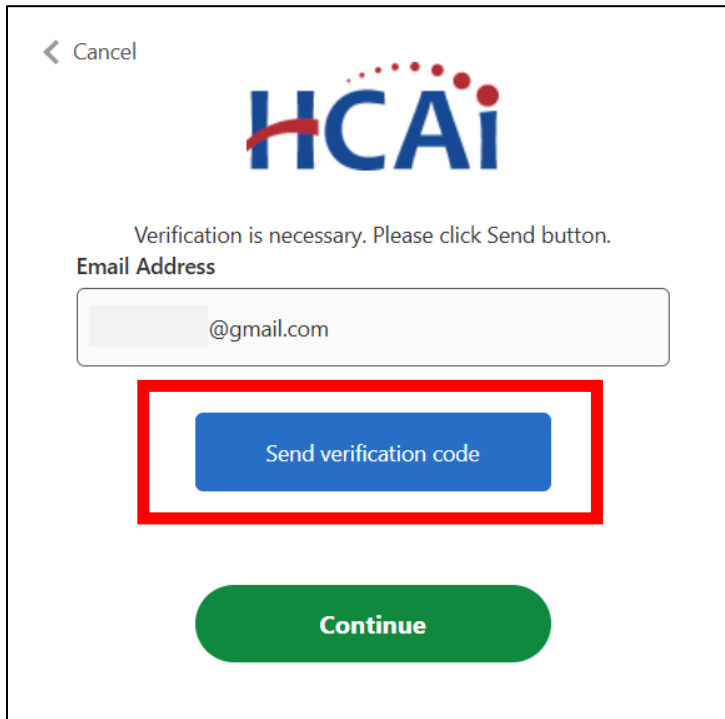
- **Between 16 and 64 Characters**
- **A lowercase letter**
- **An uppercase letter**
- **A digit**
- **A symbol**

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.”



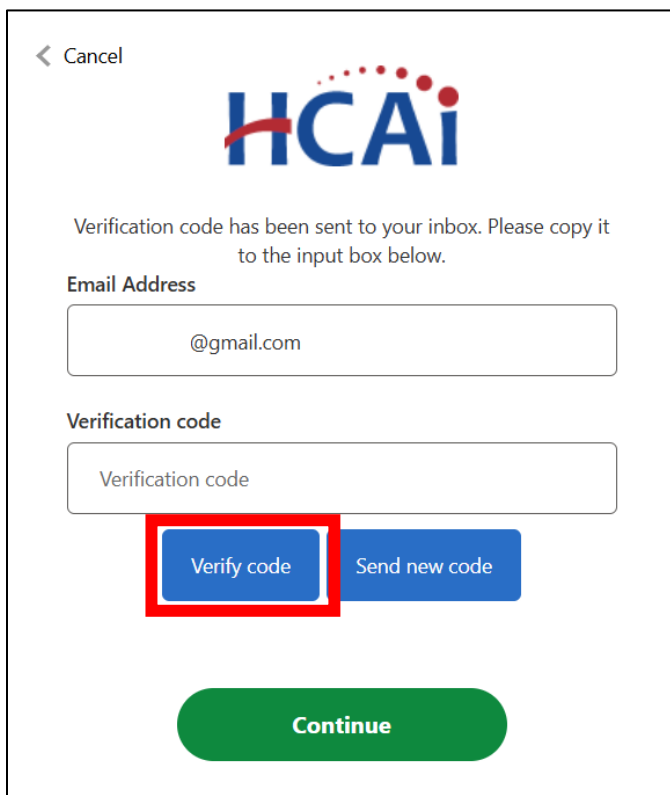
Step 11: Click “Send verification code.”



This screenshot shows the HCAi verification interface. At the top left is a back arrow and the word "Cancel". The HCAi logo is centered at the top. Below the logo, a message states: "Verification is necessary. Please click Send button." Underneath this is the label "Email Address" followed by a text input field containing "@gmail.com". A red rectangular box highlights a blue button labeled "Send verification code". Below this button is a green rounded button labeled "Continue".

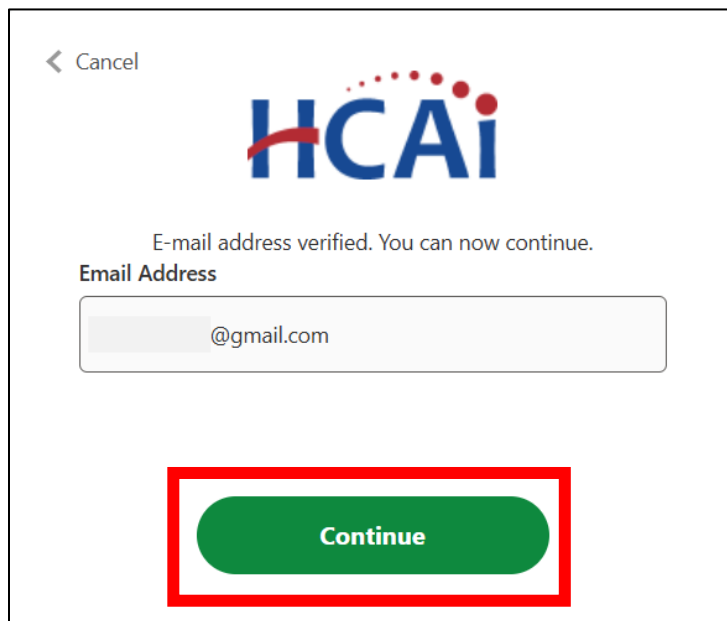
Step 12: Check the email inbox of the previously entered email, including junk mail, for the verification code and type the verification code into the verification code field.

Step 13: Click “Verify code.”



This screenshot shows the HCAi verification interface after a code has been sent. At the top left is a back arrow and the word "Cancel". The HCAi logo is centered at the top. Below the logo, a message states: "Verification code has been sent to your inbox. Please copy it to the input box below." Underneath this is the label "Email Address" followed by a text input field containing "@gmail.com". Below that is the label "Verification code" followed by a text input field containing the placeholder text "Verification code". A red rectangular box highlights a blue button labeled "Verify code", which is positioned next to another blue button labeled "Send new code". At the bottom is a green rounded button labeled "Continue".

Step 14: Click “Continue.”



< Cancel

HCAi

E-mail address verified. You can now continue.

