

# Hospital Disclosures and Compliance System & Hospital Supplier Diversity Report Resource Manual



## **NOTICE**

This Hospital Disclosures and Compliance System & Hospital Supplier Diversity Report Resource Manual, Version 2.1, November 2022, consists of discussion and comments related to the Hospital Disclosures and Compliance System and Hospital Supplier Diversity Report. 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 in 2022 the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development, has changed from submitting reports via email to now utilizing the Hospital Disclosures and Compliance (HDC) System. The HDC System will collect Hospital Supplier Diversity Reports.

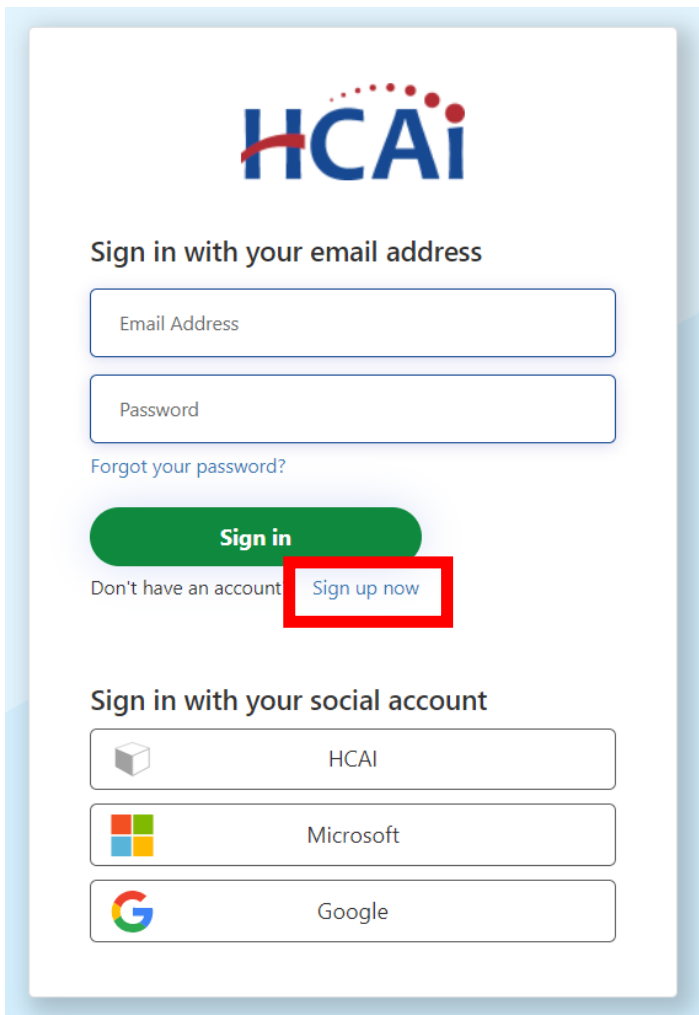
## How to Create an Account

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 is the heading "Sign in with your email address". 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 "Forgot your password?" link. Below the "Sign in" button, the text "Don't have an account" is followed by a blue "Sign up now" link, which is highlighted with a red rectangular box. Below this section is the heading "Sign in with your social account". There are three buttons for social login: "HCAi" (with a cube icon), "Microsoft" (with the Microsoft logo), and "Google" (with the Google logo).

Step 4: Type in your email address.

Step 5: Click "Send verification code."

The screenshot shows the HCAi registration interface. At the top left is a '< Cancel' link. The HCAi logo is centered at the top. Below the logo are three input fields: 'Email Address', 'New Password', and 'Confirm New Password'. A green button labeled 'Send verification code' is positioned between the 'Email Address' and 'New Password' fields and is highlighted with a red rectangular border.

Step 6: Check your email inbox or junk mail for the verification code and type it into the verification code field.

Step 7: Click “Verify code.”

The screenshot shows the HCAi verification screen. At the top left is a '< Cancel' link. The HCAi logo is centered at the top. Below the logo is a message: 'Verification code has been sent to your inbox. Please copy it to the input box below.' There are two input fields: the first contains the email address 'sampleemail@gmail.com' and the second is labeled 'Verification Code'. At the bottom, there are two blue buttons: 'Verify code' and 'Send new code'. The 'Verify code' button is highlighted with a red rectangular border.

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

Step 9: Type your first name for the “Display Name” and “Given Name” fields then type your last name for the “Surname” field.

Step 10: Click “Create.”

Display Name

Given Name

Surname

**Create**

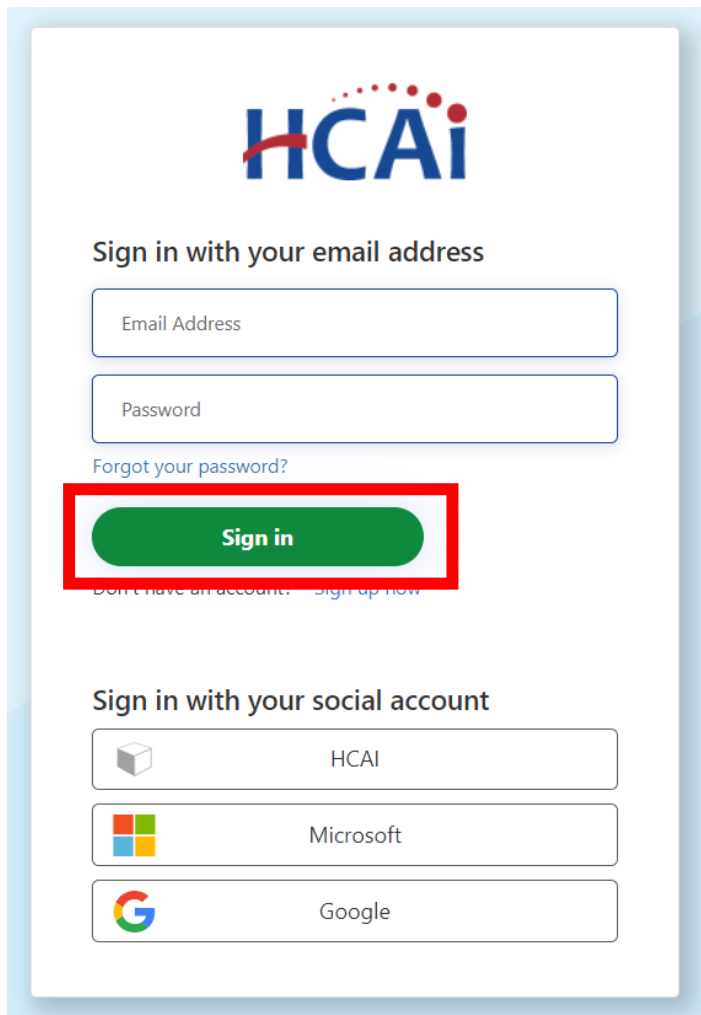
## How to Login

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

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

Step 3: Click “Sign in.”

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



**HCAI**

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

**Sign in**

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

Sign in with your social account

HCAI

Microsoft

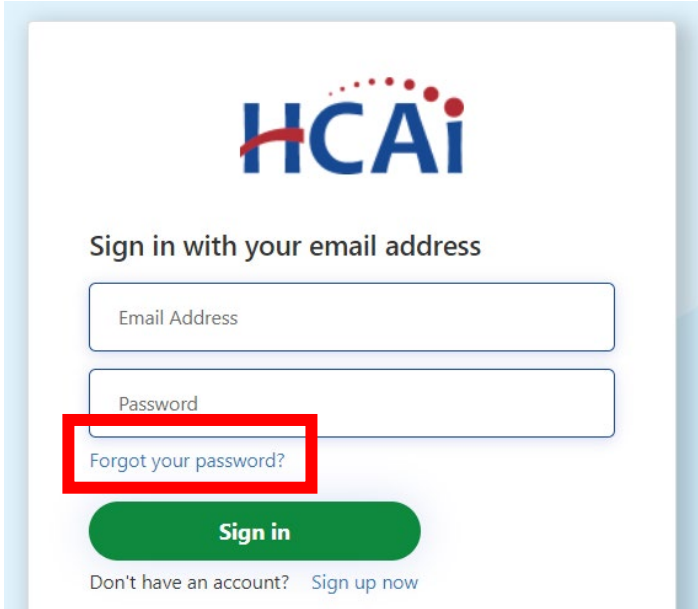
Google



## How to Recover a Forgotten Password

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

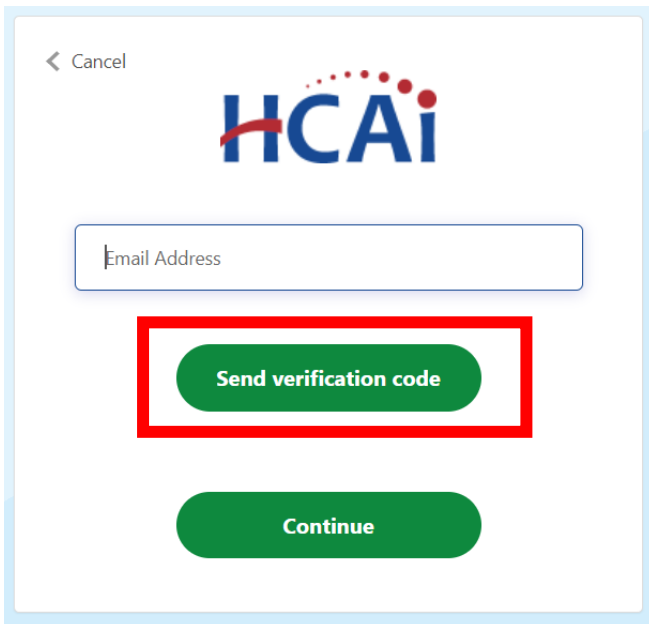
Step 2: Click “Forgot your password?”



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

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

Step 4: Click “Send verification code.”



The screenshot shows the HCAi verification code screen. At the top left is a back arrow and the word "Cancel". The HCAi logo is centered at the top. Below the logo is an "Email Address" input field. A red rectangular box highlights the "Send verification code" button, which is green with white text. Below this button is another green button labeled "Continue".

Step 5: Check your email inbox or junk mail for the verification code and type it 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.

sampleemail@gmail.com

Verification Code

Verify code Send new code

Continue

Step 7: After your email address is verified click “Continue.”

Step 8: Create a password and confirm the password.

Step 9: Click “Continue” you will be signed into your account and redirected to the reporting homepage.

