

# **Hospital Disclosures and Compliance System & Hospital Supplier Diversity Reporting Resource Manual**



## **NOTICE**

This Hospital Disclosures and Compliance System & Hospital Supplier Diversity Reporting Resource Manual, Version 2.2, January 2025, consists of discussion and comments related to the Hospital Disclosures and Compliance System and Hospital Supplier Diversity 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 in 2022 the Department of Health Care Access and Information (HCAI), has changed from submitting plans via email to now utilizing the Hospital Disclosures and Compliance (HDC) System. The HDC System will collect Hospital Supplier Diversity Plans.

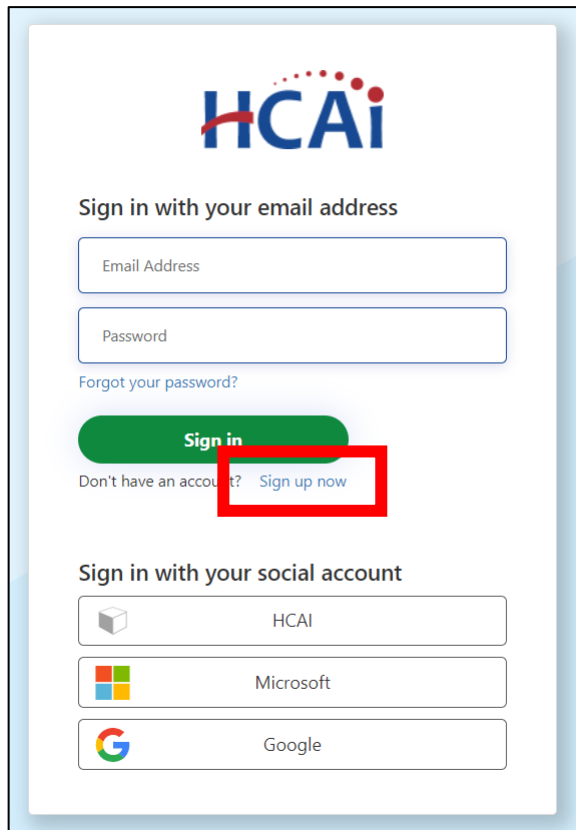
## How to Create an Account

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

Step 2: Click “Login.”

Step 3: Click “Sign up now.”

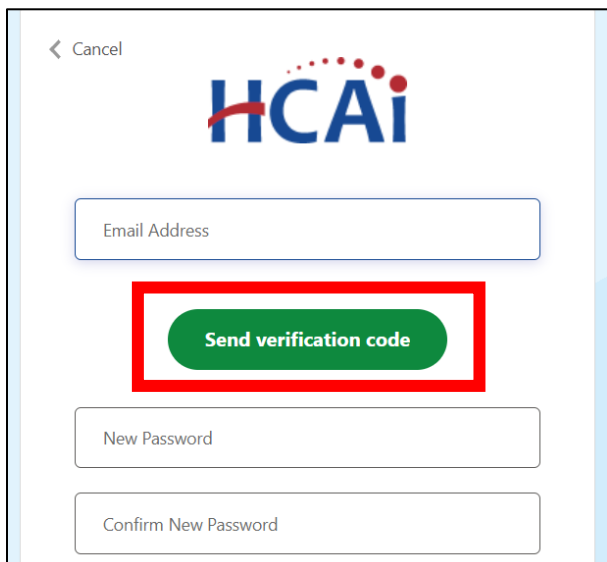
**\*\*\*Please note: the system also allows users to create an account and sign in utilizing social media.\*\*\***



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". Below these fields is a link "Forgot your password?". A green "Sign in" button is present, and next to it is a link "Sign up now" which is highlighted with a red rectangle. Below the "Sign in" section, the text "Sign in with your social account" is displayed. 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 an email address.

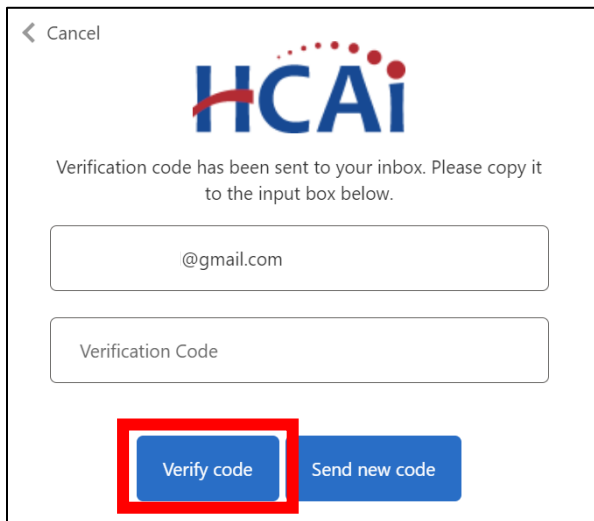
Step 5: Click “Send verification code.”



The screenshot shows the HCAi account creation interface. At the top left is a "Cancel" link. Below it is the HCAi logo. There is an "Email Address" input field. Below this field is a green "Send verification code" button, which is highlighted with a red rectangle. Below the "Send verification code" button are two more input fields: "New Password" and "Confirm New Password".

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

Step 7: Click “Verify code.”



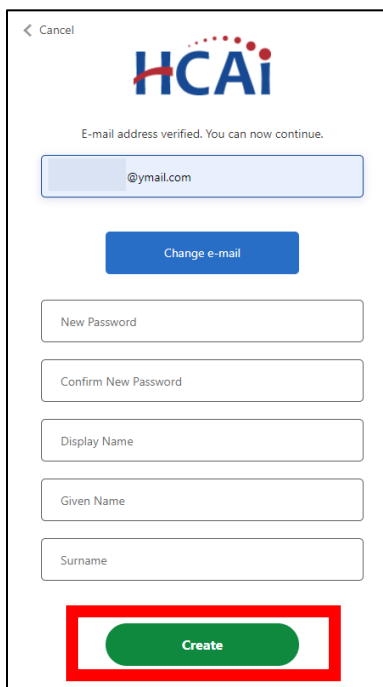
Step 8: Create a password and confirm the password in the corresponding fields.

**\*\*\*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 in first name for the “Display Name” and “Given Name” fields then type in last name for the “Surname” field.

Step 10: Click “Create.”



Step 11: Click “Send verification code.”

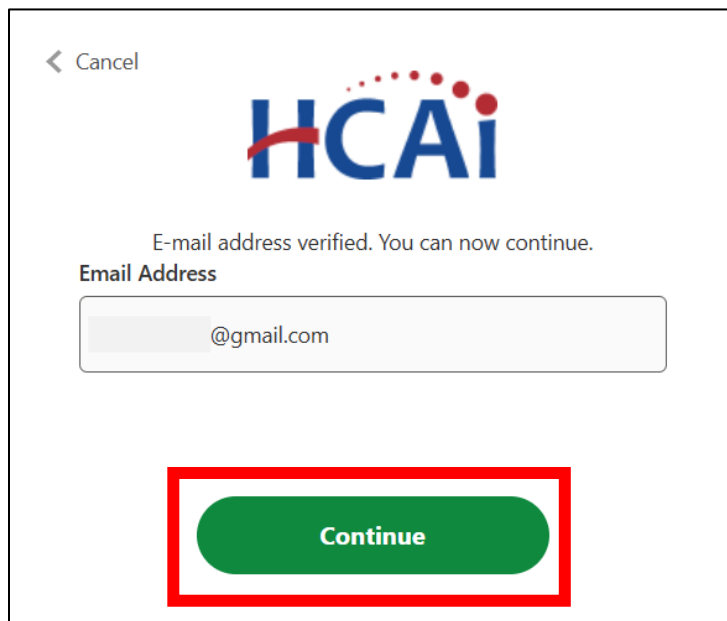
This screenshot shows the HCAi verification interface. At the top left is a back arrow and the word "Cancel". The HCAi logo is centered at the top. Below the logo, a message states: "Verification is necessary. Please click Send button." Underneath this is the label "Email Address" followed by a text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