Email Address

@gmail.com

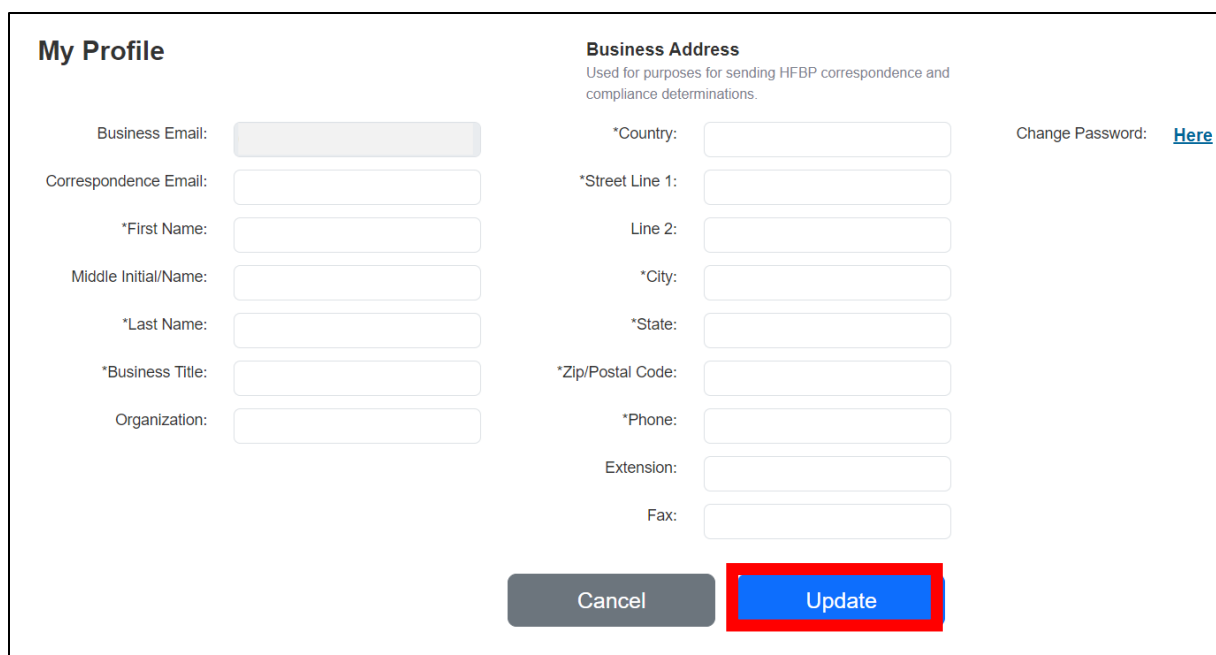
Continue

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.***



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](#)

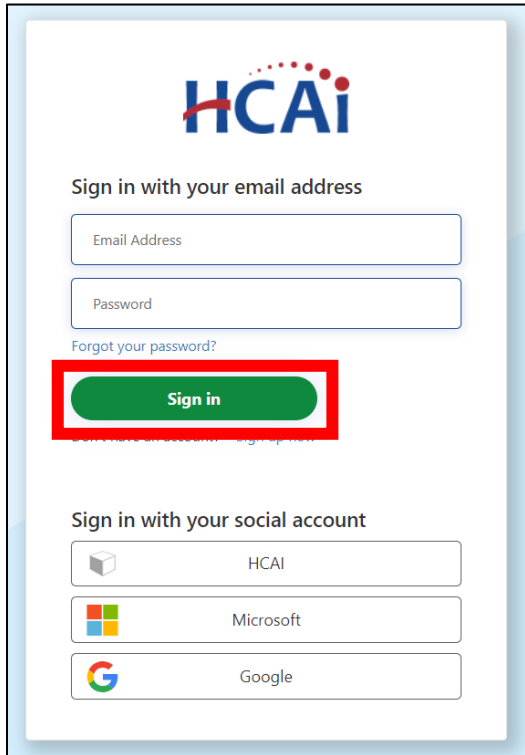
Cancel Update

How to Login

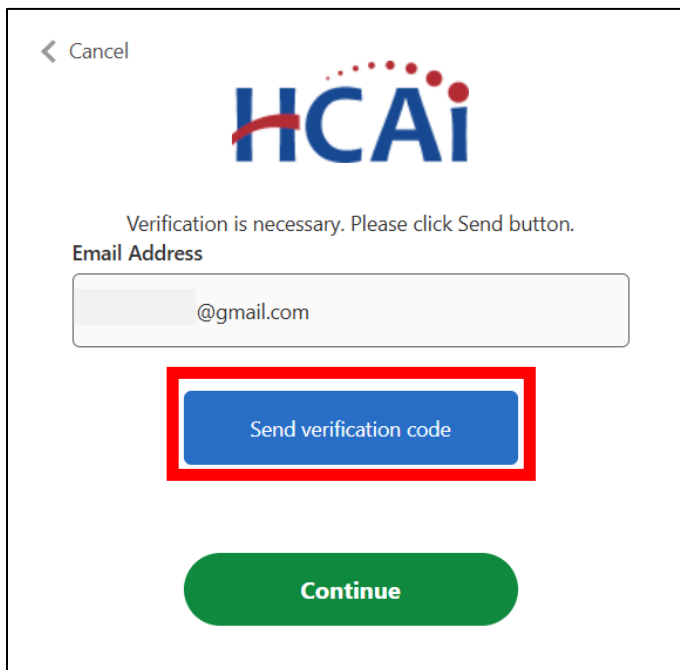
Step 1: Go to [Hospital Report Submission Portal](#) and click “Login.”

Step 2: Type in the email address and password in the corresponding fields.

Step 3: Click “Sign in.”



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.”

< Cancel

HCAi

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 7: Click “Continue.”

< Cancel

HCAi

E-mail address verified. You can now continue.

Email Address

@gmail.com

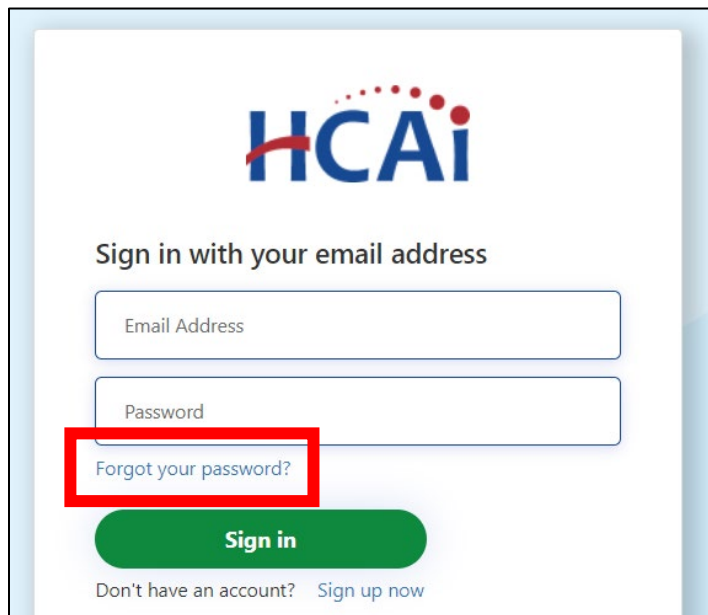
Continue

How to Recover a Forgotten Password

Step 1: Go to [Hospital Report Submission Portal](#) and click “Login.”

Step 2: Click “Forgot your password?”

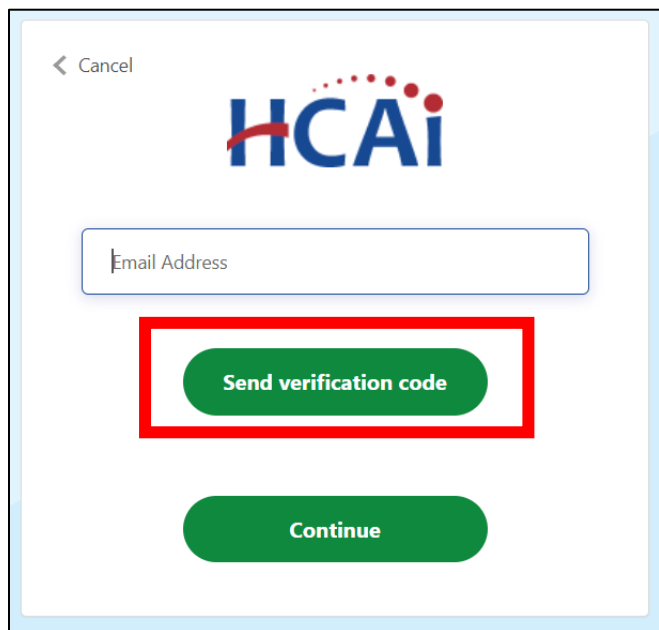
*****Please note: the system requires the user to verify the account twice. *****



The screenshot shows the HCAi login interface. At the top is the HCAi logo. Below it, the text "Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". Below the "Password" field, the link "Forgot your password?" is highlighted with a red rectangular box. At the bottom of the login area is a green "Sign in" button. Below the button, the text "Don't have an account? Sign up now" is visible.