< Cancel

**HCAi**

New Password

Confirm New Password

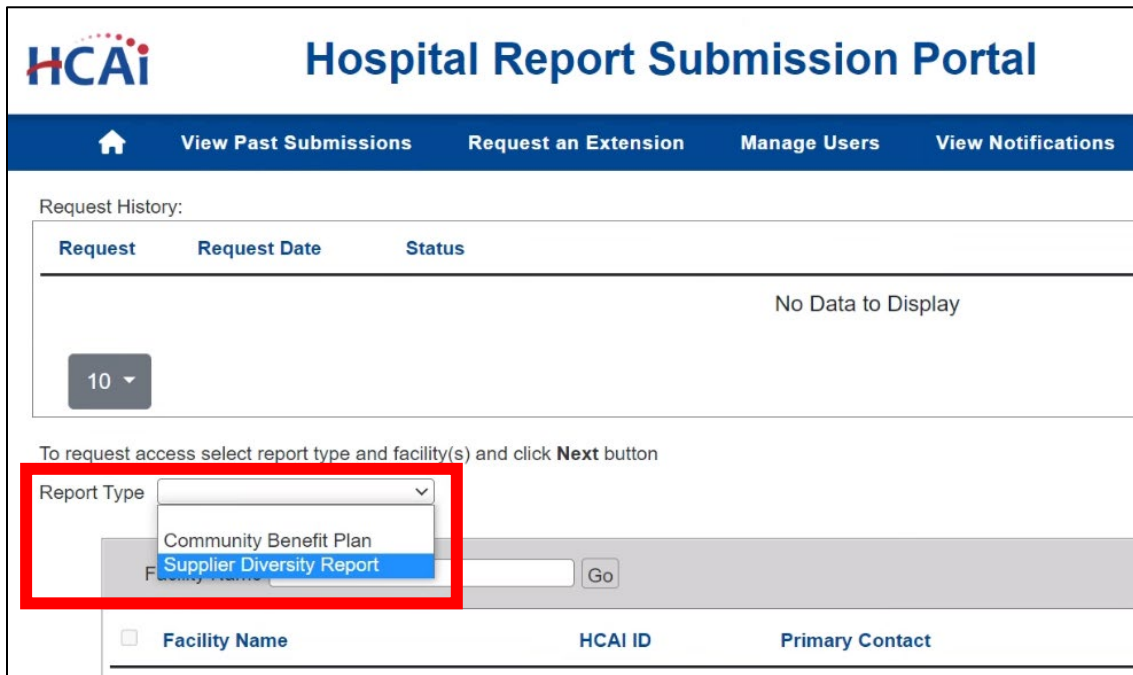
Continue

## How to Associate to a Facility

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

**\*\*\*Please Note: If already associated to a facility and need to associate to more, click “Manage Users” and then click “Request Report Association.”\*\*\***

Step 2: Choose a report type from the drop-down menu.



HCAI Hospital Report Submission Portal

View Past Submissions Request an Extension Manage Users View Notifications

Request History:

Request	Request Date	Status
No Data to Display		

10

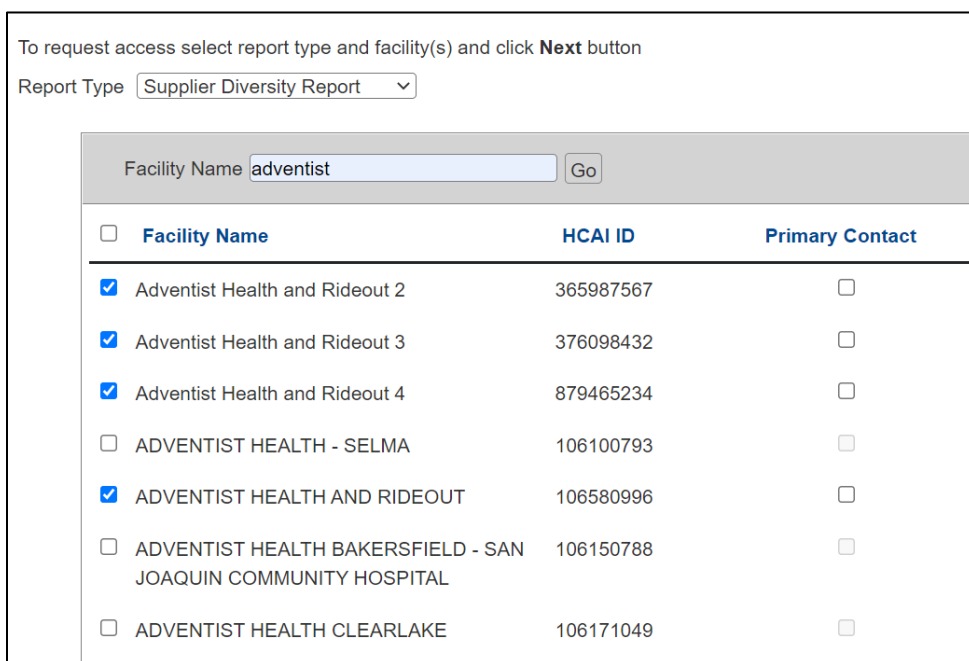
To request access select report type and facility(s) and click **Next** button

Report Type

<input type="checkbox"/> Facility Name	HCAI ID	Primary Contact
--	---------	-----------------

Step 3: Type the name of the facility you would like to be associate to in the facility name field.

Step 4: Click “Go.”



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

Report Type

Facility Name

<input type="checkbox"/> Facility Name	HCAI ID	Primary Contact
<input checked="" type="checkbox"/> Adventist Health and Rideout 2	365987567	<input type="checkbox"/>
<input checked="" type="checkbox"/> Adventist Health and Rideout 3	376098432	<input type="checkbox"/>
<input checked="" type="checkbox"/> Adventist Health and Rideout 4	879465234	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH - SELMA	106100793	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH BAKERSFIELD - SAN JOAQUIN COMMUNITY HOSPITAL	106150788	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH CLEARLAKE	106171049	<input type="checkbox"/>

Step 5: Select the box to the left of any facilities you would like to be associated with (when selected a checkmark will appear in the box).

**\*\*\*Please Note: Only check the “Primary Contact” box if you are 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 report. An associated user is anyone within a facility who has authorization to submit a report.\*\*\***

Step 6: Click “Next.”

Step 7: Review the facilities in the pop-up window.

Step 8: Click “Confirm” if facilities listed are correct.

Facility Name	HCAI ID	Primary Contact
Adventist Health and Rideout 2	365987567	<input type="checkbox"/>
Adventist Health and Rideout 3	376098432	<input type="checkbox"/>
Adventist Health and Rideout 4	879465234	<input type="checkbox"/>
ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>

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


Step 10: Click “OK.”

Step 11: Your facility request will appear on the table at the top of the page.

 [View Past Submissions](#) [Request an Extension](#)

Request History:

Request	Request Date	Status
<a href="#">110</a>	04/07/2022	Open

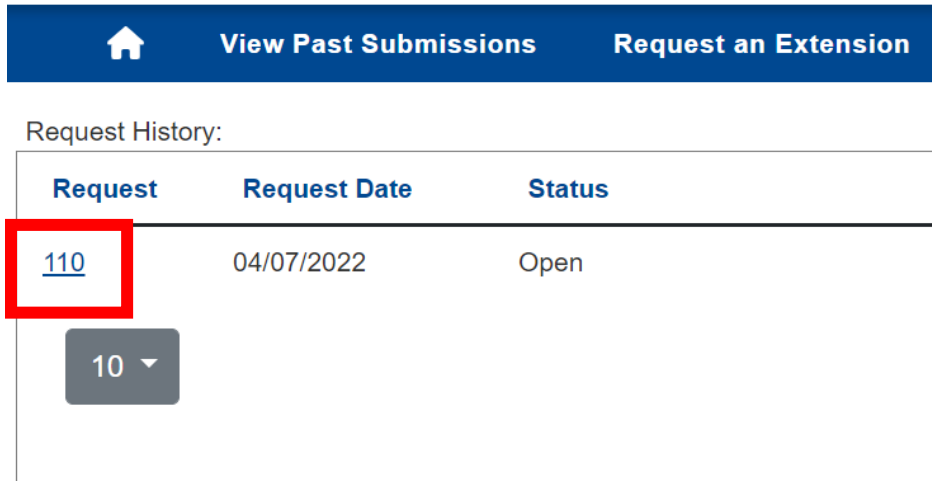


## How to Cancel a Request to Associate to a Facility

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

Step 2: Click on the request number that you would like to cancel.

**\*\*\*Please Note: You can only cancel requests with an open status.\*\*\***



The screenshot shows a navigation bar with a home icon, 'View Past Submissions', and 'Request an Extension'. Below is a 'Request History' section with a table:

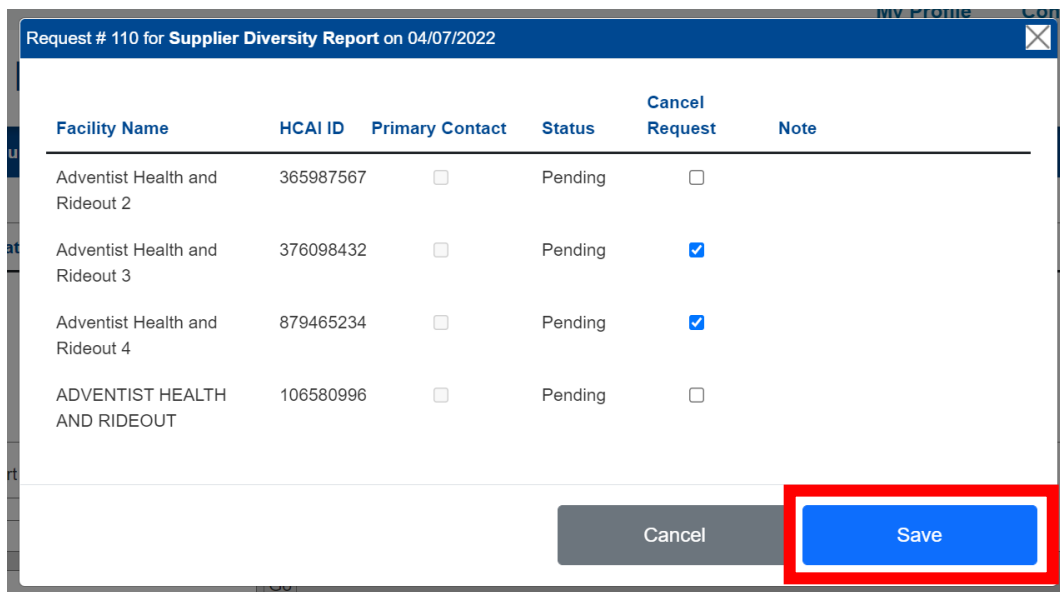
Request	Request Date	Status
<a href="#">110</a>	04/07/2022	Open

Below the table is a dropdown menu showing '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 you would like to cancel your association request (when selected a checkmark will appear in the box).