Step 12: Check email inbox or junk mail for the verification code and type it 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 the email field is the label "Verification code" followed by a text input field containing the placeholder text "Verification code". Two blue buttons are positioned below the verification code field: "Verify code" and "Send new code". The "Verify code" button is highlighted with a red rectangular border. 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

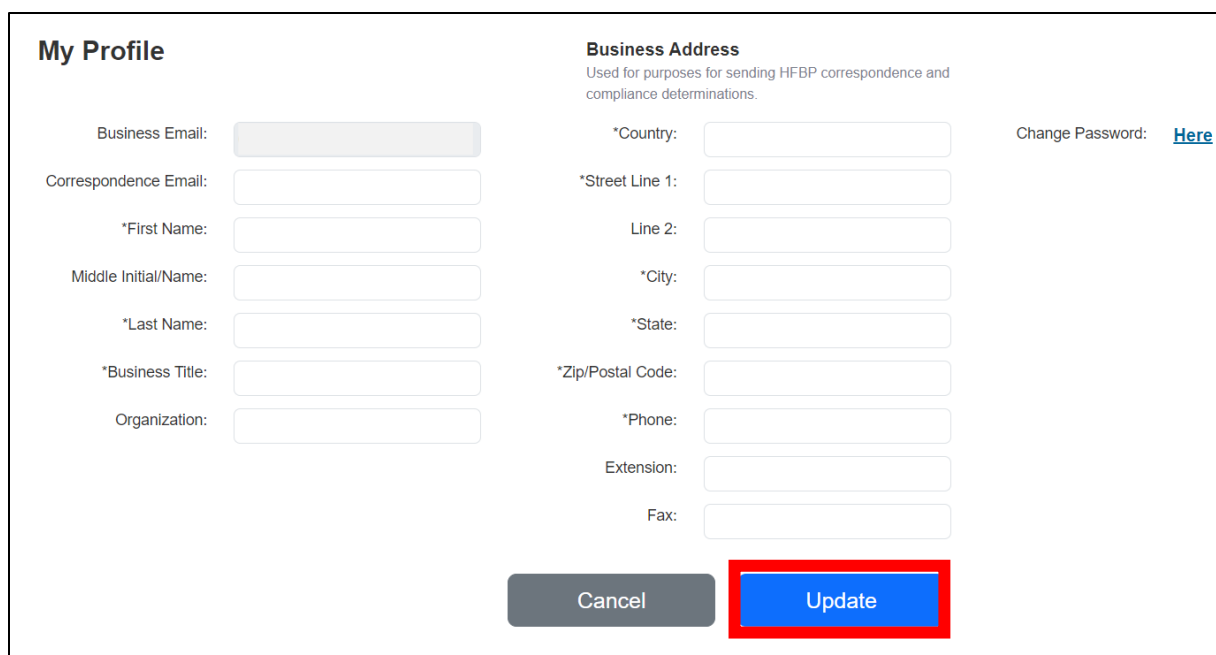
Continue

Step 15: Enter the required information and select “Update.”

Please refer to [California Code of Regulations § 95001 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

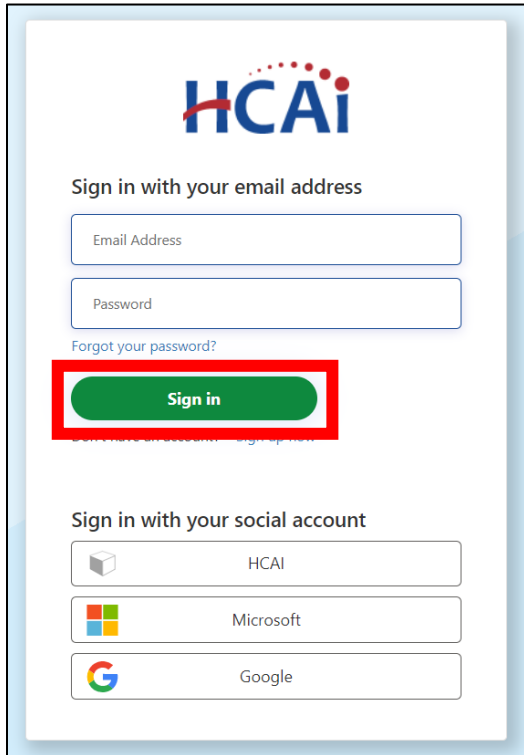


## How to Login

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

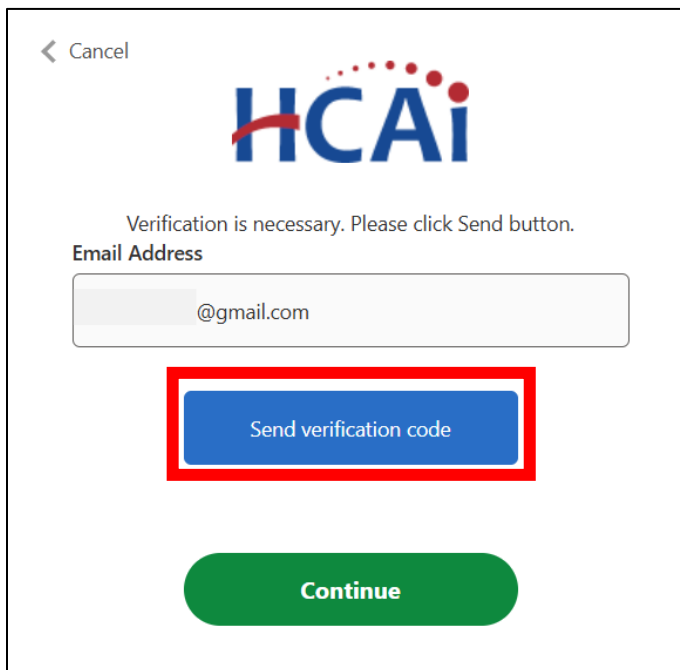
Step 2: Type in an email address and password in the corresponding fields.

Step 3: Click “Sign in.”



The login screen for HCAi features the HCAi logo at the top. 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 highlighted with a red rectangle. Below this, the text "Sign in with your social account" is shown, followed by three buttons with social media icons: HCAi, Microsoft, and Google.

Step 4: Click “Send verification code.”



The verification screen for HCAi shows a back arrow and the word "Cancel" at the top left. The HCAi logo is centered. Below it, the text "Verification is necessary. Please click Send button." is displayed. There is a label "Email Address" above a text input field containing "@gmail.com". A blue "Send verification code" button is highlighted with a red rectangle. At the bottom, there is a green "Continue" button.

Step 5: Check 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.

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

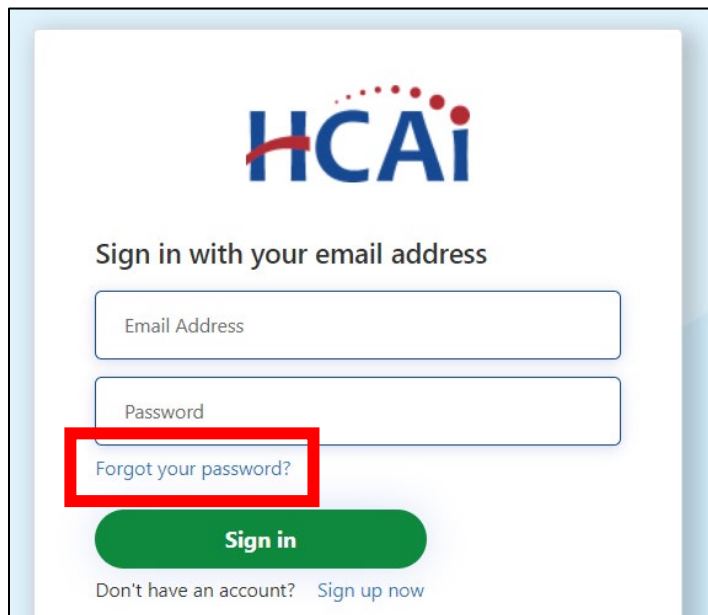
Continue

## How to Recover a Forgotten Password

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

Step 2: Click “Forgot your password?”