Step 3: Type the email address used to create the account.

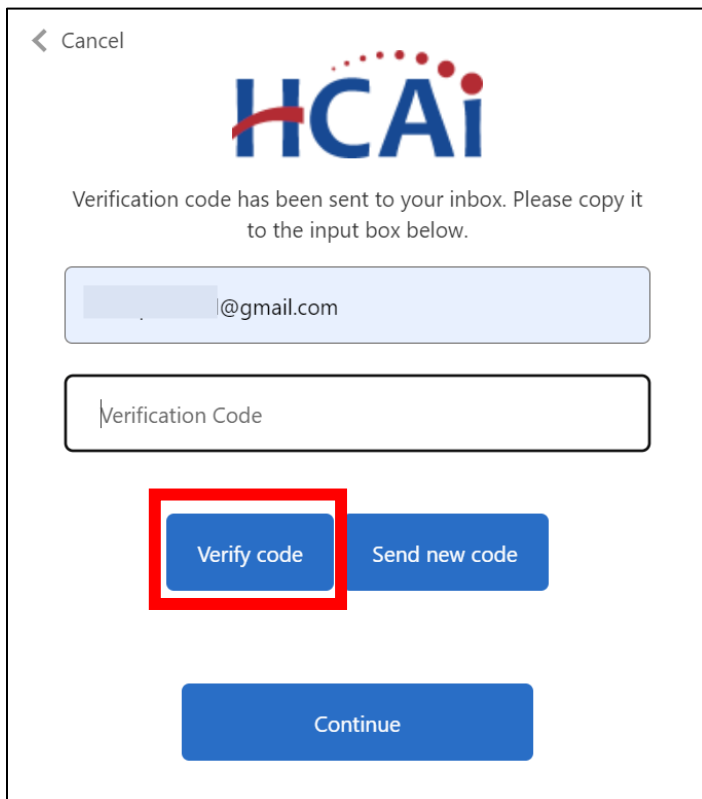
Step 4: Click “Send verification code.”



The screenshot shows the HCAi verification screen. At the top left is a "Cancel" link with a back arrow. The HCAi logo is centered at the top. Below the logo is an "Email Address" input field. Below the input field, the "Send verification code" button is highlighted with a red rectangular box. Below this button is another green button labeled "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.

[Redacted]@gmail.com

Verification Code

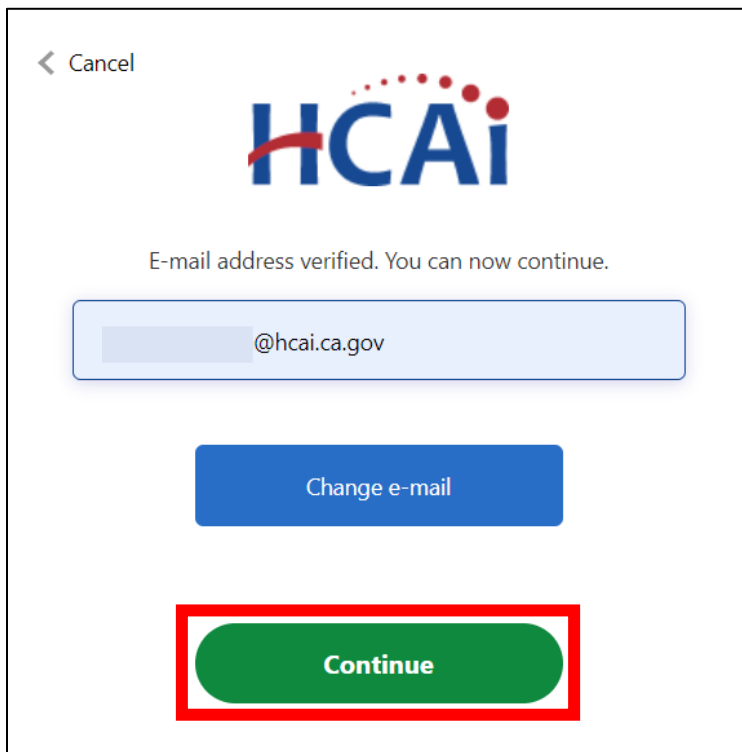
Verify code Send new code

Continue

This screenshot shows the HCAi verification interface. At the top is the HCAi logo. Below it, a message states: "Verification code has been sent to your inbox. Please copy it to the input box below." There are two input fields: the first contains a redacted email address followed by "@gmail.com", and the second is labeled "Verification Code". Below the input fields are two blue buttons: "Verify code" and "Send new code". The "Verify code" button is highlighted with a red rectangular border. At the bottom of the screen is a single blue button labeled "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.

[Redacted]@hcai.ca.gov

Change e-mail

Continue

This screenshot shows the HCAi email verification screen. At the top is the HCAi logo. Below it, a message states: "E-mail address verified. You can now continue." There is an input field containing a redacted email address followed by "@hcai.ca.gov". Below this field is a blue button labeled "Change e-mail". At the bottom of the screen is a green button labeled "Continue", which is highlighted with a red rectangular border.

Step 8: Re-enter the email address.

Step 9: Click "Send verification code."

< Cancel

HCAi

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.

< Cancel

HCAi

Verification code has been sent to your inbox. Please copy it to the input box below.

@gmail.com

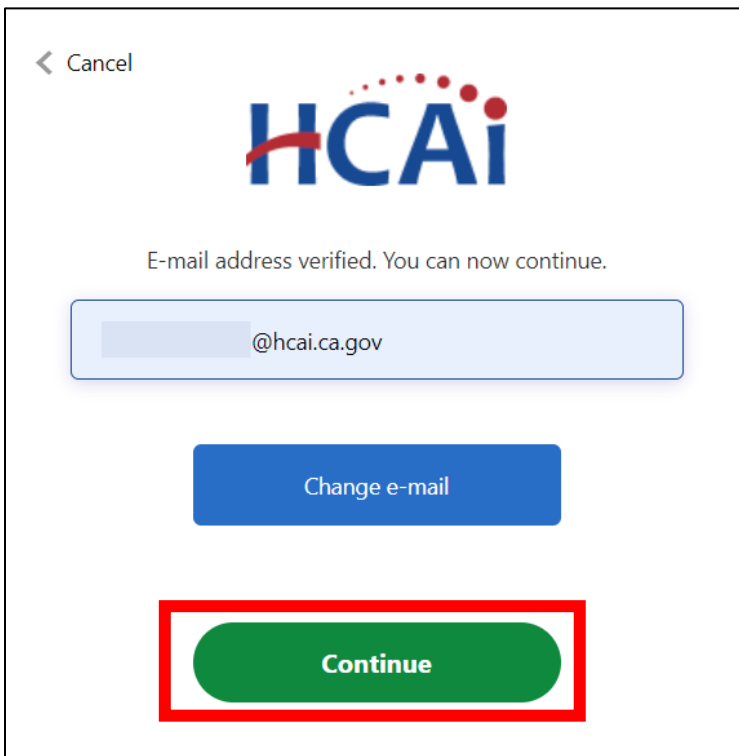
Verification Code

Verify code **Send new code**

Continue

Step 13: Click the green "Continue" button.