Step 5: Click "Save."



The screenshot shows a pop-up window titled 'Request # 110 for Supplier Diversity Report on 04/07/2022'. It contains a table with the following data:

Facility Name	HCAI ID	Primary Contact	Status	Cancel Request	Note
Adventist Health and Rideout 2	365987567	<input type="checkbox"/>	Pending	<input type="checkbox"/>	
Adventist Health and Rideout 3	376098432	<input type="checkbox"/>	Pending	<input checked="" type="checkbox"/>	
Adventist Health and Rideout 4	879465234	<input type="checkbox"/>	Pending	<input checked="" type="checkbox"/>	
ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>	Pending	<input type="checkbox"/>	

At the bottom of the window are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red box.

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 you click on the request number, the facilities you canceled will show their status as "Canceled" and no longer "Pending."\*\*\***

Request # 110 for Supplier Diversity Report on 04/07/2022



Facility Name	HCAI ID	Primary Contact	Status	Cancel Request	Note
Adventist Health and Rideout 2	365987567	<input type="checkbox"/>	Pending	<input type="checkbox"/>	
Adventist Health and Rideout 3	376098432	<input type="checkbox"/>	Canceled	<input checked="" type="checkbox"/>	
Adventist Health and Rideout 4	879465234	<input type="checkbox"/>	Canceled	<input checked="" type="checkbox"/>	
ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>	Pending	<input type="checkbox"/>	

Cancel

Save

## How to Approve Another User for a Facility

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

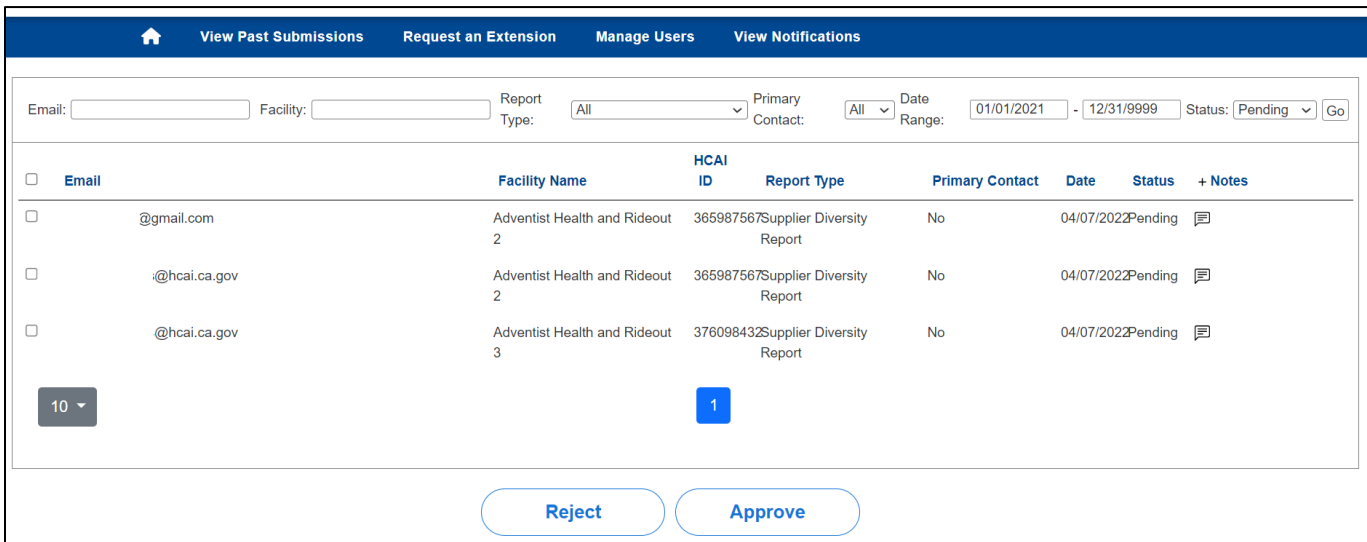
Step 2: Click “Manage Users” then click “Review User Requests” from the drop-down menu.



Step 3: Search by typing either the email of the person who’s request you want to approve or the facility name.

Step 4: Click “Go.”

**\*\*\*Please Note: emails have been redacted for privacy. You can only see requests for the facilities you are associated with. If your account is not associated to a facility, you will not see any requests for that facility.\*\*\***



Step 5: Select the box to the left of any user’s email you would like to approve (when selected a checkmark will appear in the box).

Step 6: Click “Approve.”

**Review Approval:**

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

Email	Facility Name	HCAI ID	Report Type	Primary Contact
@gmail.com	Adventist Health and Rideout 2	365987567	Supplier Diversity Report	No

The following user(s) will be replaced the current primary contact for the facility(s) and report type(s):

Email	Facility Name	HCAI ID	Report Type	Primary Contact
No Data to Display				

Step 7: A pop-up window will appear for you to review your approval.

Step 8: Click "Confirm."

Step 9: A pop-up window will appear that states "Do you want to approve these requests?"

Step 10: Click "Save."

Step 11: A pop-up window will appear that states "All Selected Items Approved Successfully!"

Step 12: Click "OK."



# How to Review Facility Status and Submission Due Date

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

Step 2: Click “Request and Extension.”

The screenshot shows the top navigation bar of the Hospital Report Submission Portal. The 'Request an Extension' button is highlighted with a red box. Below the navigation bar, the 'My Reports' section is visible, including a heading, a paragraph of instructions, and radio buttons for report types: 'Supplier Diversity Report', 'Community Benefit Plan', and 'All' (which is selected). A dropdown menu for 'Show Last 2 Years' is also present.

Step 3: Choose a report type from the drop-down menu.

The screenshot shows the 'Request an Extension' page. The 'Select Report Type' dropdown menu is highlighted with a red box. Below the dropdown, there is a 'Create Request' button and a table with columns: Report Type, Year, Facility, HCAI ID, Status, Due Date, Last Updated, and Username.

<input type="checkbox"/>	Report Type	Year	Facility	HCAI ID	Status	Due Date	Last Updated	Username
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Step 4: All facilities you are associated with for the report type selected will appear. The status and due dates are visible under the status and due date columns.



## Request an Extension

Only one extension is allowed for each report as follows: Supplier Diversity Reports = 30-day extension and Community Benefit Plans = 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

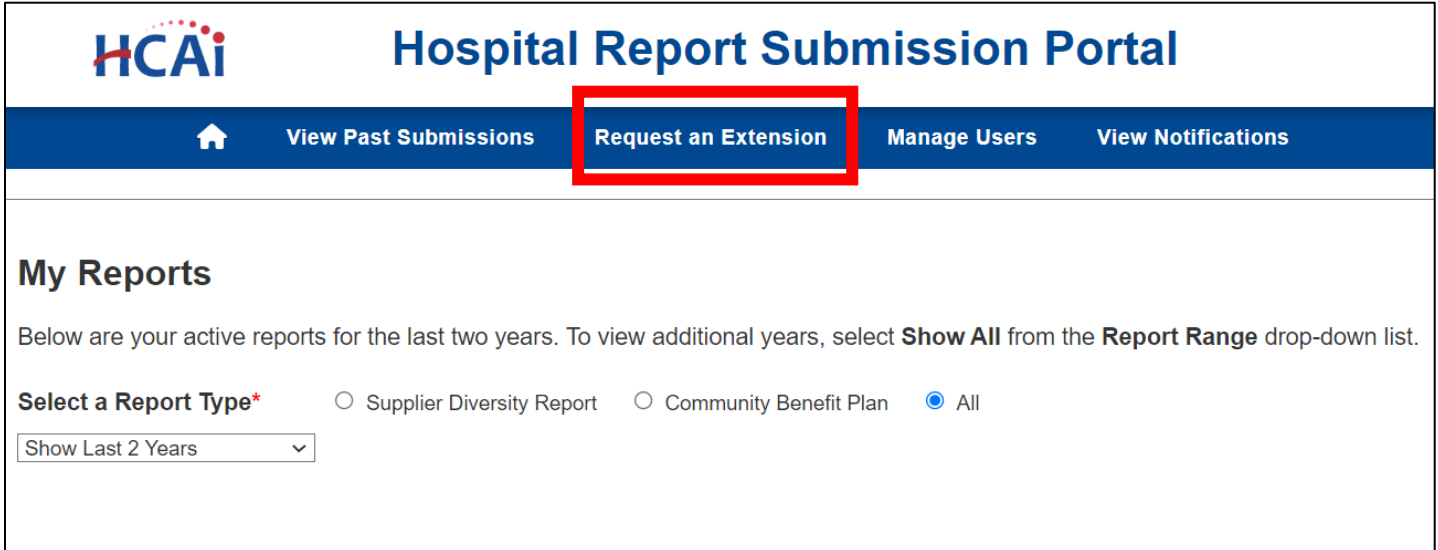
[Create Request](#)

<input type="checkbox"/>	Report Type	Year	Facility	HCAI ID	Status	Due Date
<input type="checkbox"/>	Supplier Diversity Report	2021	Adventist Health and Rideout 2	365987567	Extension	07/31/2022
<input type="checkbox"/>	Supplier Diversity Report	2021	Adventist Health and Rideout 3	376098432	Extension	07/31/2022
<input type="checkbox"/>	Supplier Diversity Report	2021	Adventist Health and Rideout 4	879465234	Extension	07/31/2022
<input type="checkbox"/>	Supplier Diversity Report	2021	ADVENTIST HEALTH - SELMA	106100793	Extension	09/29/2022
<input checked="" type="checkbox"/>	Supplier Diversity Report	2021	ADVENTIST HEALTH AND RIDEOUT	106580996	In Progress	08/31/2022

## How to Request an Extension

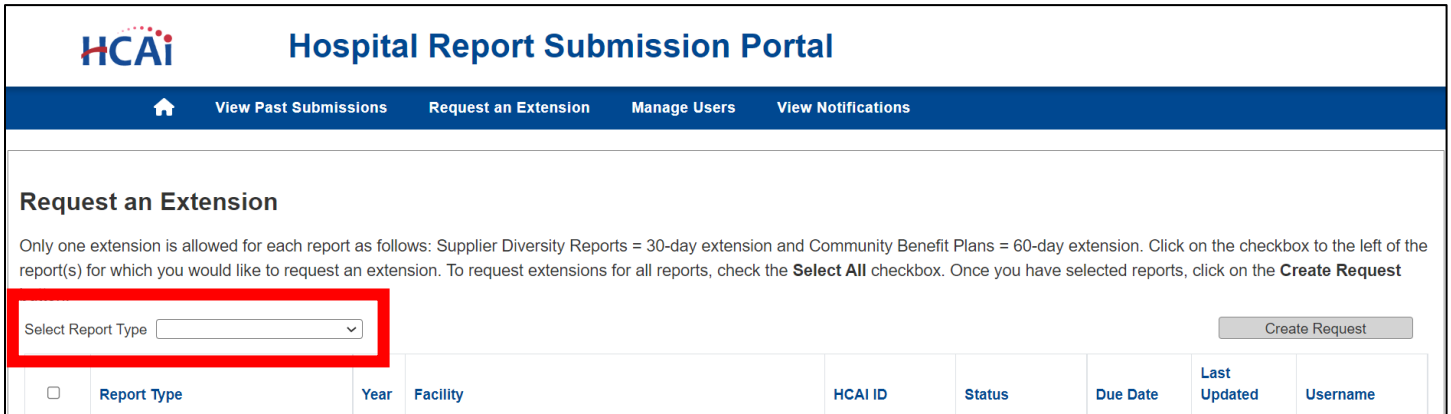
Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click “Request and Extension.”