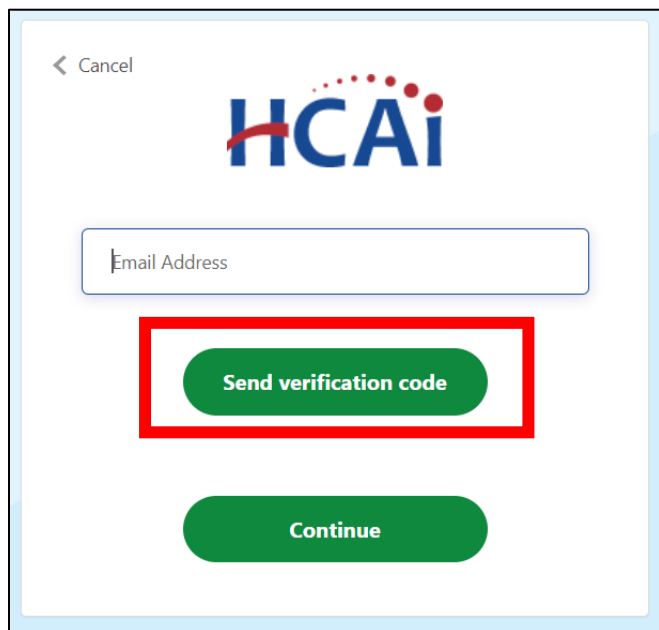
**\*\*\*Please note: the system requires verifying the account twice.\*\*\***



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 form 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 an account.

Step 4: Click “Send verification code.”




The screenshot shows the HCAi verification code screen. At the top left is a "Cancel" link with a back arrow. The HCAi logo is at the top center. Below it 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 email inbox or junk mail for the verification code and type it into the verification code field.

Step 6: Click “Verify code.”

[Cancel](#)



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


[Verify code](#) [Send new code](#)

[Continue](#)

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

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

[Cancel](#)



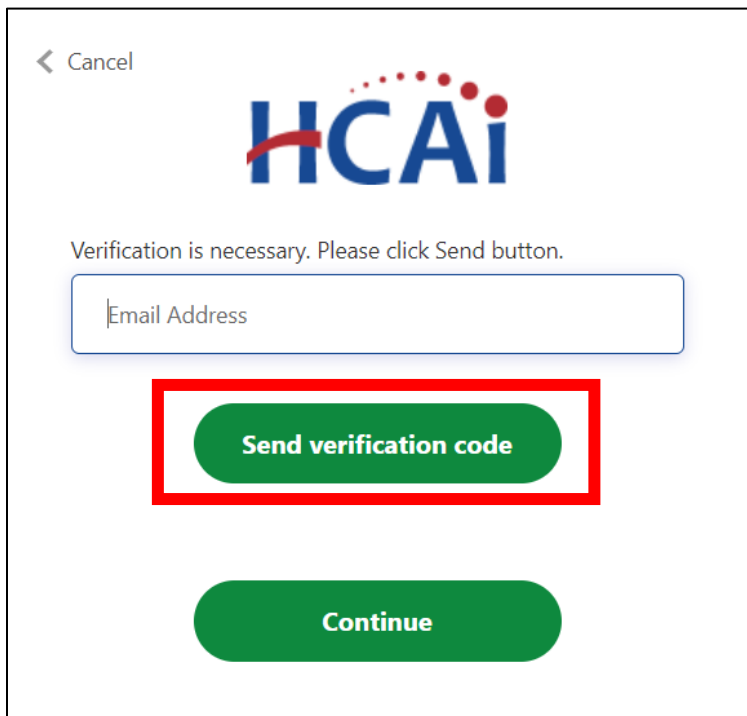
E-mail address verified. You can now continue.

[Change e-mail](#)

[Continue](#)

Step 8: Reenter the email

Step 9: Click “Send verification code.”



< Cancel

**HCAi**

Verification is necessary. Please click Send button.

Email Address

**Send verification code**

**Continue**

This screenshot shows the HCAi verification screen. At the top left is a back arrow and the word "Cancel". Below the HCAi logo, a message states "Verification is necessary. Please click Send button." There is an input field for "Email Address". Below this field is a green button labeled "Send verification code", which is highlighted with a red rectangular border. At the bottom of the screen is another green button labeled "Continue".

Step 10: Check email inbox or junk mail for the verification code and type it 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

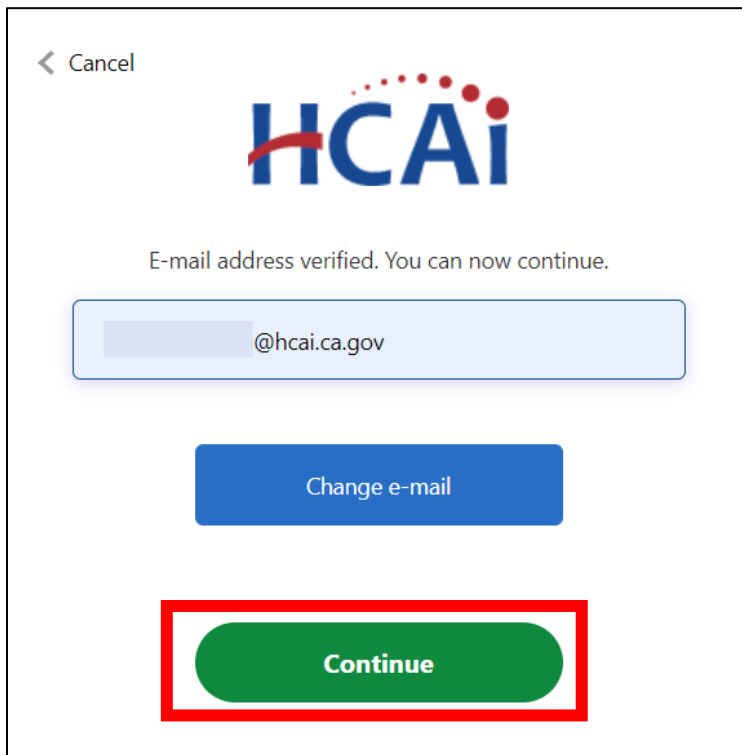
**Verify code** **Send new code**

**Continue**

This screenshot shows the HCAi verification screen after a code has been sent. At the top left is a back arrow and the word "Cancel". Below the HCAi logo, a message states "Verification code has been sent to your inbox. Please copy it to the input box below." There is an input field for the email address, which contains "@gmail.com". Below this is an input field for the "Verification Code". Below the code field 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 large blue button labeled "Continue", which is also highlighted with a red rectangular border.