*****Please note: Please disregard the change email button. *****



< Cancel

HCAi

E-mail address verified. You can now continue.

@hcai.ca.gov

Change e-mail

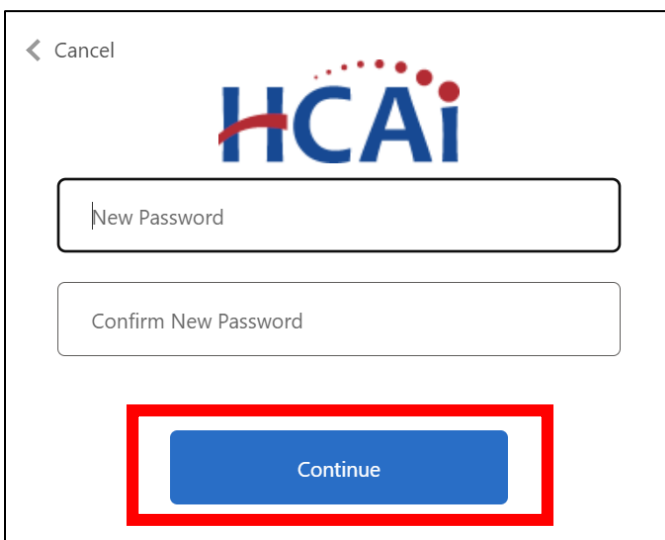
Continue

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.



< Cancel

HCAi

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.

The screenshot shows the 'Request History' section of the portal. At the top, there is a navigation bar with links: 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this, a 'Report Type' dropdown menu is highlighted with a red box. The 'Request History' table lists several requests with columns for 'Request', 'Request Date', and 'Status'. Below the table, there is a section for selecting a facility. It includes a 'Facility Name' input field, a 'Go' button, and a table with columns for 'Facility Name', 'HCAI ID', and 'Primary Contact'. The 'Primary Contact' column has checkboxes. A 'View/Edit Current Selections' button is also present. The text 'No Data to Display' is shown below the table.

Step 3: In the “Facility Name” field, type the name of the desired facility.

Step 4: Click “Go.”

The screenshot shows the facility selection process. The 'Facility Name' input field is highlighted with a red box and contains the text 'adventist'. The 'Go' button is also highlighted. Below the input field, there is a table with columns for 'Facility Name', 'HCAI ID', and 'Primary Contact'. The 'Primary Contact' column has checkboxes. A 'View/Edit Current Selections' button is also present. The text 'No Data to Display' is shown below the table.

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.***

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

Report Type: Community Benefit Plan

Facility Name: adventist Go

☐ Facility Name	HCAI ID	Primary Contact	View/Edit Current Selections
☐ ADVENTIST HEALTH SELMA	106100793	☐	
☒ ADVENTIST HEALTH AND RIDEOUT	106580996	☒	
☐ ADVENTIST HEALTH BAKERSFIELD	106150788	☐	
☒ ADVENTIST HEALTH CLEARLAKE	106171049	☐	
☒ ADVENTIST HEALTH DELANO	106150706	☐	

Step 6: Click "Next."

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

Report Type: Community Benefit Plan

Facility Name: adventist Go

☐ Facility Name	HCAI ID	Primary Contact	View/Edit Current Selections
☐ 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 >

Next

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 **Supplier Diversity Plan** for the following:

Facility Name	HCAI ID	Primary Contact
ADVENTIST HEALTH AND RIDEOUT	106580996	☐
ADVENTIST HEALTH HANFORD	106164029	☐
ADVENTIST HEALTH HOWARD MEMORIAL	106234038	☐
ADVENTIST HEALTH REEDLEY	106100797	☐

Previous Confirm

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.

 View Past Submissions Request an Extension		
Request History:		
Request	Request Date	Status
110	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. *****

 View Past Submissions Request an Extension		
Request History:		
Request	Request Date	Status
110	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!”

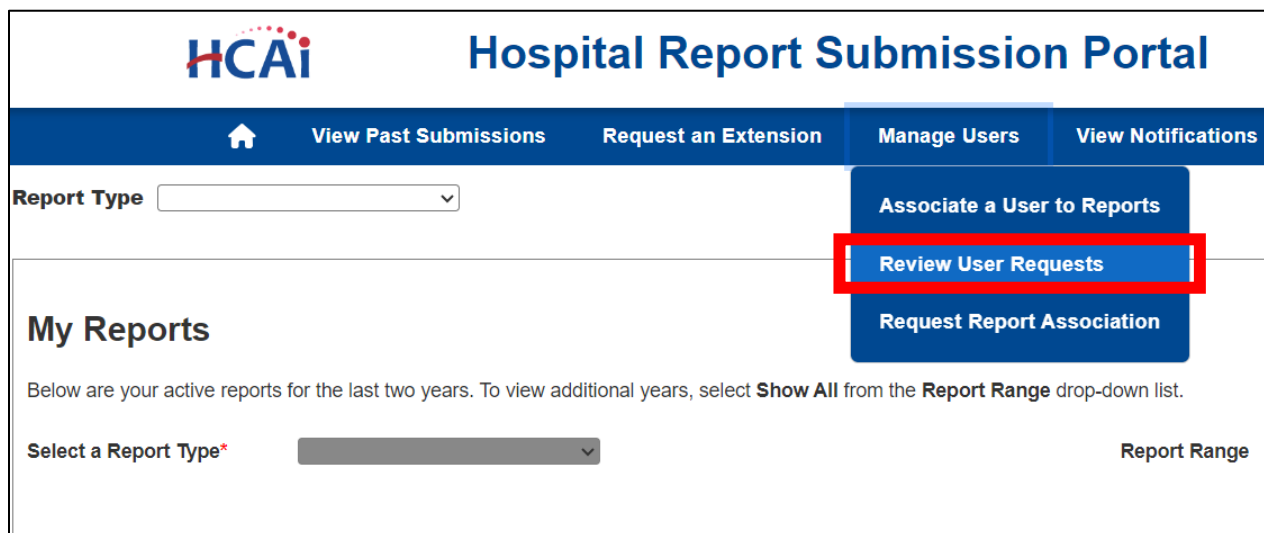
Step 9: Click “OK.”

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

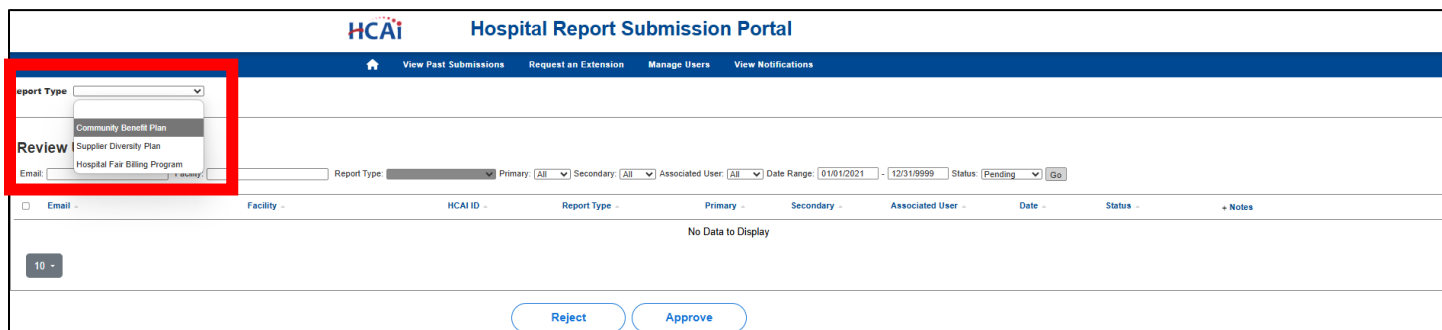
How to Approve Another User for a Facility

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.