The screenshot shows the top navigation bar of the Hospital Report Submission Portal. The 'Request an Extension' link is highlighted with a red box. Below the navigation bar, the 'My Reports' section is visible, including a heading, a paragraph of instructions, and radio button options for report types: 'Supplier Diversity Report', 'Community Benefit Plan', and 'All'. A dropdown menu for 'Show Last 2 Years' is also present.

Step 3: Choose a report type from the drop-down menu.



The screenshot shows the 'Request an Extension' page. The 'Select Report Type' dropdown menu is highlighted with a red box. Below the dropdown, there is a 'Create Request' button and a table with columns: Report Type, Year, Facility, HCAI ID, Status, Due Date, Last Updated, and Username. The 'Report Type' column has a checkbox next to it.

Step 4: Select the box to the left of the facility you would like to request an extension for (when selected a checkmark will appear in the box).

Step 5: Click “Create Request.”

Request an Extension

Only one extension is allowed for each report as follows: Supplier Diversity Reports = 30-day extension and Community Benefit Plans = 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	Due Date
Supplier Diversity Report	2021	Adventist Health and Rideout 2	365987567	Extension	07/31/2022
Supplier Diversity Report	2021	Adventist Health and Rideout 3	376098432	Extension	07/31/2022
Supplier Diversity Report	2021	Adventist Health and Rideout 4	879465234	Extension	07/31/2022
Supplier Diversity Report	2021	ADVENTIST HEALTH - SELMA	106100793	Extension	09/29/2022
Supplier Diversity Report	2021	ADVENTIST HEALTH AND RIDEOUT	106580996	In Progress	08/31/2022

Create Request

Step 6: Review request information and click "Submit."

Request an Extension

I hereby request a 30-day extension for Hospital Supplier Diversity Report for unintended and unforeseen delays for the following facilities.

Facilities	HCAI ID	New Due Date
ADVENTIST HEALTH AND RIDEOUT	106580996	9/30/2022

Cancel Submit

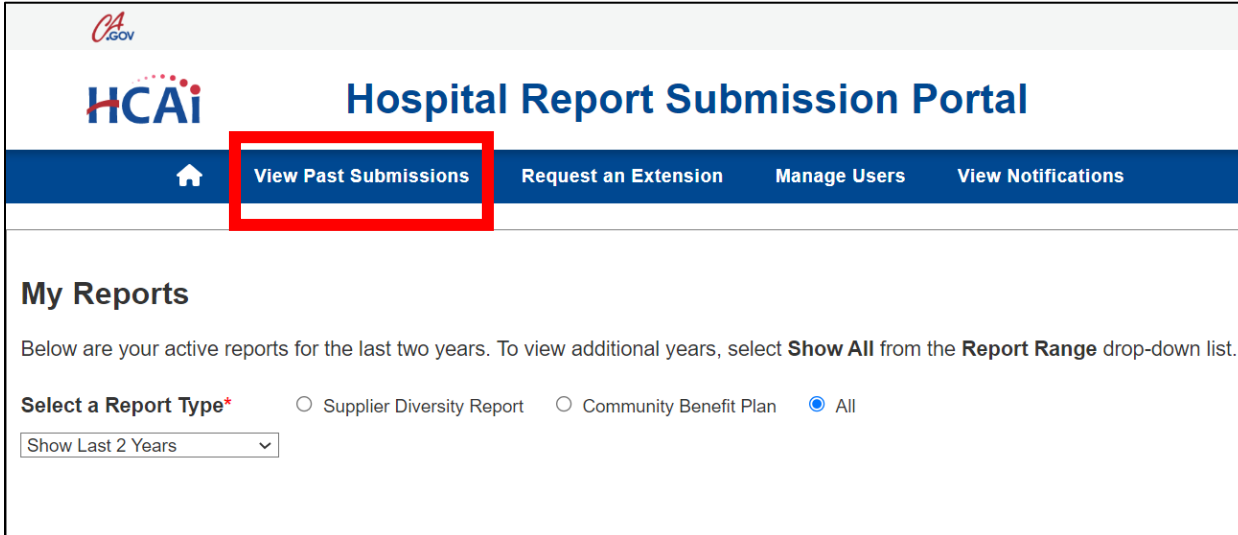
Step 7: A pop-up window will appear that states "Your extension request has been approved."  
 Step 8: Click "OK."

**\*\*\*Please Note: When requesting an extension, if a request is made before or on the July 1 due date, the new due date with a granted extension will be 30 days from July 1 (July 31). If a request is made after July 1, the new due date with a granted extension will be 30 days from the date the extension was requested. For example, if a request is made on July 2, the new due date with a granted extension will be 30 days from July 2 with a 1-day penalty.\*\*\***

# How to View Past Submissions

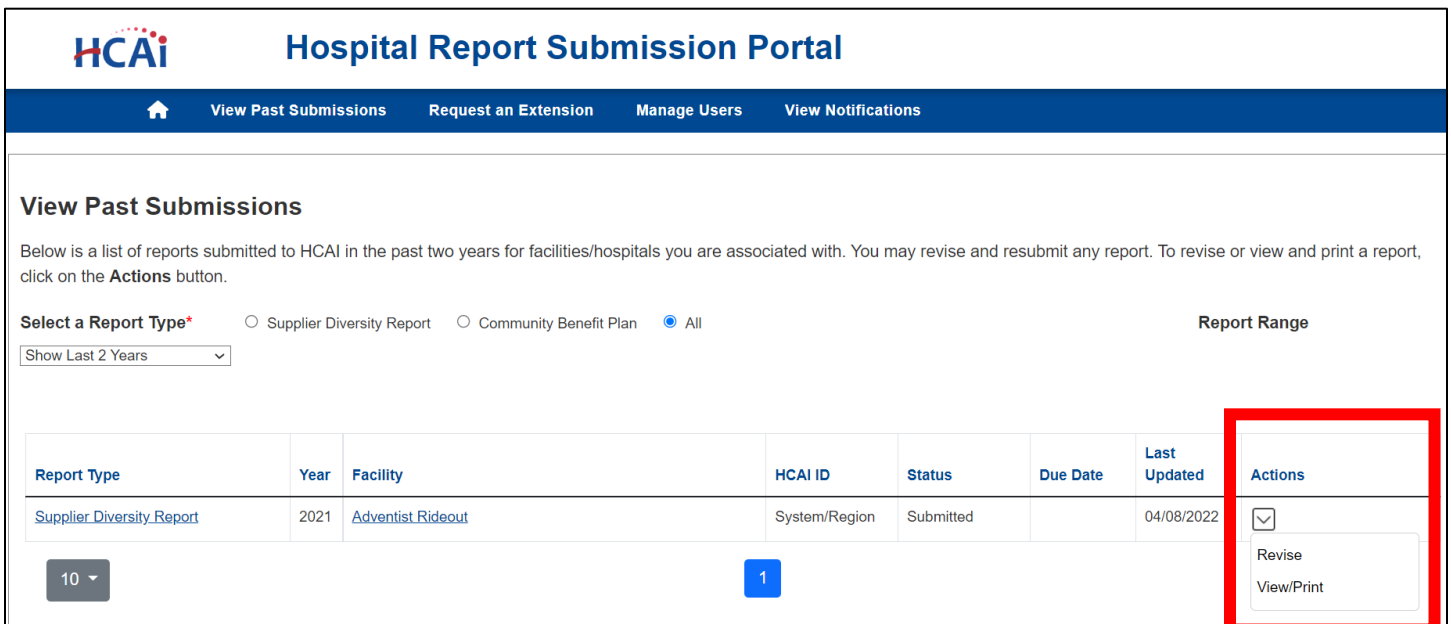
Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click “View Past Submissions.”



Step 3: Any reports that have been submitted for facilities you are associated to will be listed.

Step 4: Click on the drop-down under the actions column next to the individual facility report you would like to view.



## Hospital Supplier Diversity Reporting



Background Information: [Health and Safety Code Section 1339.85-1339.87](#) requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Supplier Diversity Reporting program to collect and post hospital supplier diversity reports explaining the hospital's supplier diversity statement and procurement efforts regarding certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises.

Hospitals, with operating expenses over \$50M or \$25M if part of a hospital system, are required to annually submit a report to HCAI on their minority, women, LGBT, and disabled veteran business enterprise procurement efforts. HCAI is required to maintain a link on the [HCAI website](#) that provides access to the content of hospital supplier diversity reports to the public. The annual submission of supplier diversity reports are due by July 1<sup>st</sup> of each year.

## What are the Reporting Regulations?

The regulations are available to view in full on the [California Code of Regulations website](#).

# How to Submit an Individual Report – Option #1

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

Step 2: Click on “Supplier Diversity Report” under the column report type next to the individual facility you would like to submit a report for.



## My Reports

Below are your active reports for the last two years. To view additional years, select **Show All** from

Select a Report Type\*  Supplier Diversity Report  Community Benefit Plan  All

Show Last 2 Years

Report Type	Year	Facility
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 2

Step 3: Answer all of the questions listed in the [Individual Supplier Diversity Report Template](#).