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

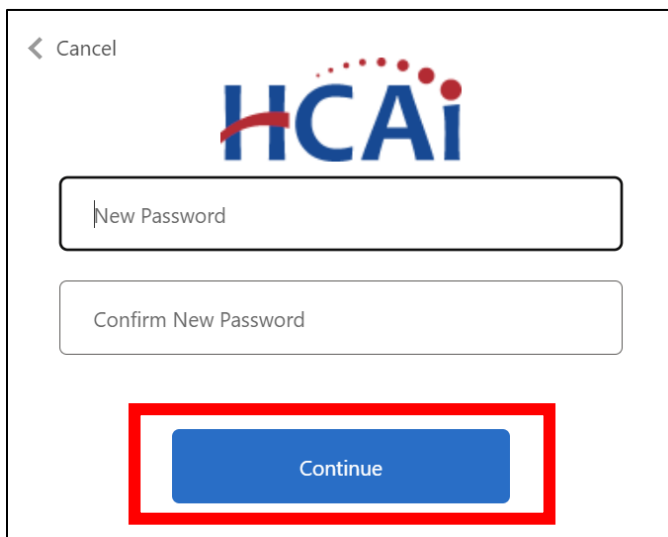
Continue

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 sign in to be 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 user already associated to a facility and the user needs to associate to another, 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

Report Type: **Supplier Diversity Plan**

**Request History**

Request	Request Date	Status
230	12/8/2023	Closed
231	12/8/2023	Closed
238	12/27/2023	Closed
259	12/27/2023	Closed
269	1/4/2024	Closed
376	10/30/2024	Closed
377	10/31/2024	Closed
381	1/22/2025	Open

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

Report Type: **Supplier Diversity Plan**

Facility Name:  **Go**

Facility Name	HCAI ID	Primary Contact
No Data to Display		

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

Step 4: Click “Go.”

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

Report Type: **Supplier Diversity Plan**

Facility Name: **Adventist** **Go**

<input type="checkbox"/> Facility Name	HCAI ID	Primary Contact
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH MENDOCINO COAST	106231013	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH REEDLEY	106100797	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH SIMI VALLEY	106560525	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH SONORA - GREENLEY	106554011	<input type="checkbox"/>

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

**\*\*\*Please Note: Only check the “Primary Contact” box 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 authorization to submit a plan. In accordance with [California Code of Regulations Section 95001](#), 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 Supplier Diversity Plan

Facility Name

<input type="checkbox"/> Facility Name ^	HCAI ID ^	Primary Contact
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH MENDOCINO COAST	106231013	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH REEDLEY	106100797	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH SIMI VALLEY	106560525	<input type="checkbox"/>
<input type="checkbox"/> ADVENTIST HEALTH SONORA - GREENLEY	106554011	<input type="checkbox"/>

Step 6: Click “Next.”

Facility Name

<input type="checkbox"/> Facility Name ^	HCAI ID ^	Primary Contact	<input type="button" value="View/Edit Current Selections"/>
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH MENDOCINO COAST	106231013	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH REEDLEY	106100797	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH SIMI VALLEY	106560525	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH SONORA - GREENLEY	106554011	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH ST. HELENA	106281078	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH TEHACHAPI VALLEY	106154168	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH TULARE	106540816	<input type="checkbox"/>	

10 1 2 >



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

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

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

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 appear on the table at the top of the page under request history.

<a href="#">Home</a> <a href="#">View Past Submissions</a> <a href="#">Request an Extension</a>		
Request History:		
Request	Request Date	Status
<a href="#">110</a>	04/07/2022	Open
<div>10 ▾</div>		


**\*\*\*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 that the user would like to cancel.

**\*\*\*Please Note: Users can only cancel requests with an “Open” status. \*\*\***

 View Past Submissions Request an Extension		
Request History:		
Request	Request Date	Status
<a href="#">110</a>	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 user would like to cancel their 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	<input type="checkbox"/>	Pending	<input 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"/>	
			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!”

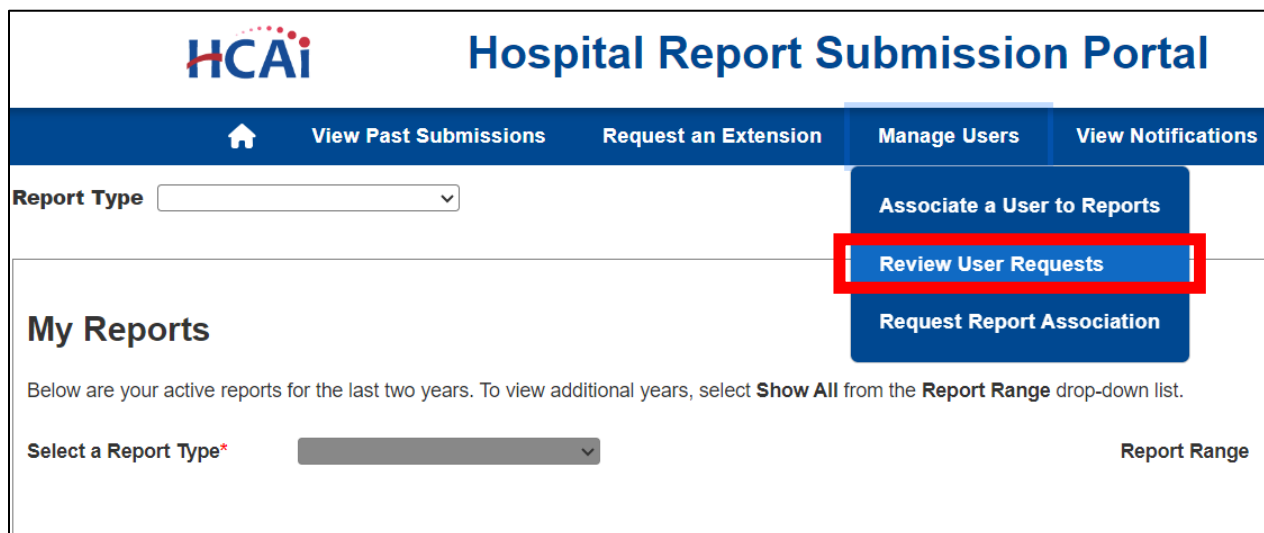
Step 9: Click “OK.”

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

## How to Approve Another User for a Facility

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

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



**HCAi Hospital Report Submission Portal**

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

Report Type

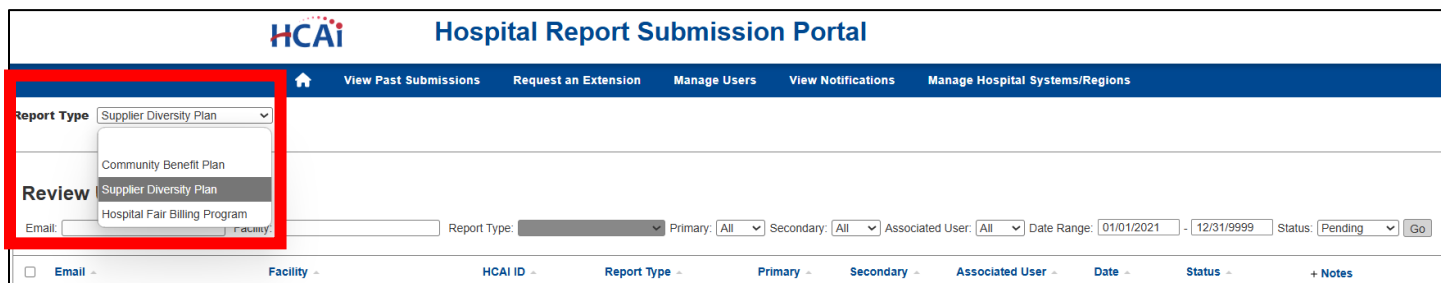
Associate a User to Reports  
**Review User Requests**  
Request Report Association

**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: Select the desired report type.



**HCAi Hospital Report Submission Portal**

Home View Past Submissions Request an Extension Manage Users View Notifications Manage Hospital Systems/Regions