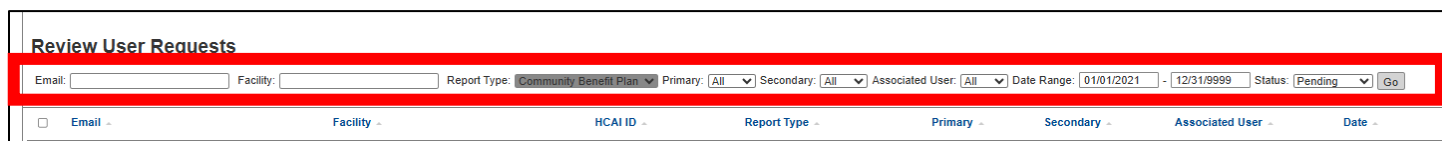


Step 3: Select the desired report type.



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. *****

Report Type: Community Benefit Plan

Review User Requests

Email: Facility: Report Type: Community Benefit Plan Primary: All Secondary: All Associated User: All Date Range: 01/01/2021 - 12/31/9999 Status: Pending Go

☐	Email	Facility	HCAI ID	Report Type	Primary	Secondary	Associated User	Date	Status	Notes
☒	@hcai.ca.gov	Adventist Health and Rideout 2	365987567	Community Benefit Plan	No	N/A	Yes	9/22/2023	Pending	

10

Reject Approve

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

Step 9: Click "Confirm."

Review Approval:

The following user(s) will be associated to the facility(ies), report types, and assigned as primary or secondary contacts:

Email	Facility Name	HCAI ID	Report Type	User Type
@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.”

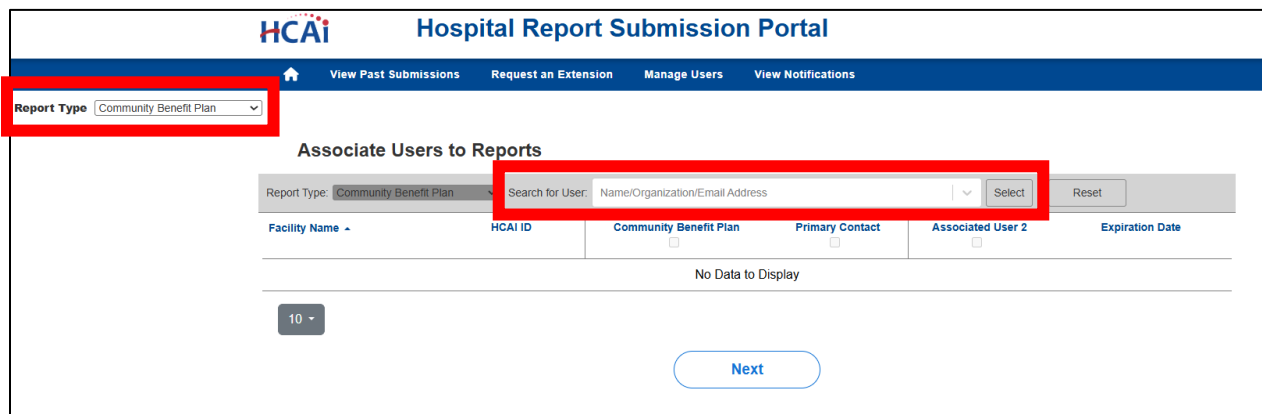


The screenshot shows the HCAI Hospital Report Submission Portal. The top navigation bar includes links for Home, View Past Submissions, Request an Extension, Manage Users, and View Notifications. The 'Manage Users' link is highlighted with a red box. Below the navigation bar, there is a 'Report Type' dropdown menu set to 'Community Benefit Plan'. On the right side, a sidebar contains three buttons: 'Associate a User to Reports' (highlighted with a red box), 'Review User Requests', and 'Request Report Association'. The main content area is titled 'My Reports' and includes a note about active reports for the last two years.

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.”



The screenshot shows the 'Associate Users to Reports' page. The 'Report Type' dropdown menu is set to 'Community Benefit Plan' and is highlighted with a red box. Below it, there is a 'Search for User' section with a dropdown menu for 'Name/Organization/Email Address' and a 'Select' button, both highlighted with a red box. Below the search section, there are checkboxes for 'Primary Contact' and 'Associated User 2'. The page also includes a 'Reset' button and a 'Next' button at the bottom.

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. *****

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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.”

Associate Users to Reports

Report Type: Community Benefit Plan
Search for User: COLBY JOHNSON, HCAI

Select

Reset

Facility Name	HCAI ID	Community Benefit Plan Select All	Primary Contact Select All	Expiration Date
ADVENTIST HEALTH GLENDALE	106190323	☒	☒	
ADVENTIST HEALTH SELMA	106100793	☒	☒	
BAKERSFIELD MEMORIAL HOSPITAL	106150722	☒	☒	
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	106190522	☒	☒	
RADY CHILDREN'S HOSPITAL - SAN DIEGO	106370673	☐	☐	

10

1

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.

The screenshot shows the 'Hospital Report Submission Portal' interface. At the top, there's a navigation bar with links: 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this, the 'Report Type' dropdown menu is open, showing three options: 'Community Benefit Plan', 'Supplier Diversity Plan', and 'Hospital Fair Billing Program'. The main content area has a 'Select a Report Type*' dropdown and a 'Report Range' dropdown set to 'Show Last 2 Years'. Below these, a table header is visible with columns: 'Report Type', 'Year', 'Facility', 'HCAI ID', 'Status', 'RPE Date', 'Due Date', 'Last Updated', and 'Actions'. The table body currently displays 'No Data to Display'.

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.

The screenshot shows the 'My Reports' section of the portal. The 'Report Type' is set to 'Community Benefit Plan' and the 'Report Range' is 'Show Last 2 Years'. Below this, a table displays the following data:

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	☒
Community Benefit Plan	2024	Adventist Health and Rideout 2	365987567	Pending	12/31/2024	05/30/2025		☒
Community Benefit Plan	2024	ADVENTIST HEALTH SELMA	106100793	Pending	12/31/2024	05/30/2025		☒

How to Request an Extension

Step 1: Go to [Hospital Report Submission Portal](#), and sign in.

Step 2: Click “Request and Extension.”

HCAI Hospital Report Submission Portal

Home View Past Submissions **Request an Extension** Manage Users View Notifications

Report Type

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

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

HCAI Hospital Report Submission Portal

Home View Past Submissions Request an Extension Manage Users View Notifications

Report Type

Request an Extension

Community Benefit Plan
Supplier Diversity Plan
Hospital Fair Billing Program

Select Report Type

Create Request

☐	Report 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

Home View Past Submissions Request an Extension Manage Users View Notifications

Report Type

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 the **Select All** checkbox. Once you have selected reports, click on the **Create Request** button.

Select Report Type

☐

☐	Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date
☒	Community Benefit Plan	2025	BARTON MEMORIAL HOSPITAL	106090793	Pending	03/06/2025	08/03/2025

10 1

Create Request

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

Request an Extension

I hereby 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

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

View Past Submissions

Request an Extension

Manage Users

View Notifications

Report 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 the **Select All** checkbox. Once you have selected reports, click on the **Create Request** button.