Step 4: Click “Submit.”

Step 5: A pop-up window will appear that states “Are you sure you want to submit this report?”

Step 6: Click “Ok.”

Step 7: A pop-up window will appear that states “You successfully submitted your report.”

Step 8: Click “OK.”



## How to Submit an Individual Report – Option #2

**\*\*\*Please note: reports can be submitted either by option 1 or 2. Either option is acceptable and is at the user's preference. Option 2 can be an efficient method for a report submitter to submit multiple individual reports via the "Upload Multiple Report" function.\*\*\***

## How to Download a Template

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

Step 2: To the right of "Select a Report Type" click on "Supplier Diversity Report."

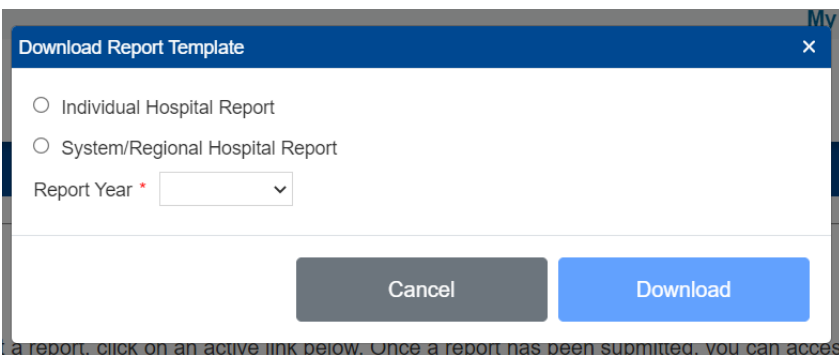


The screenshot shows the HCAI Hospital Report Submission Portal. The main heading is "Supplier Diversity Reports". Below the heading, there is a paragraph of instructions: "You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you can access the report via the 'Download Report Template' menu option. You may submit multiple reports using a CSV template. To download the template, click on the **Download Report Template** or **Upload Multiple Reports** button." Below this, another paragraph says: "You may also opt to submit one or more **hospital system/regional-level reports**. To do so, click on the **Create System/Regional Report** button." There are three buttons: "Create System/Regional Report", "Download Report Template" (highlighted with a red box), and "Upload Multiple Reports". Below the buttons is a dropdown menu set to "Show Last 2 Years". Below that is a table with the following data:

Report Type	Year	Facility	HCAI ID	Status
<a href="#">Supplier Diversity Report</a>	2021	<a href="#">asdf</a>	System/Region	Pending
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 4	879465234	Pending

Step 3: Click "Individual Hospital Report" and add the reporting year.

Step 4: Click "Download."




The screenshot shows a dialog box titled "Download Report Template". It has two radio buttons: "Individual Hospital Report" (selected) and "System/Regional Hospital Report". Below the radio buttons is a "Report Year" dropdown menu set to 2021. At the bottom of the dialog are two buttons: "Cancel" and "Download".

Step 5: Open the downloaded Excel Spreadsheet.

[Create System/Regional Report](#)
[Download Report Template](#)
[Upload Multiple Reports](#)

Show Last 2 Years ▼

Report Type	Year	Facility	HCAI ID	Status
<div style="border: 2px solid red; padding: 2px;">  SDR - Individual -...xlsx <span>▲</span> </div>				

Step 6: Fill in the responses to the questions listed in the [Individual Supplier Diversity Report Template](#) by populating the columns on the first tab of the Excel Spreadsheet.

**\*\*\*Please Note: explanations for the different columns are available on the second tab of the Excel Spreadsheet.\*\*\***

	A	B	C	D	E	F	G	H
1	Hospital_Name	HCAI_ID	Reporting_Organization	Report_Start_Date	Report_End_Date	Supplier_Diversity_Statement	Encourage_Suppliers	Encourage_Employees
2								
3								
4								
5								
6								
7								
8								
9								
10								

Step 7: Save the document in CSV format with the name of the facility, "Hospital Supplier Diversity Report" and the reporting year, see sample image below.

↑ 📁 Downloads

Save

[More options...](#)

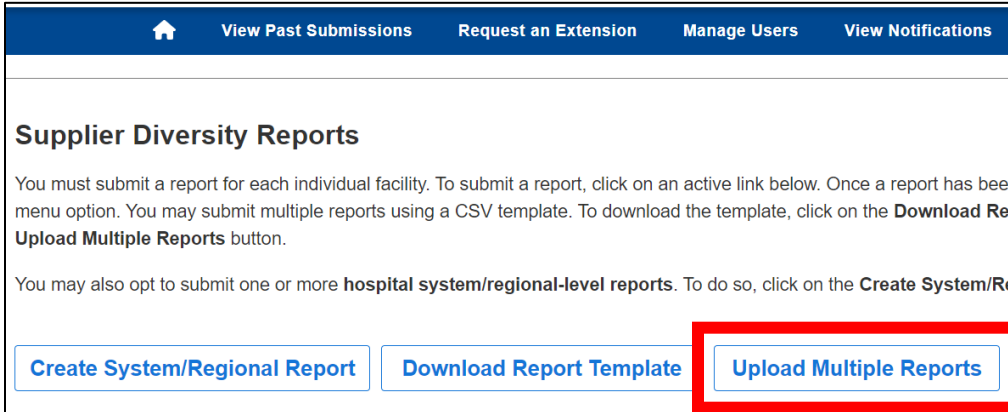
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## How to Upload Multiple Reports

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

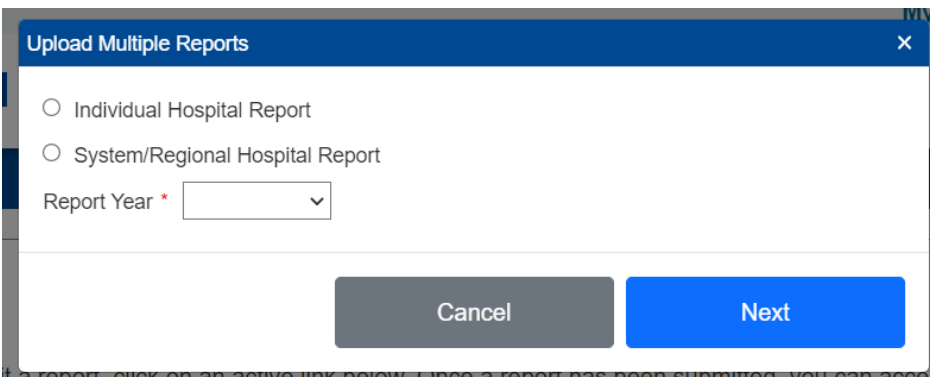
Step 2: To the right of “Select a Report Type” click on “Supplier Diversity Report.”

Step 3: Click “Upload Multiple Reports.”

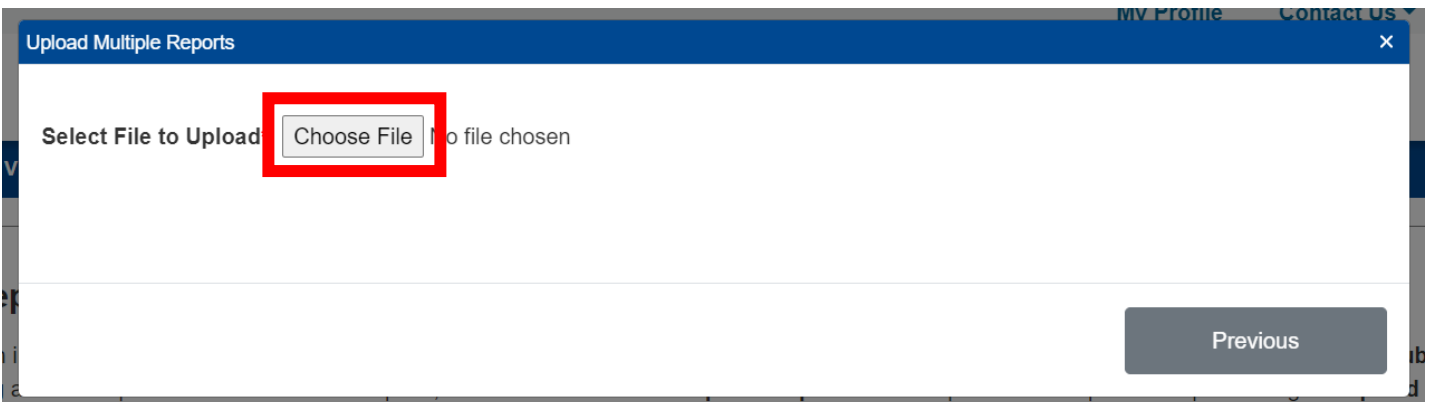


Step 4: Click “Individual Hospital Report” and add the reporting year.

Step 5: Click “Next.”

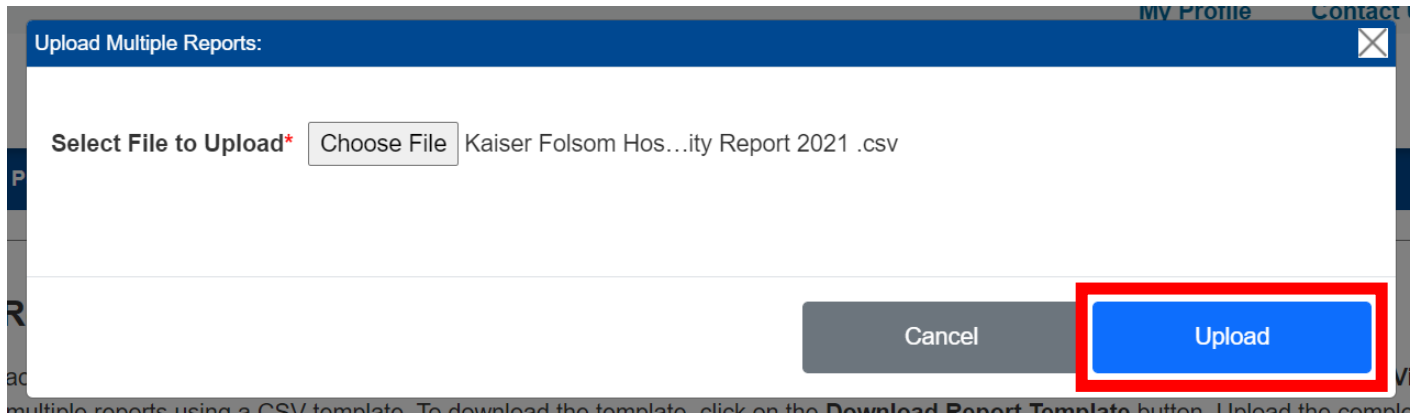


Step 6: Click “Choose File” and select the previously saved CSV formatted document.