Report Type

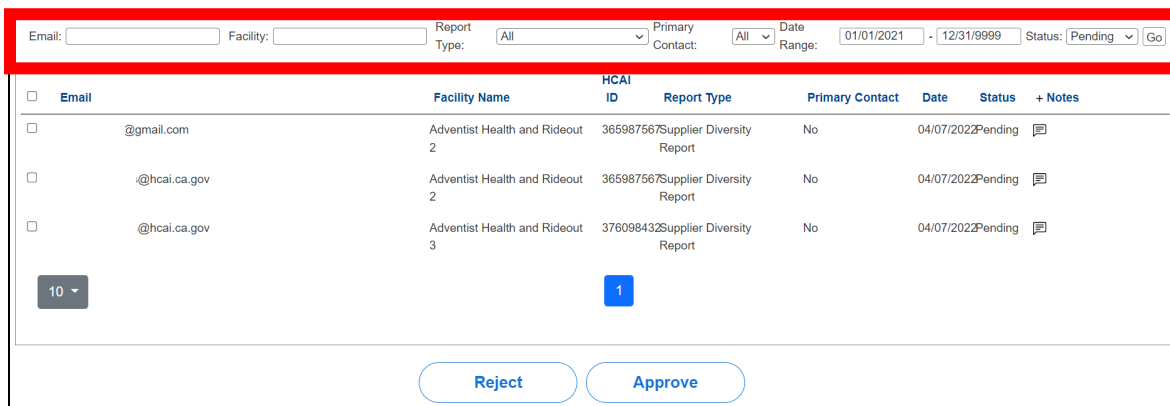
**Review**

Email:  Report Type:  Primary:  Secondary:  Associated User:  Date Range:  -  Status:

☐ Email ☐ Facility ☐ HCAI ID ☐ Report Type ☐ Primary ☐ Secondary ☐ Associated User ☐ Date ☐ Status ☐ + Notes

Step 4: Search by typing either the email of the person who's request user want to approve or the facility name.

Step 5: Click “Go.”



Email:  Facility:  Report Type:  Primary Contact:  Date Range:  -  Status:

<input type="checkbox"/>	Email	Facility Name	HCAI ID	Report Type	Primary Contact	Date	Status	+ Notes
<input type="checkbox"/>	@gmail.com	Adventist Health and Rideout 2	365987567	Supplier Diversity Report	No	04/07/2022	Pending	<input type="button" value="Notes"/>
<input type="checkbox"/>	@hcai.ca.gov	Adventist Health and Rideout 2	365987567	Supplier Diversity Report	No	04/07/2022	Pending	<input type="button" value="Notes"/>
<input type="checkbox"/>	@hcai.ca.gov	Adventist Health and Rideout 3	376098432	Supplier Diversity Report	No	04/07/2022	Pending	<input type="button" value="Notes"/>

10

Step 6: Select the box to the left of any user's email user would like to approve (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 account is not associated to a facility, users will not see any requests for that facility.\*\*\***

The screenshot shows a web interface for managing requests. At the top, there are filters for Email, Facility, Report Type (set to 'All'), Primary Contact (set to 'All'), Date Range (01/01/2021 - 12/31/9999), and Status (set to 'Pending'). Below the filters is a table with the following columns: Email, Facility Name, HCAI ID, Report Type, Primary Contact, Date, Status, and Notes. The table contains three rows of data, all with a status of 'Pending'. At the bottom of the table, there are two buttons: 'Reject' and 'Approve'. The 'Approve' button is highlighted with a red rectangle.

Email	Facility Name	HCAI ID	Report Type	Primary Contact	Date	Status	Notes
@gmail.com	Adventist Health and Rideout 2	365987567	Supplier Diversity Report	No	04/07/2022	Pending	
@hcai.ca.gov	Adventist Health and Rideout 2	365987567	Supplier Diversity Report	No	04/07/2022	Pending	
@hcai.ca.gov	Adventist Health and Rideout 3	376098432	Supplier Diversity Report	No	04/07/2022	Pending	

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

Step 9: Click “Confirm.”

The screenshot shows a 'Review Approval' pop-up window. It contains three sections of information. The first section, 'The following user(s) will be associated to the facility(s), report types, and assigned as primary or secondary contacts:', shows a table with one row: Email @hcai.ca.gov, Facility Name KAISER FOUNDATION HOSPITAL - SACRAMENTO, HCAI ID 106340913, Report Type Supplier Diversity Report, Primary Contact Yes, and Secondary Contact N/A. The second section, 'The following user(s) will replace the current primary contact for the facility(s) and report type(s):', shows a table with one row: Email @hcai.ca.gov, Facility Name KAISER FOUNDATION HOSPITAL - SACRAMENTO, HCAI ID 106340913, Report Type Supplier Diversity Report, Primary Contact Yes, and Secondary Contact N/A. The third section, 'The following user(s) will replace the current secondary contact for the facility(s) and report type(s):', shows a table with one row: Email @hcai.ca.gov, Facility Name KAISER FOUNDATION HOSPITAL - SACRAMENTO, HCAI ID 106340913, Report Type Supplier Diversity Report, Primary Contact Yes, and Secondary Contact N/A. At the bottom right of the window, there are two buttons: 'Previous' and 'Confirm'. The 'Confirm' button is highlighted with a red rectangle.

Email	Facility Name	HCAI ID	Report Type	Primary Contact	Secondary Contact
@hcai.ca.gov	KAISER FOUNDATION HOSPITAL - SACRAMENTO	106340913	Supplier Diversity Report	Yes	N/A

Email	Facility Name	HCAI ID	Report Type	Primary Contact	Secondary Contact
@hcai.ca.gov	KAISER FOUNDATION HOSPITAL - SACRAMENTO	106340913	Supplier Diversity Report	Yes	N/A

Email	Facility Name	HCAI ID	Report Type	Primary Contact	Secondary Contact
@hcai.ca.gov	KAISER FOUNDATION HOSPITAL - SACRAMENTO	106340913	Supplier Diversity Report	Yes	N/A

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.”

**\*\*\*Please Note: After a request is approved, the user will receive an automatic notification of approval and gain access to all the reporting functions for the associated report type and hospital. If a user request has been rejected, an automatic notification will go out to the request submitter notifying them of the rejection.\*\*\***

# 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.

**HCAI Hospital Report Submission Portal**

Report Type: Community Benefit Plan, Supplier Diversity Plan, Hospital Fair Billing Program

Below are your active reports for the next two years. To view additional years, select **Show All** from the **Report Range** drop-down list.

Select a Report Type\* Report Range: Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
No Data to Display								

10

Step 4: All the facilities the users are associated with for the report type selected will appear. The status, reporting period end date, and due date are visible under the status and due date columns.

**HCAI Hospital Report Submission Portal**

Report Type: Supplier Diversity Plan

**Supplier Diversity Plans**

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 it from the **View Past Submissions** menu option. You may submit multiple reports using a CSV template. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

You may also opt to submit one or more **hospital system/regional-level plans**. To do so, click on the **Create System/Regional Plan** button for each report you want to create.

[Create System/Regional Plan](#) [Download Reporting Template](#) [Upload Multiple Plans](#)

Select a Report Type\* Supplier Diversity Plan Report Range: Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
<a href="#">Supplier Diversity Plan</a>	2023	OAKLAND/RICHMOND	106014326	Pending	12/31/2023	07/01/2025	02/12/2025	<input checked="" type="checkbox"/>
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - MORENO VALLEY	106334048	Pending	12/31/2023	07/01/2025	02/12/2025	<input checked="" type="checkbox"/>
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - FRESNO	106104062	Pending	12/31/2023	07/01/2025	02/12/2025	<input checked="" type="checkbox"/>

Step 2: Click “Request and Extension.”