Select Report Type Community Benefit Plan

Create Request

☐	Report Type -	Year -	Facility -	HCAI ID -	Status -	RPE Date -	Due Date -
☐	Community Benefit Plan	2025	BARTON MEMORIAL HOSPITAL	106090793	Extension	03/06/2025	10/02/2025

10

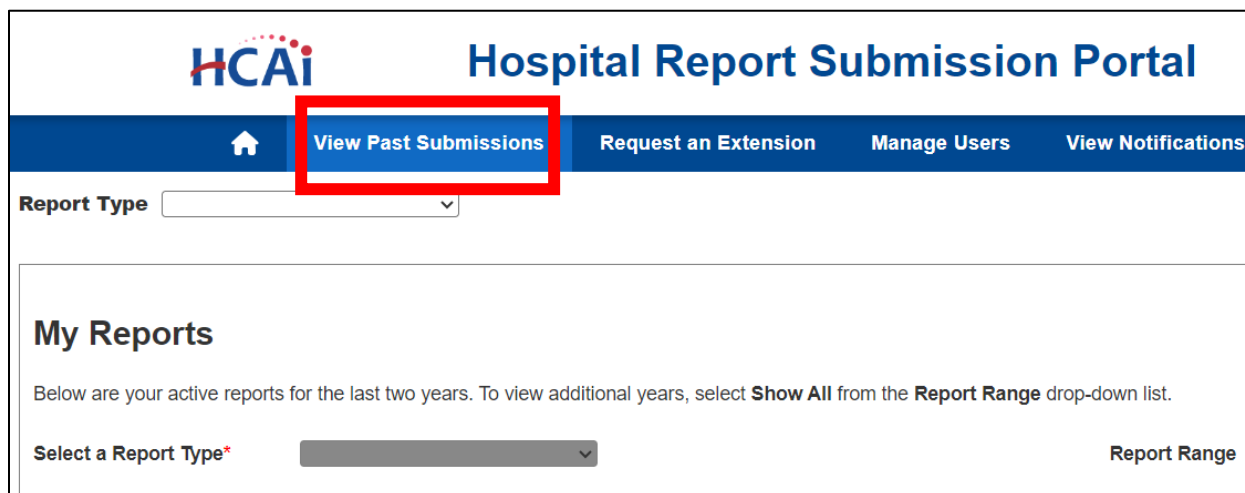
1

*****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 [California Code of Regulations § 95105](#) for extension requests. *****

How to View Past Submissions

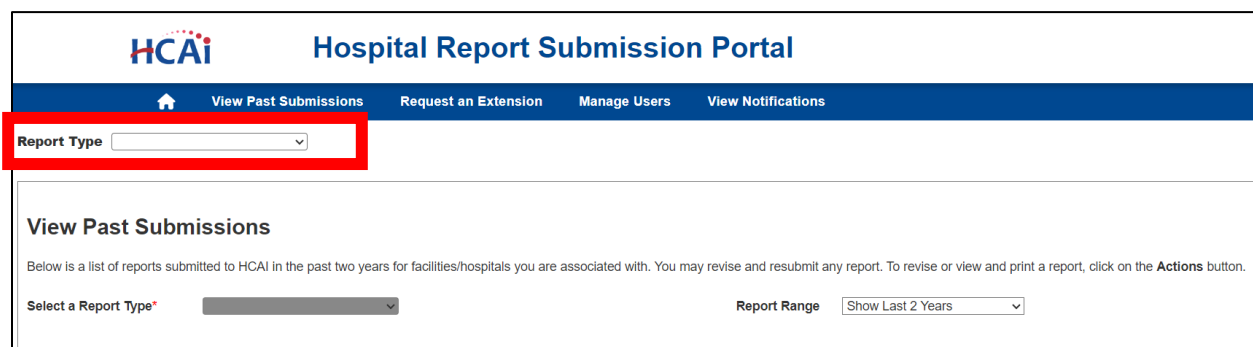
Step 1: Go to [Hospital Report Submission Portal](#), and sign in.

Step 2: Click “View Past Submissions.”



The screenshot shows the top of the portal with the HCAI logo and the title 'Hospital Report Submission Portal'. A navigation bar contains links: Home, View Past Submissions (highlighted with a red box), Request an Extension, Manage Users, and View Notifications. Below the navigation bar is a 'Report Type' dropdown menu. The main content area is titled 'My Reports' and includes instructions about active reports and a 'Report Range' dropdown.

Step 3: Select the desired report type.

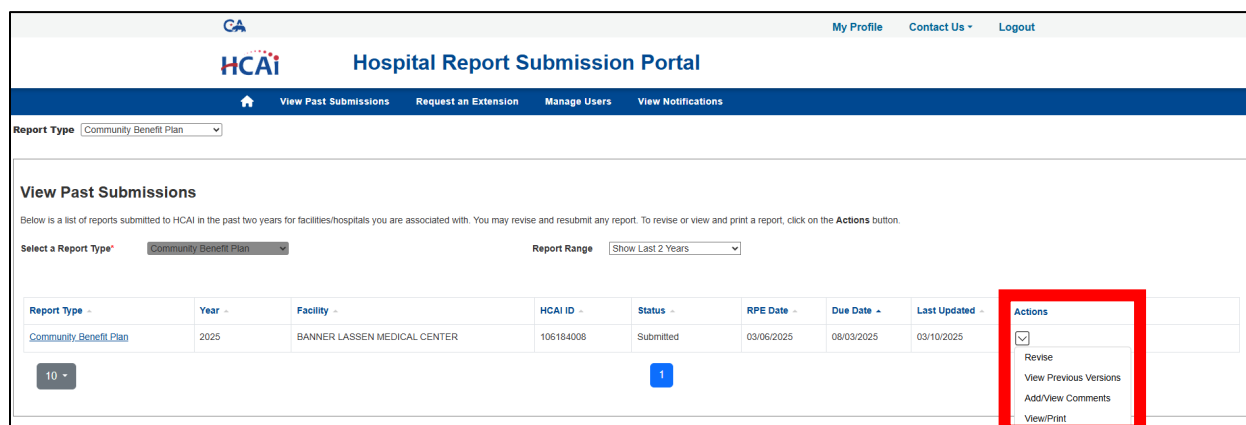


This screenshot shows the 'View Past Submissions' page. The 'Report Type' dropdown menu is highlighted with a red box. The page includes instructions about the list of reports and a table with columns for Report Type, Year, Facility, HCAI ID, Status, RPE Date, Due Date, Last Updated, and Actions. The 'Report Range' is set to '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.”



This screenshot shows the 'View Past Submissions' page with a list of reports. The 'Report Type' is set to 'Community Benefit Plan' and the 'Report Range' is 'Show Last 2 Years'. The table lists reports with columns: Report Type, Year, Facility, HCAI ID, Status, RPE Date, Due Date, Last Updated, and Actions. The first report is highlighted. The 'Actions' dropdown menu for the first report is highlighted with a red box, showing options: Revise, View Previous Versions, Add/View Comments, and View/Print.