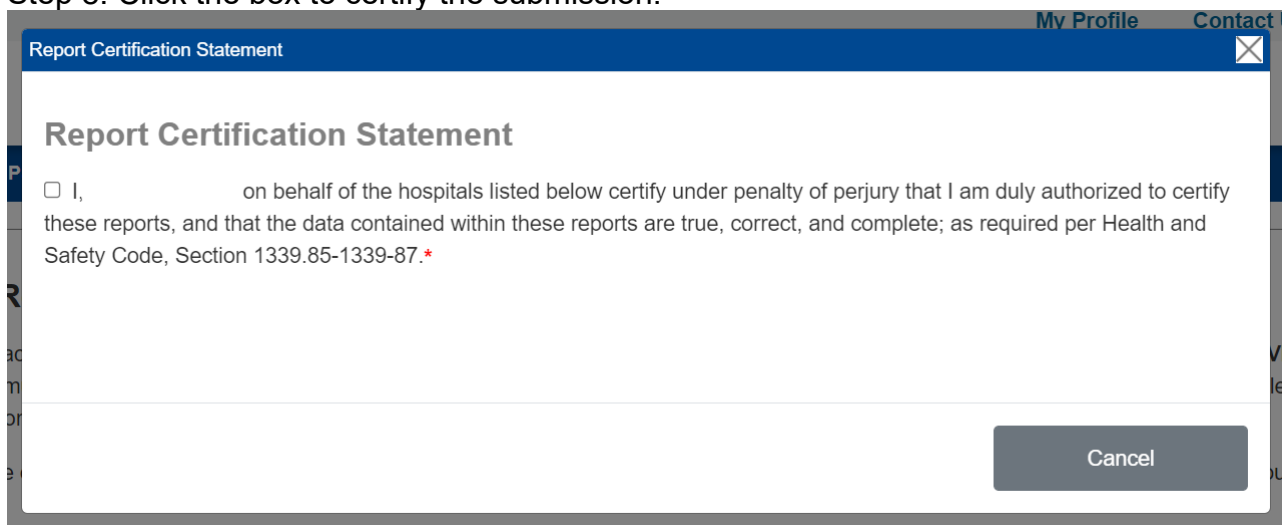


Step 7: Click “Upload.”

**\*\*\*Please note: The system will validate the data for approved formatting. Prior to submitting, ensure that formatting will meet requirements.\*\*\***



Step 8: Click the box to certify the submission.



Step 9: Click "Submit."

## How to Revise an Individual Report

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

Step 2: Click on the drop-down under the actions column next to the individual facility report you would like to revise.

Report Type	Year	Facility	HCAI ID	Status	Due Date	Last Updated	Actions
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 2	365987567	Submitted		04/08/2022	<input checked="" type="checkbox"/> Revise View/Print

10 ▾

1

Step 3: Update your responses to the questions listed in the [Individual Supplier Diversity Report Template](#).

Step 4: Click "Submit."

Step 5: A pop-up window will appear that states "Are you sure you want to submit this report?"

Step 6: Click "Ok."

Step 7: A pop-up window will appear that states "You successfully submitted your report."

Step 8: Click "OK."

# System/Regional-Level Supplier Diversity Report Template

**\*\*\*Please Note: you may use this template to assist you in gathering the information required for submission. Please provide the following information to the extent that the data is accessible.\*\*\***

## General Information

Reporting Organization: [If a report is being completed by someone other than the facility, please enter the name of the reporting organization.]

System/Regional Network Description:

Report Period Start Date: [1/1/XXXX]

Report Period End Date: [12/31/XXXX]

**\*\*\*Please Note: the reporting period will be for the previous year. For example if you are submitting a report on July 1, 2022 the reporting period would be for 1/1/2021-12/31/2021.\*\*\***

## Supplier Certification

Do you require suppliers to be certified? [Yes/No]

**\*\*\*Please Note: the next question will only populate if you answered yes to the previous question\*\*\***

Do you accept self-certification? [Yes/No]

**\*\*\*Please Note: self-certification is defined as the practice of making an official declaration that something complies with regulatory standards or procedures without independent substantiating evidence\*\*\***

## Diverse Procurement Spending – Minorities

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not accessible, enter Total Procurement amounts only.

Tier I procurement means the procurement by direct contract between a hospital and a supplier directly to provide goods and services that support the operations of your hospital. Tier II procurement means procurement by any agreement or arrangement between a contractor and any third party.

If \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank.

**\*\*\*Please Note: you will be unable to enter anything but rounded whole numbers in the following table.\*\*\***

Business Ownership	Tier I Procurement	Tier II Procurement	Total Procurement
African American			Will auto-populate
Hispanic American			Will auto-populate
Native American			Will auto-populate
Asian Pacific American			Will auto-populate
Unknown			Will auto-populate
TOTAL	Total will auto-populate	Total will auto-populate	Total will auto-populate

### **Diverse Procurement Spending – Other**

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not accessible, enter Total Procurement amounts only. If the same amounts are included in multiple categories, enter those dollars in the Duplicate Amount fields.

When a supplier qualifies for more than one diverse category, their procurement total is reported in each category. To prevent the procurement from being counted multiple times in the combined total, the identical amount should be reported in the less duplicate amount row. Please see example below.

Business Ownership	Tier I Procurement	Tier II Procurement	Total Procurement
Minority	(Total from previous table)	(Total from previous table)	(Total from previous table)
Women			Will auto-populate
LGBT			Will auto-populate
Disabled Veteran			Will auto-populate
Less Duplicate Amount (-)			Will auto-populate
Combined Total	Total will auto-populate	Total will auto-populate	Total will auto-populate

*Example: For a Disabled Veteran and Women-owned business that your facility procured \$200 worth of supplies from, you would enter the \$200 in each corresponding category (Disabled Veteran and Women, respectively) and then enter \$200 in the Less Duplicate Amount category to prevent duplicative dollar amounts being counted towards the combined total.*

### **Total Procurement**

What is your hospital's total procurement (including diverse and non-diverse suppliers)? [\[Enter a dollar amount\]](#)

### **Additional Information**

Other Relevant Information (optional)

# How to Submit a System/Regional Report – Option #1

- Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.
- Step 2: Click on “Supplier Diversity Report” next to select a 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\***  Supplier Diversity Report  Community Benefit Plan  All

Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status
Community Benefit Plan	2021	Adventist Health and Rideout 0	236856395	Pending
Community Benefit Plan	2021	Adventist Health and Rideout 1	209845678	Pending
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 4	879465234	Pending

- Step 3: Click on “Create System/Regional Report.”

**Supplier Diversity Reports**

You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you will see a **Submit Report** menu option. You may submit multiple reports using a CSV template. To download the template, click on the **Download Report Template** button. To submit multiple reports, click on the **Upload Multiple Reports** button.

You may also opt to submit one or more **hospital system/regional-level reports**. To do so, click on the **Create System/Regional Report** button.

**Create System/Regional Report** **Download Report Template** **Upload Multiple Reports**

Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 4	879465234	Pending

10 1

- Step 4: A pop-up window will appear. Enter the reporting year and click “Next.” Enter the region name, check all facilities that apply.



Report Year \* 2021

Cancel Next

Region Name\* Adventist Rideout  
(For example, Sutter - Northern California)

Facilities to include (select all that apply)\*

<input type="checkbox"/>	Facility Name	HCAI ID
<input checked="" type="checkbox"/>	Adventist Health and Rideout 2	365987567
<input checked="" type="checkbox"/>	Adventist Health and Rideout 3	376098432
<input checked="" type="checkbox"/>	Adventist Health and Rideout 4	879465234
<input type="checkbox"/>	ADVENTIST HEALTH - SELMA	106100793
<input checked="" type="checkbox"/>	ADVENTIST HEALTH AND RIDEOUT	106580996

Cancel Save

Step 5: Click "Save."

Step 6: A pop-up window will appear that states "Report has been Saved!"

Step 7: Click "OK."

Step 8: Answer all the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#).

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."

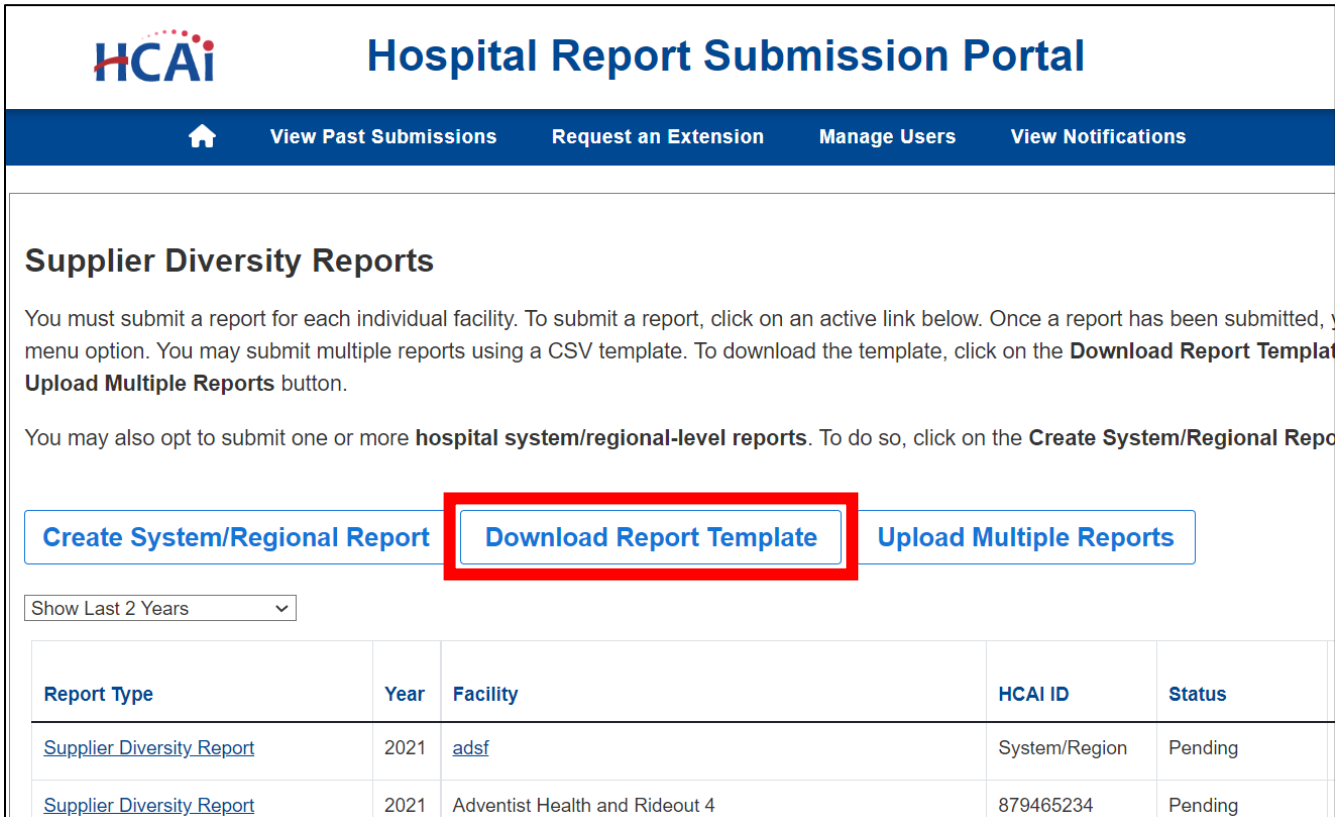
## How to Submit a System/Regional Report – Option #2