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

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

### Step 5: Click “Create Request.”

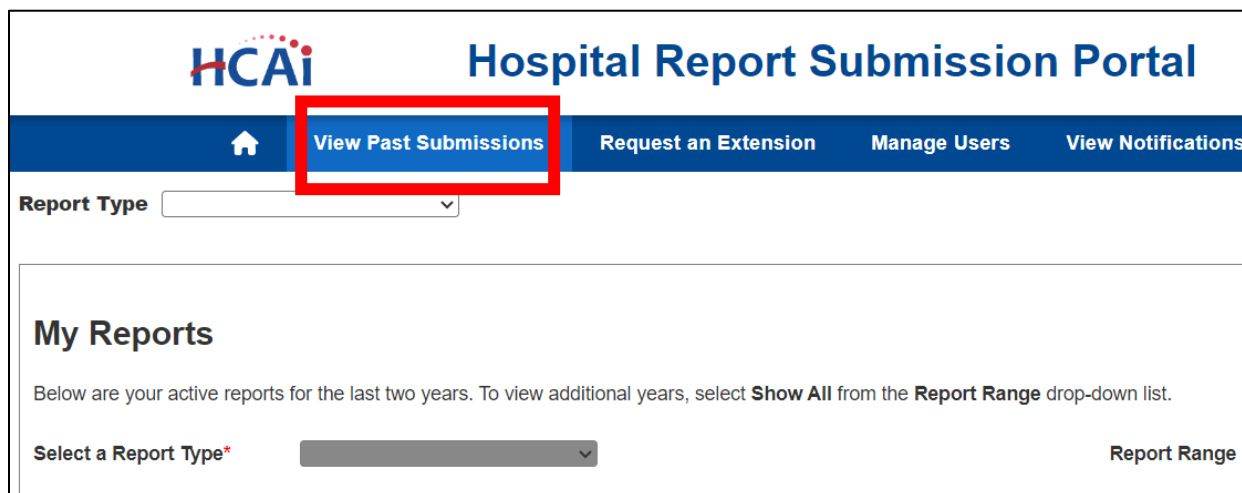
**Step 6: Review the requested information and click “Submit.”**



## How to View Past Submissions

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

Step 2: Click “View Past Submissions.”



**HCAi** Hospital Report Submission Portal

Home View Past Submissions Request an Extension Manage Users View Notifications

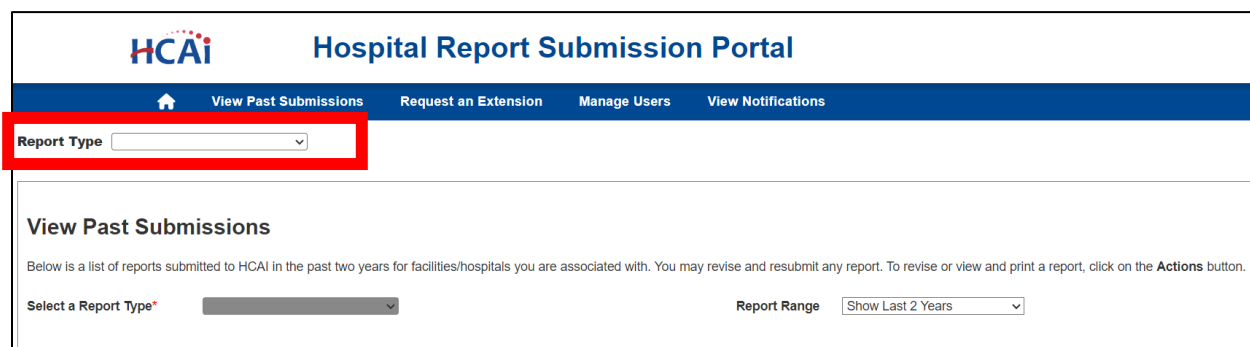
Report Type

### 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: Select the desired report type.



**HCAi** Hospital Report Submission Portal

Home View Past Submissions Request an Extension Manage Users View Notifications

Report Type

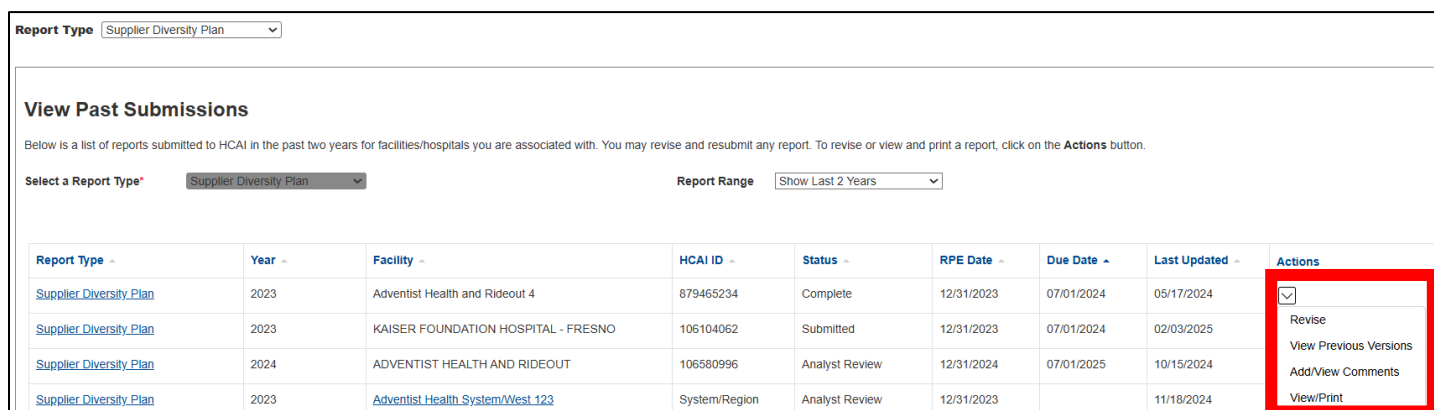
### View Past Submissions

Below is a list of reports submitted to HCAI in the past two years for facilities/hospitals you are associated with. You may revise and resubmit any report. To revise or view and print a report, click on the **Actions** button.

Select a Report Type\*  Report Range

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, for the individual facility plan to view.



Report Type

### View Past Submissions

Below is a list of reports submitted to HCAI in the past two years for facilities/hospitals you are associated with. You may revise and resubmit any report. To revise or view and print a report, click on the **Actions** button.

Select a Report Type\*  Report Range

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
<a href="#">Supplier Diversity Plan</a>	2023	Adventist Health and Rideout 4	879465234	Complete	12/31/2023	07/01/2024	05/17/2024	<input checked="" type="checkbox"/> Revise View Previous Versions Add/View Comments View/Print
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - FRESNO	106104062	Submitted	12/31/2023	07/01/2024	02/03/2025	
<a href="#">Supplier Diversity Plan</a>	2024	ADVENTIST HEALTH AND RIDEOUT	106580996	Analyst Review	12/31/2024	07/01/2025	10/15/2024	
<a href="#">Supplier Diversity Plan</a>	2023	Adventist Health System/West 123	System/Region	Analyst Review	12/31/2023		11/18/2024	



## 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 plans 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 plan 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 plans to the public. The annual submission of supplier diversity plans 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](#).

## Individual Supplier Diversity Plan Template

**\*\*\*Please Note: The user may use this template to assist in gathering the information required for submission. Please provide the following information to the extent that the data is available. All plans are required to be submitted in the Hospital Disclosures and Compliance System. All information provided on this plan will be available for viewing by the public, including numerical and written responses\*\*\***

### General Information

Hospital Name:

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

HCAI Hospital ID: [Is a nine-digit number that may start with 106]

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

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

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

Supplier Diversity Policy Statement [If the user does not have one, please take this opportunity to add any information to be shared with the public about this topic, such as information currently unavailable or being developed.]