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
Community Benefit Plan	2025	BANNER LASSEN MEDICAL CENTER	106184008	Submitted	03/06/2025	08/03/2025	03/10/2025	✓ Revise View Previous Versions Add/View Comments 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

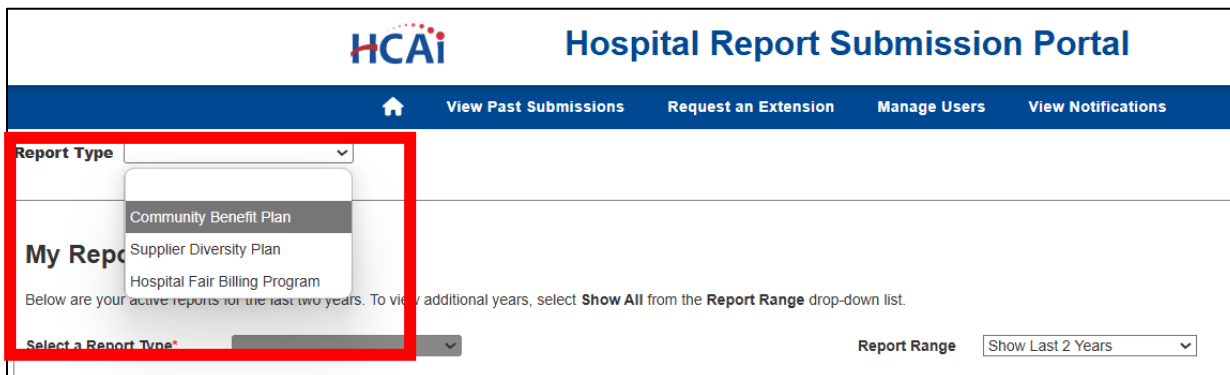
Other relevant information to the hospital's Community Benefits Plan not otherwise captured: [\[Please take this opportunity to add any information to be shared with the public about the Community Benefits Plan report. All information provided will be made available to the public.\]](#)

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

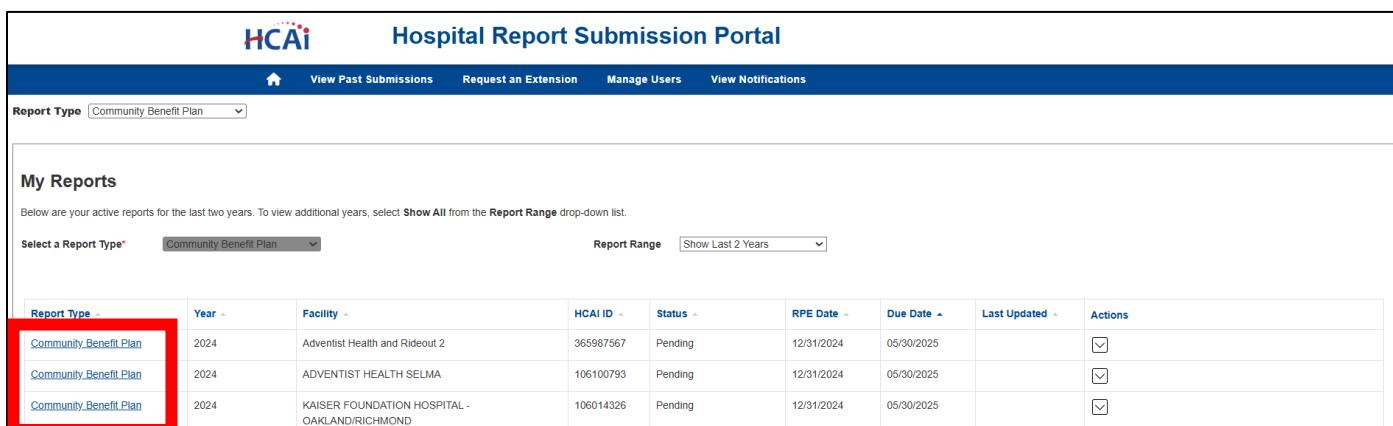
Step 1: Go to [Hospital Report Submission Portal](#), and sign in.

Step 2: Click on “Report type” and select “Community Benefits Plan.”



The screenshot shows the 'Hospital Report Submission Portal' interface. The 'Report Type' dropdown menu is open, displaying three options: 'Community Benefit Plan', 'Supplier Diversity Plan', and 'Hospital Fair Billing Program'. The 'Community Benefit Plan' option is highlighted. Below the dropdown, the text 'My Reports' is visible, followed by a note: 'Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.' The 'Report Range' dropdown is set to 'Show Last 2 Years'.

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



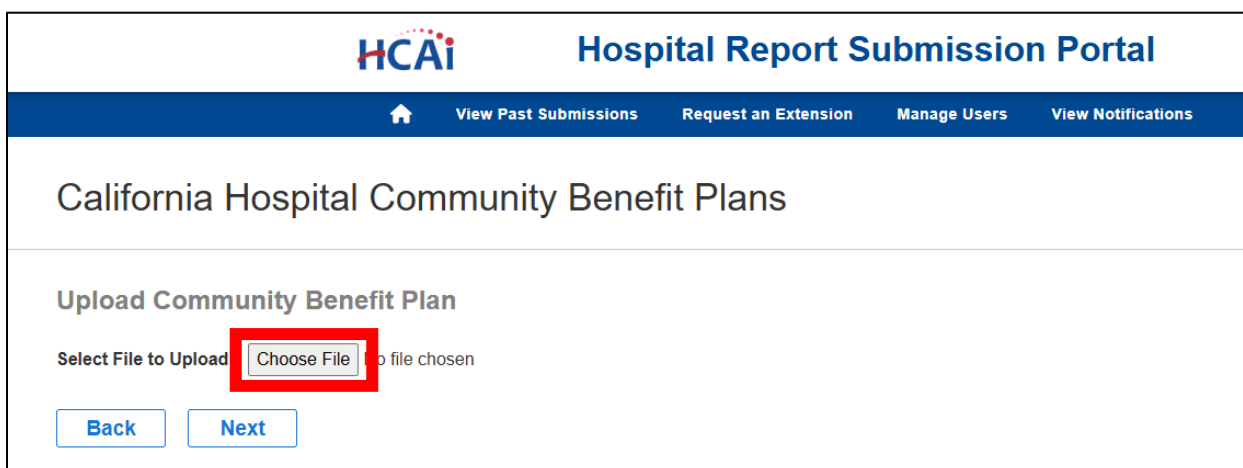
The screenshot shows the 'Hospital Report Submission Portal' interface with the 'Report Type' dropdown set to 'Community Benefit Plan'. Below the dropdown, the text 'My Reports' is visible, followed by a note: 'Below are your active reports for the last two years. To view additional years, select Show All from the Report Range drop-down list.' The 'Report Range' dropdown is set to 'Show Last 2 Years'.

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
Community Benefit Plan	2024	Adventist Health and Rideout 2	365987567	Pending	12/31/2024	05/30/2025		☐
Community Benefit Plan	2024	ADVENTIST HEALTH SELMA	106100793	Pending	12/31/2024	05/30/2025		☐
Community Benefit Plan	2024	KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	106014326	Pending	12/31/2024	05/30/2025		☐

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.