**\*\*\*Please note: reports can be submitted either by option 1 or 2. Either option is acceptable and is at the user's preference. Option 2 can be an efficient method for a report submitter to submit multiple system reports via the "Upload Multiple Report" function.\*\*\***

### How to Download a Template

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

Step 2: To the right of "Select a Report Type" click on "Supplier Diversity Report."

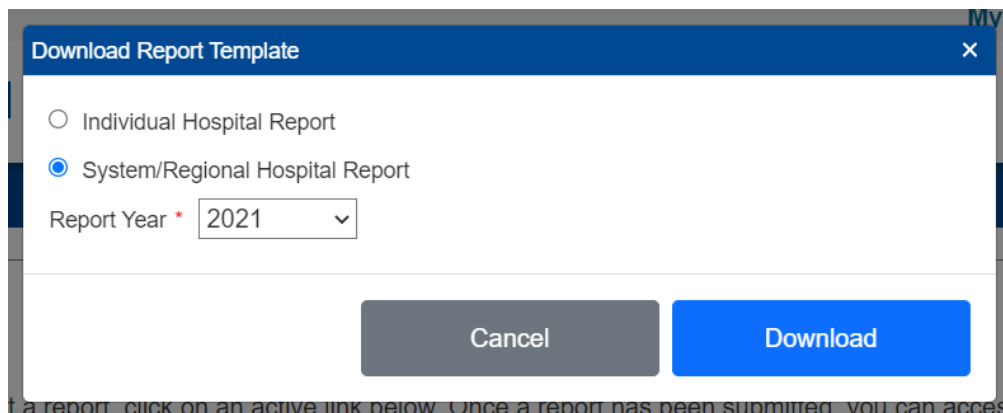


The screenshot shows the HCAI Hospital Report Submission Portal. The main heading is "Supplier Diversity Reports". Below the heading, there is a paragraph of instructions and a "Download Report Template" button highlighted with a red box. Below the button, there is a table with columns: Report Type, Year, Facility, HCAI ID, and Status. The table contains two rows of data.

Report Type	Year	Facility	HCAI ID	Status
<a href="#">Supplier Diversity Report</a>	2021	asdf	System/Region	Pending
<a href="#">Supplier Diversity Report</a>	2021	Adventist Health and Rideout 4	879465234	Pending

Step 3: Click "System/Regional Hospital Report" and enter the reporting year.

Step 4: Click "Download."




The screenshot shows a "Download Report Template" dialog box. It has two radio buttons: "Individual Hospital Report" (unselected) and "System/Regional Hospital Report" (selected). Below the radio buttons, there is a "Report Year" dropdown menu set to "2021". At the bottom of the dialog, there are two buttons: "Cancel" and "Download".

Step 5: Open the downloaded Excel Spreadsheet.

[Create System/Regional Report](#)
[Download Report Template](#)
[Upload Multiple Reports](#)

Show Last 2 Years ▾

Report Type	Year	Facility	HCAI ID	Stat
 SDR - System_Regi....xlsx ^				

Step 6: Answer all of the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#) by populating the columns on the first tab of the Excel Spreadsheet.

**\*\*\*Please Note: explanations for the different columns are available on the second tab of the Excel Spreadsheet.\*\*\***

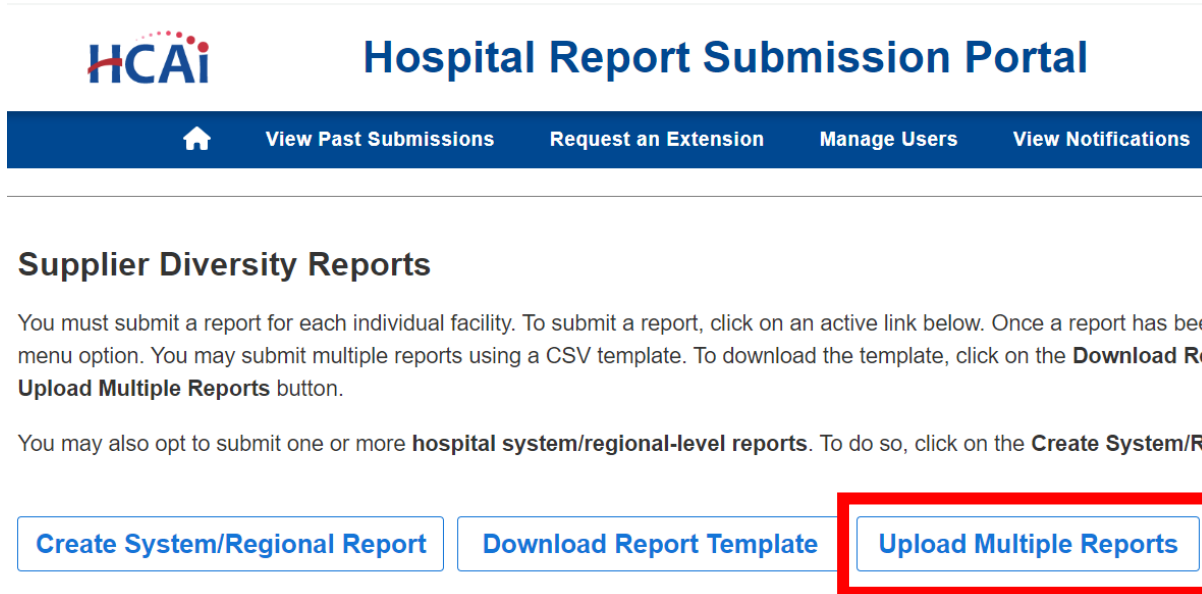
	A	B	C	D	E	F
1	System_Reporting_Organization	System_Description	System_Report_Start_Date	System_Report_End_Date	System_Require_Certification	System_Self_Certification
2						
3						
4						
5						
6						
7						
8						
9						
10						

Step 7: Save the document in CSV format with the name of the hospital system, “Hospital Supplier Diversity Report” and the reporting year, see sample image below.

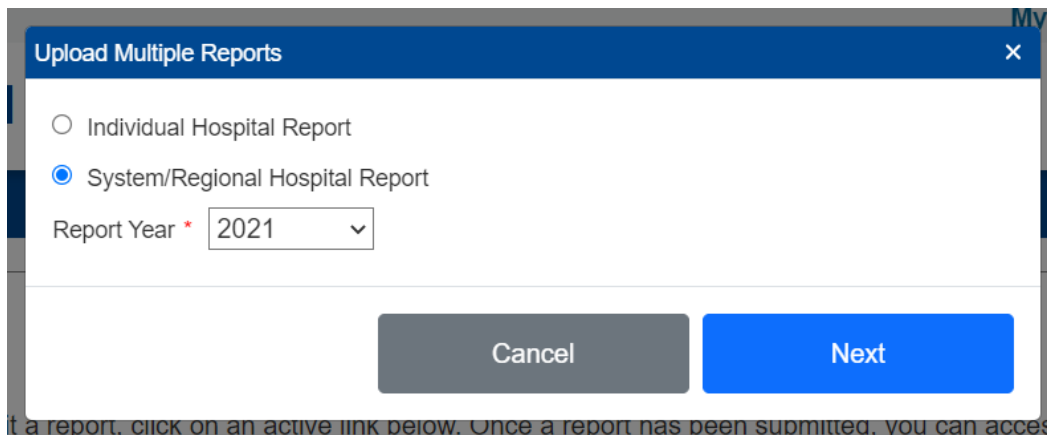
↑ Downloads  
 Kaiser System Hospital Supplier Diversity Report 2021  
 CSV (Comma delimited) (\*.csv) Save  
[More options...](#)  
 New Folder

# How to Upload Multiple Reports

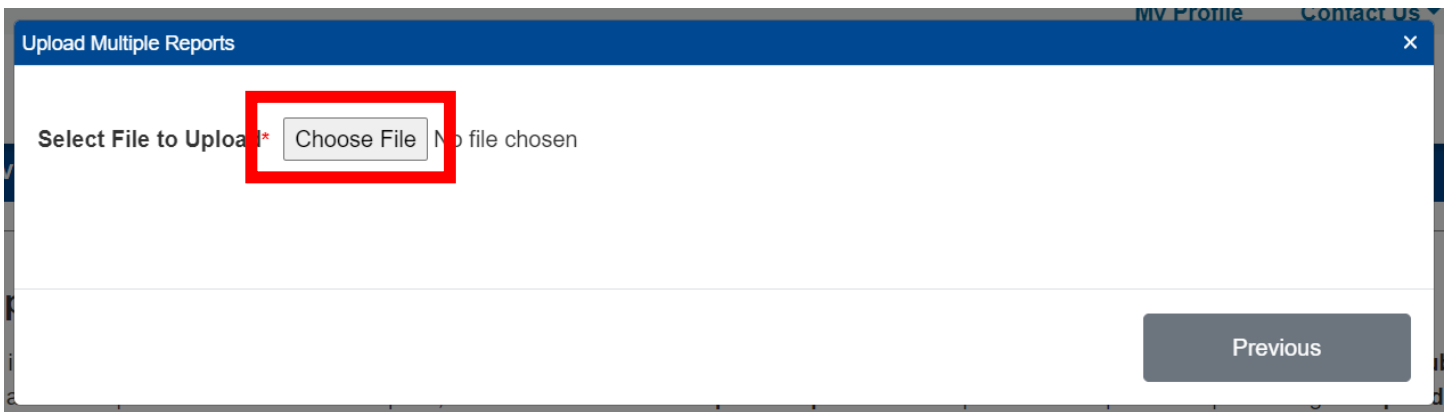
- Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.
- Step 2: To the right of “Select a Report Type” click on “Supplier Diversity Report.”
- Step 3: Click “Upload Multiple Reports.”