Please describe your hospital's short-term goals and timetables, but not quotas, for increasing procurement from women, minority, LGBT, and disabled veteran business enterprises. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe your hospital's long-term goals and timetables, but not quotas, for increasing procurement from women, minority, LGBT, and disabled veteran business enterprises. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the methods in which the hospital encourages and seeks out both prime and subcontract suppliers from women, minority, LGBT, and disabled veteran business enterprises to become potential suppliers. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the methods in which the hospital encourages its employees involved in procurement to seek out women, minority, LGBT, and disabled veteran business enterprises to become potential suppliers. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the methods in which the hospital conducts outreach and communication to women, minority, LGBT, and disabled veteran business enterprises. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the methods in which your hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with women, minority, LGBT, and disabled veteran business enterprises. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the methods in which your hospital resolves any issues that may limit or impede an enterprise from becoming a supplier. [If the user does not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the past implementation of relevant recommendations made by the Hospital Supplier Diversity Commission. [If the user do not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe the planned implementation of relevant recommendations made by the Hospital Supplier Diversity Commission. [If the user do not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Please describe your hospital's procurement process. [If the user do not have any at this time, please take this opportunity to add any information to be shared with the public about this topic, such as information that is not yet available or is currently being developed. All information provided will be made available to the public.]

Website Link(s):

If there is more than 1 website, each website entered should be separated by a comma, otherwise the entire entry may be listed on our public site as a single URL. [Website(s) for hospital procurement where information, instructions, requirements, and/or other information related to procurement will be available.]

**Supplier Certification**

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

**\*\*\*Please Note: the next question will only populate if the user answer yes to this question\*\*\***

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

### **Diverse Procurement Spending – Minorities**

For the reporting period, enter the whole dollar amounts procured by the hospital from those business enterprises that employ the majority of their workforce in California. If \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank. 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 the hospital. Tier II procurement means procurement by any agreement or arrangement between a contractor and any third party.

**\*\*\*Please Note: Users 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 whole dollar amounts procured by the 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 less duplicate 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 the facility procured \$200 worth of supplies from, the user 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 the hospital's total procurement? Total procurement includes all procurement from diverse and non-diverse suppliers by the hospital. Diverse procurement shall not exceed the hospital's total procurement.

Total 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.

[Enter a whole dollar amount, no decimal points.]

### **Supplier Point of Contact**

Enter the contact information for the individual(s) that business enterprises who are interested in contracting with the facility can reach out to.

Name:

Email:

Phone Number:

### **Business Outreach Liaison**

Enter the contact information for the individual(s) of the diverse business outreach liaison of the hospital.

Name:

Email:

Phone Number:

### **Third-Party Procurement**

Does the hospital use a third-party procurement company (for example, a Global Purchasing Organization)? [Yes/No]

**\*\*\*Please Note: the next two questions will only populate if the answer yes to this question\*\*\***

Procurement Company Name:

Website:

### **Additional Information**

Other Relevant Information (optional)

[Please take this opportunity to add any information to be shared with the public about the Supplier Diversity plan and/or procurement process. All information provided will be made available to the public.]

## How to Submit an Individual Plan – Option #1

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

Step 2: Click on “Report type” and select “Supplier Diversity 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' (which is highlighted), and 'Hospital Fair Billing Program'. Below the dropdown, there is a 'Select a Report Type\*' field and a 'Report Range' dropdown set to 'Show Last 2 Years'.

Step 3: Click on “Supplier Diversity Plan” under the column “Report Type” next to the individual facility to submit a plan for.

The screenshot shows the 'Supplier Diversity Plans' section of the portal. It includes instructions on how to submit a report and buttons for 'Create System/Regional Plan', 'Download Reporting Template', and 'Upload Multiple Plans'. Below these, there is a table with columns: Report Type, Year, Facility, HCAI ID, Status, RPE Date, Due Date, Last Updated, and Actions. The 'Report Type' column is highlighted with a red box, showing 'Supplier Diversity Plan' for two entries.

Report Type -	Year -	Facility -	HCAI ID -	Status -	RPE Date -	Due Date -	Last Updated -	Actions
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	106014326	Pending	12/31/2023	07/01/2025	02/12/2025	<input checked="" type="checkbox"/>
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - FRESNO	106104062	Pending	12/31/2023	07/01/2025	02/12/2025	<input checked="" type="checkbox"/>

Step 4: Answer all the narrative questions and complete the financial data tables. Please refer to the [Individual Supplier Diversity Plan Template](#) for guidance on information needed to complete this plan.

Step 5: Check the Plan Certification Statement box at the end of plan.

Step 6: Click “Submit.”

Step 7: A pop-up window will appear that states “Are you sure you want to submit this plan?”

Step 8: Click “Ok.”

Step 9: A pop-up window will appear that states “You successfully submitted your plan.”

Step 10: Click “OK.”

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

**\*\*\*Please note: Plans 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 plan submitter to submit multiple individual plans via the "Upload Multiple Plans" function. Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window. \*\*\***

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

Step 2: Click on "Report type" and select "Supplier Diversity Plan"

Step 3: Click "Download Reporting Template"

**HCAI Hospital Report Submission Portal**

View Past Submissions Request an Extension Manage Users View Notifications Manage Hospital Systems/Regions

Report Type: Supplier Diversity Plan

### Supplier Diversity Plans

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 it from the **View Past Submissions** menu option. You may submit multiple reports. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

You may also opt to submit one or more **hospital system/regional-level plans**. To do so, click on the **Create System/Regional Plan** button for each report you want to create.

Create System/Regional Plan **Download Reporting Template** Upload Multiple Plans

Select a Report Type: Supplier Diversity Plan Report Range: Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status	RPE Date	Due Date	Last Updated	Actions
-------------	------	----------	---------	--------	----------	----------	--------------	---------

Step 4: Click "Individual Hospital Plan" and add the reporting year.

Step 5: Click "Download."

### Download Report Template

☒ Individual Hospital Plan

☐ System/Regional Hospital Plan

Report Year: [dropdown]

Cancel Download



Step 6: Open the downloaded Excel Spreadsheet.

Step 7: Fill in the narrative and financial data questions by populating the columns on the first tab of the Excel Spreadsheet. Please refer to our [Individual Supplier Diversity Plan Template](#) for guidance on information needed to complete this plan.

**\*\*\*Please Note: Explanations for the different columns are available on the second tab of the Excel Spreadsheet titled “Field Specifications.” Please delete the second tab titled “Field Specifications” before uploading the file.\*\*\***

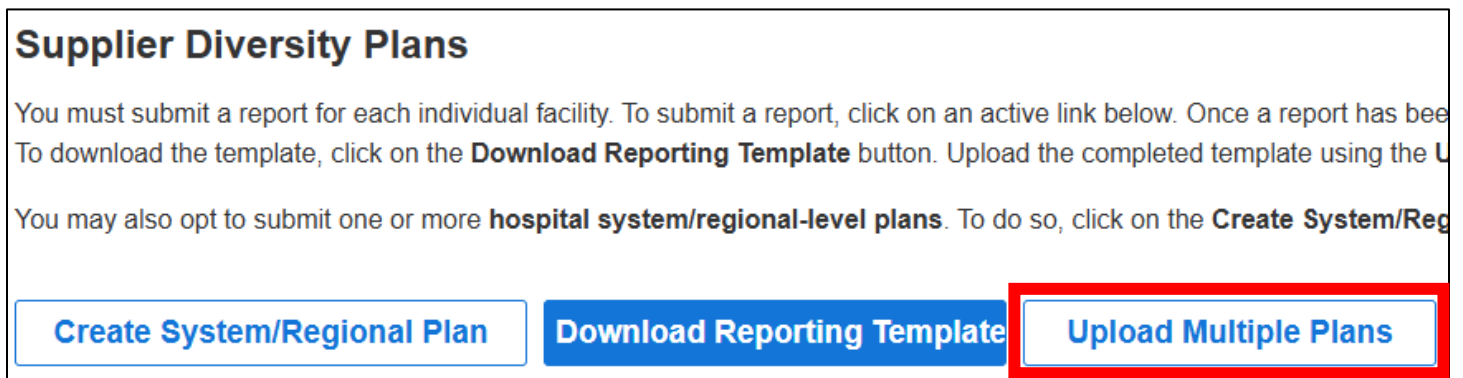
	A	B	C	D	E	F	G	H
1	Hospital_Name	HCAI_ID	Reporting_Organization	Report_Start_Date	Report_End_Date	Supplier_Diversity_Statement	Encourage_Suppliers	Encourage_Employees
2								
3								
4								
5								
6								
7								
8								
9								
10								

Step 8: Save the document in .csv format with the name of the facility, “Hospital Supplier Diversity Plan” and the reporting year, see sample image below.