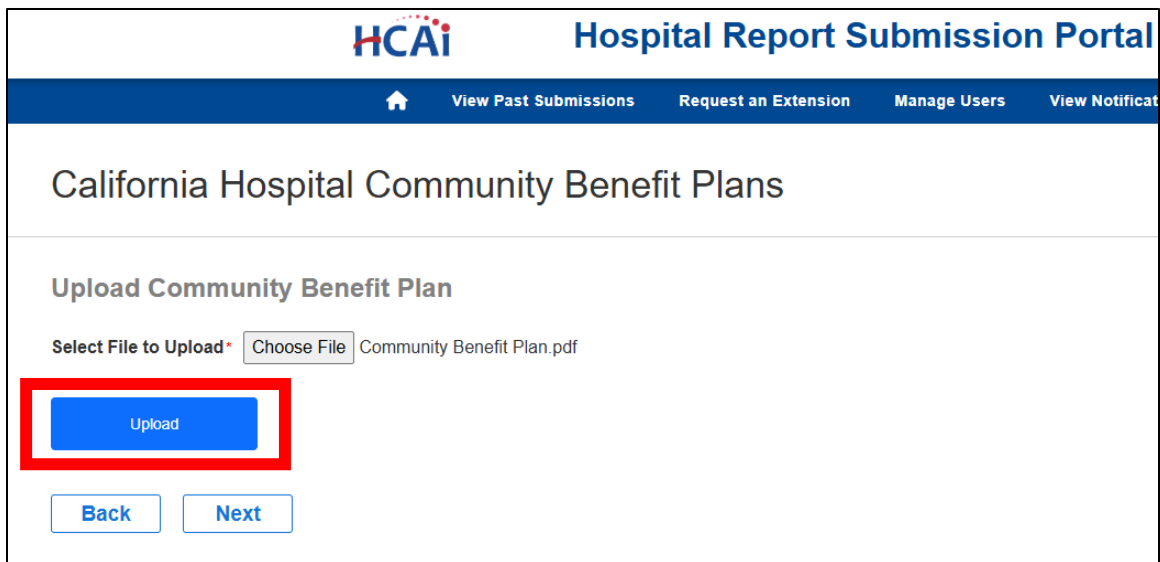
Step 5: Upload the facility’s Community Benefits Plan file.

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



The screenshot shows the 'Hospital Report Submission Portal' interface. The 'Upload Community Benefit Plan' section is visible, with the text 'Select File to Upload' and a 'Choose File' button. Below the button, the text 'No file chosen' is displayed. The 'Back' and 'Next' buttons are also visible.

Step 7: Select “Upload.”



The screenshot shows the 'Hospital Report Submission Portal' for 'California Hospital Community Benefit Plans'. The page has a blue header with the HCAi logo and navigation links: Home, View Past Submissions, Request an Extension, Manage Users, and View Notifications. The main heading is 'California Hospital Community Benefit Plans'. Below it, the section is 'Upload Community Benefit Plan'. There is a 'Select File to Upload' label, a 'Choose File' button, and the text 'Community Benefit Plan.pdf'. A blue 'Upload' button is highlighted with a red rectangular box. At the bottom, there are 'Back' and 'Next' buttons.

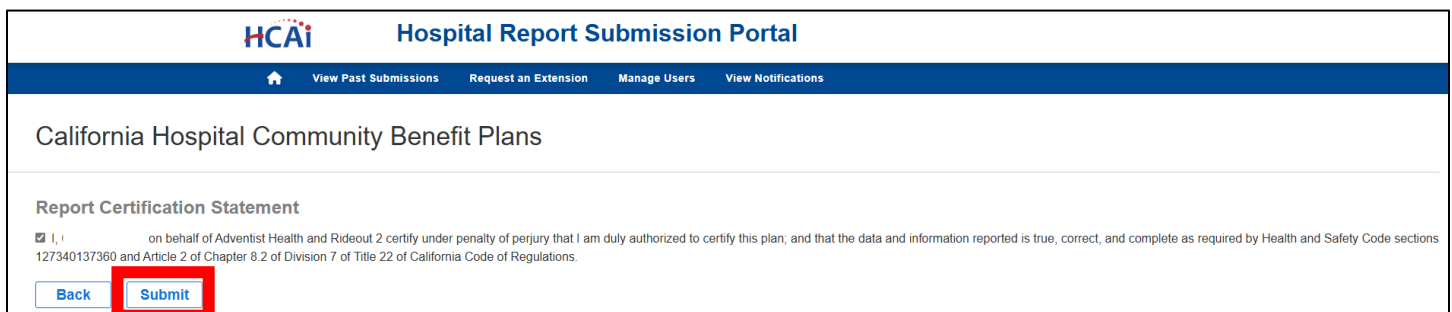
Step 8: Select “Next.”



The screenshot shows the same portal as Step 7. The 'Upload' button is no longer highlighted. Instead, the 'Next' button at the bottom is highlighted with a red rectangular box. The page content is identical to Step 7, but the 'Current Uploaded File' is now 'Community Benefit Plan.pdf'.

Step 9: Check the Report Certification Statement box.

Step 10: Click “Submit”



The screenshot shows the 'Report Certification Statement' step. The page has the same header and main heading as the previous steps. Below the heading, there is a 'Report Certification Statement' section. It contains a checkbox labeled 'I, ' on behalf of Adventist Health and Rideout 2 certify under penalty of perjury that I am duly authorized to certify this plan; and that the data and information reported is true, correct, and complete as required by Health and Safety Code sections 127340137360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of California Code of Regulations.' The 'Submit' button is highlighted with a red rectangular box. There are also 'Back' and 'Submit' buttons at the bottom.

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.”

The screenshot shows the top navigation bar of the Hospital Report Submission Portal. The 'View Past Submissions' button is highlighted with a red box. Below the navigation bar, there is a 'Report Type' dropdown menu and a 'My Reports' section with a 'Select a Report Type' dropdown and a 'Report Range' dropdown.

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

The screenshot shows the 'View Past Submissions' section of the Hospital Report Submission Portal. The 'Report Type' dropdown menu is highlighted with a red box. Below the dropdown, there is a 'Select a Report Type' dropdown and a 'Report Range' dropdown set to '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 ^	Type	HCAI ID ^	Status ^	RPE Date ^	Due Date ^	Last Updated ^	Actions
Community Benefit Plan	2024	ADVENTIST HEALTH AND RIDEOUT		106580996	Complete	12/31/2024	05/30/2025	02/25/2025	☒ Revise View Previous Versions Add/View Comments View/Print
Community Benefit Plan	2024	Adventist Health and Rideout 2		365987567	Complete	12/31/2024	05/30/2025	02/25/2025	
Community Benefit Plan	2024	ADVENTIST HEALTH SELMA		106100793	Submitted	12/31/2024	05/30/2025	02/25/2025	

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. *****

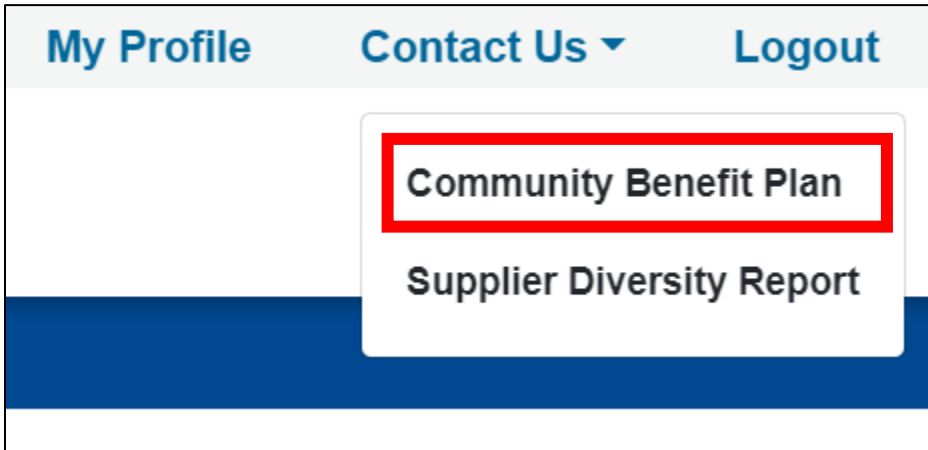
Who to Contact with Program Specific Questions

*****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.