- Step 4: Click “System/Regional Hospital Report.”
- Step 5: Click “Proceed.”

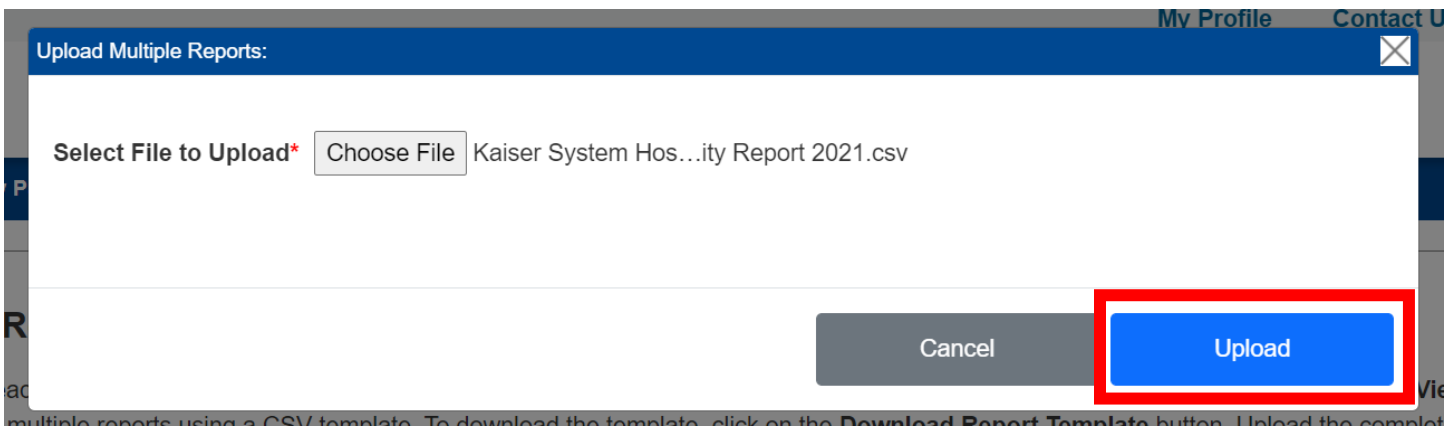


- Step 6: Click “Choose File” and select the previously saved CSV formatted document.



**\*\*\*Please note: The system will validate the data for approved formatting. Prior to submitting, ensure that formatting will meet requirements.\*\*\***

Step 7: Click "Upload."



Step 8: A pop-up window will appear. Enter the region name and check any facilities that you would like to include in your system report.

Step 9: Click "Save."

My Profile Contact

Create System/Regional-Level Report: ✕

Region Name\*   
(For example, Sutter - Northern California)

Facilities to include (select all that apply)\*

<input type="checkbox"/>	Facility Name	HCAI ID
<input checked="" type="checkbox"/>	Adventist Health and Rideout 2	365987567
<input checked="" type="checkbox"/>	Adventist Health and Rideout 3	376098432
<input checked="" type="checkbox"/>	Adventist Health and Rideout 4	879465234
<input type="checkbox"/>	ADVENTIST HEALTH - SELMA	106100793
<input checked="" type="checkbox"/>	ADVENTIST HEALTH AND RIDEOUT	106580996

Cancel Save

Step 10: Click the box to certify the submission.

Step 11: Click "Submit."

My Profile Contact U

Report Certification Statement ✕

**Report Certification Statement**

I, \_\_\_\_\_, on behalf of the hospitals listed below certify under penalty of perjury that I am duly authorized to certify these reports, and that the data contained within these reports are true, correct, and complete; as required per Health and Safety Code, Section 1339.85-1339-87.\*

- Adventist Health and Rideout 2
- Adventist Health and Rideout 3
- Adventist Health and Rideout 4
- ADVENTIST HEALTH AND RIDEOUT

Cancel Submit

## How to Revise a System/Regional Report

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

Step 2: Click on the drop-down under the column actions next to the individual facility report you would like to revise.

Report Type	Year	Facility	HCAI ID	Status	Due Date	Last Updated	Actions
<a href="#">Supplier Diversity Report</a>	2021	<a href="#">Adventist Rideout</a>	System/Region	Submitted		04/08/2022	<input checked="" type="checkbox"/> Revise View/Print

10 ▾ 1

Step 3: Update your responses to the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#).

Step 4: Click "Submit."

Step 5: A pop-up window will appear that states "Are you sure you want to submit this report?"

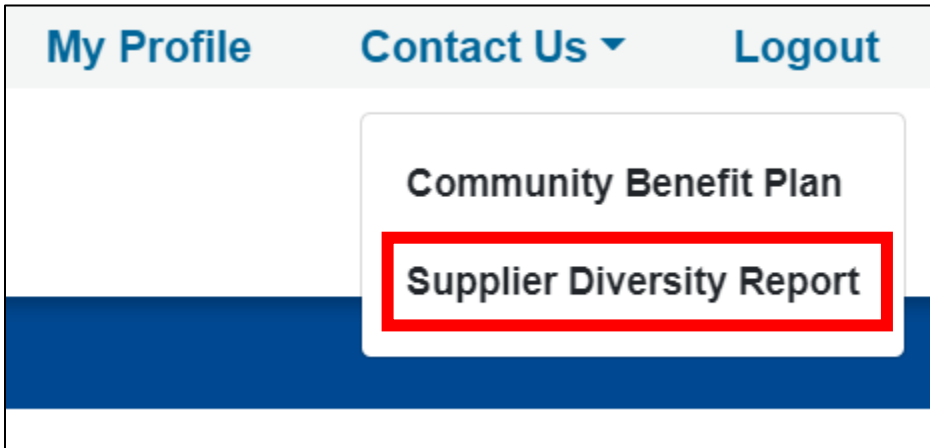
Step 6: Click "Ok."

Step 7: A pop-up window will appear that states "You successfully submitted your report."

Step 8: Click "OK."

## Who to Contact with Program Specific Questions

- 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 “Supplier Diversity Report.”



Step 4: An email pop-up window will appear with the following email address populated:  
[supplier.diversity@hcai.ca.gov](mailto:supplier.diversity@hcai.ca.gov)

***\*\*\*Please Note: you may also contact support by emailing us directly at [supplier.diversity@hcai.ca.gov](mailto:supplier.diversity@hcai.ca.gov).\*\*\****



## Glossary of Terms and Abbreviations

**CBP:** Community Benefit Plan

**Department:** means the Department of Health Care Access and Information.

**Director:** means the Director of the Department of Health Care Access and Information

**Disabled Veteran Business Enterprise:** means a business certified by the administering agency as meeting all of the following requirements:

- It is a sole proprietorship at least 51 percent owned by one or more disabled veterans or, in the case of a publicly owned business, at least 51 percent of its stock is unconditionally owned by one or more disabled veterans; a subsidiary that is wholly owned by a parent corporation, but only if at least 51 percent of the voting stock of the parent corporation is unconditionally owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management, control, and earnings are held by one or more disabled veterans.
- The management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- It is a sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.

**Facility:** used to indicate a hospital

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

**HCAI:** Department of Health Care Access and Information formerly the Office of Statewide Health Planning and Development

**HDC System:** Hospital Disclosures and Compliance System

**HDCU:** Hospital Disclosures and Compliance Unit

**Hospital:** (pertaining to HSD reporting) means any facility that is licensed with operating expenses of fifty million dollars (\$50,000,000) or more, and each licensed hospital with operating expenses of twenty-five million dollars (\$25,000,000) or more that is part of either a hospital system, or regional network.

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

**HSD:** Hospital Supplier Diversity

**LGBT Business Enterprise:** means a business enterprise that is at least 51% owned by a lesbian, gay, bisexual, or transgender person or persons or a publicly owned business with at least 51% of the stock of which is owned by one or more lesbian, gay, bisexual, or transgender persons; and whose management and daily business operations are controlled by one or more of those individuals.

**LGBT:** lesbian, gay, bisexual, or transgender

**Minority Business Enterprise:** means a business enterprise that is at least 51% owned by a minority individual or group(s) or a publicly owned business with at least 51 % of the stock of which is owned by one or more minority groups, and whose management and daily business operations are controlled by one or more of those individuals. The contracting hospital shall presume that minority includes, but is not limited to, African Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, and other groups.

- *African Americans:* Black Americans-persons having origins in any black racial groups of Africa.
- *Hispanic Americans:* Hispanic Americans-all persons of Mexican, Puerto Rican, Cuban, South or Central American, Caribbean, and other Spanish culture or origin.
- *Native Americans:* Native Americans-persons having origin in any of the original peoples of North America or the Hawaiian Islands, in particular, American Indians, Eskimos, Aleuts, and Native Hawaiians.
- *Asian Pacific Americans:* Asian Pacific Americans-persons having origins in Asia or the Indian subcontinent, including, but not limited to, persons from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan, and Bangladesh.

**NFP:** not-for-profit

**Operating Expenses:** means total patient-related operating expenses for the most recent fiscal year reported to the department on the Hospital Annual Financial Disclosures Report

**OSHPD:** Office of Statewide Health Planning and Development

**Procurement:** means the purchase or lease of supplies, services, equipment, and capital expenditures related to buildings and fixed equipment during the previous calendar year. Procurement does not include items such as employee salaries and wages, fixed asset depreciation, amortization, or taxes.

**Reporting Organization:** If a report is being completed by someone other than the facility, please enter the name of the reporting organization.

**Tier I Procurement:** means the procurement by direct contract between a hospital and a supplier directly to provide goods and services that support the operations of your hospital.

**Tier II Procurement:** means procurement by any agreement or arrangement between a contractor and any third party.

**Women business enterprise:** means a business enterprise that is at least 51% owned by a woman or women, or, in the case of any publicly owned business at least 51% of the stock of which is owned by one or more women.

**WMDVLGBTBE:** means a women-owned, minority-owned, disabled veteran-owned and/or LGBT-owned business enterprise.