**\*\*\*Please note: The user must rename the file before attempting to upload.\*\*\***

**\*\*\* Please note: If the user has been logged out of the system, please see steps one through two prior to proceeding to step nine\*\*\***

Step 9: Click “Upload Multiple Plans.”



**Supplier Diversity Plans**

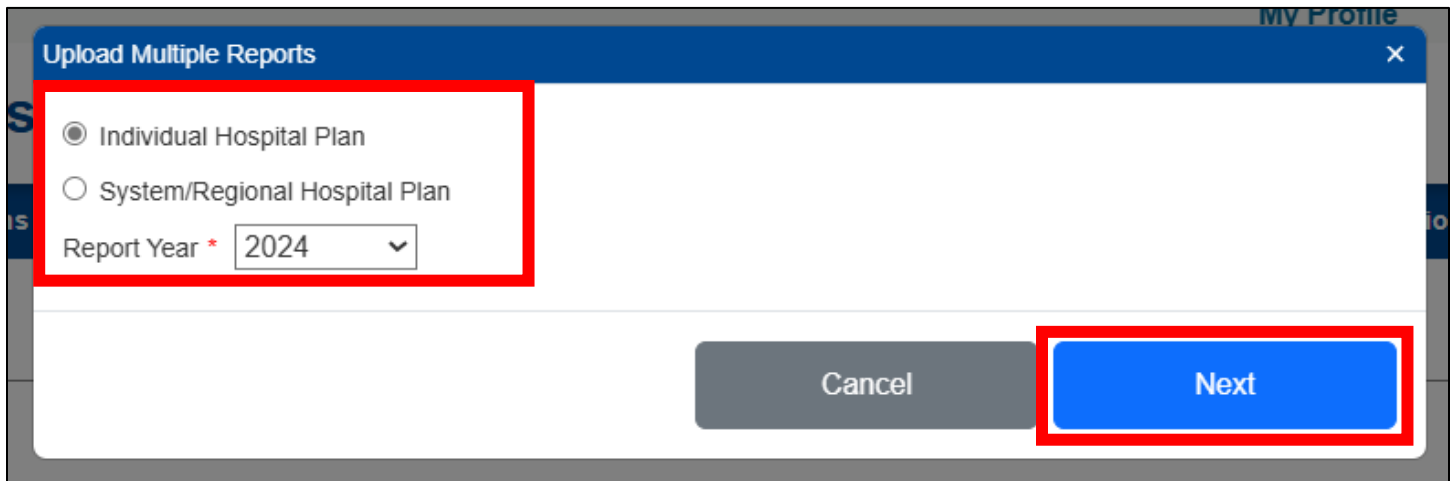
You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you can download the report. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

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

[Create System/Regional Plan](#) [Download Reporting Template](#) [Upload Multiple Plans](#)

Step 10: Click “Individual Hospital Plan” and add the reporting year.

Step 11: Click “Next.”



**Upload Multiple Reports**

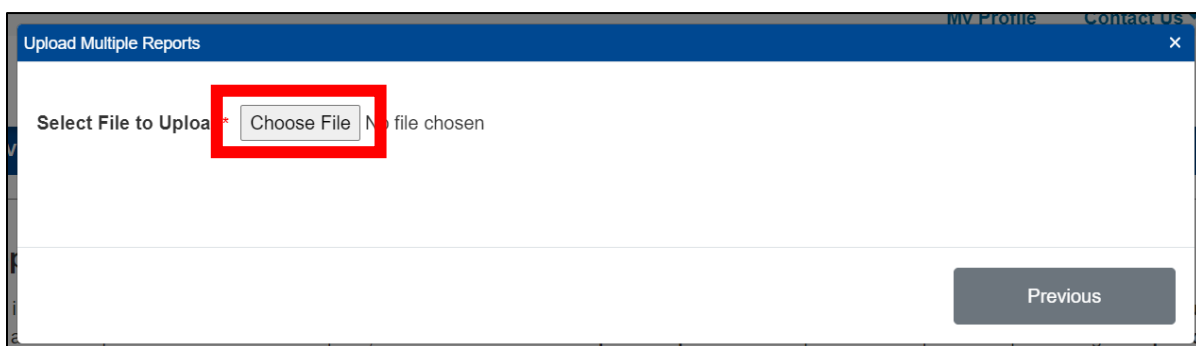
☒ Individual Hospital Plan  
☐ System/Regional Hospital Plan

Report Year \* 2024

Cancel Next

Step 12: Click “Choose File” and select the previously saved .csv formatted document described step eight.

**\*\*\*Please note: Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window.\*\*\***

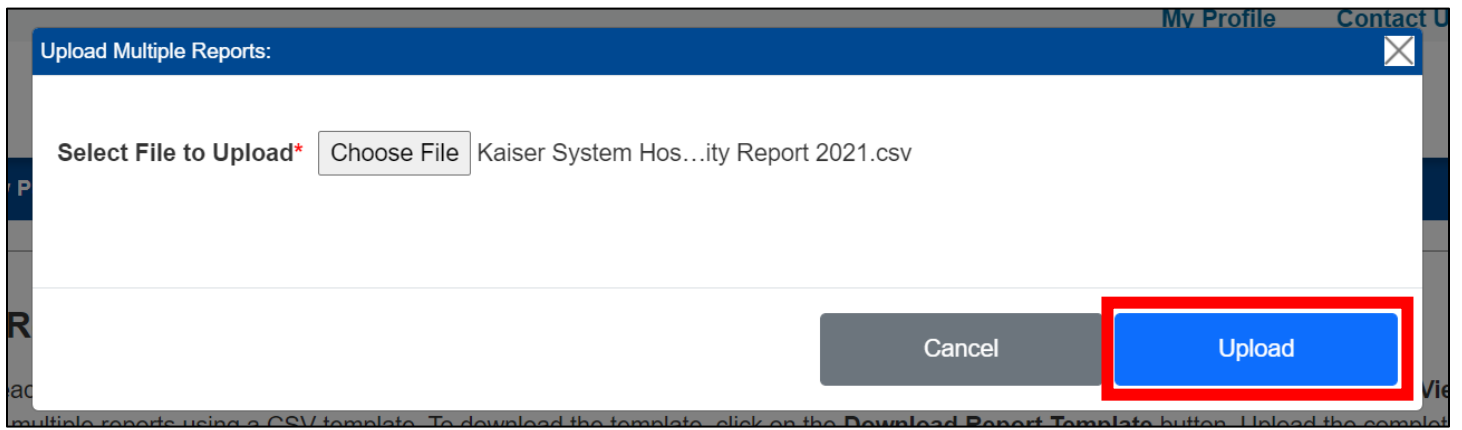


**Upload Multiple Reports**

Select File to Upload [Choose File](#) No file chosen

Previous

Step 13: Click “Upload.”



Step 14: Check the Plan Certification Statement box.

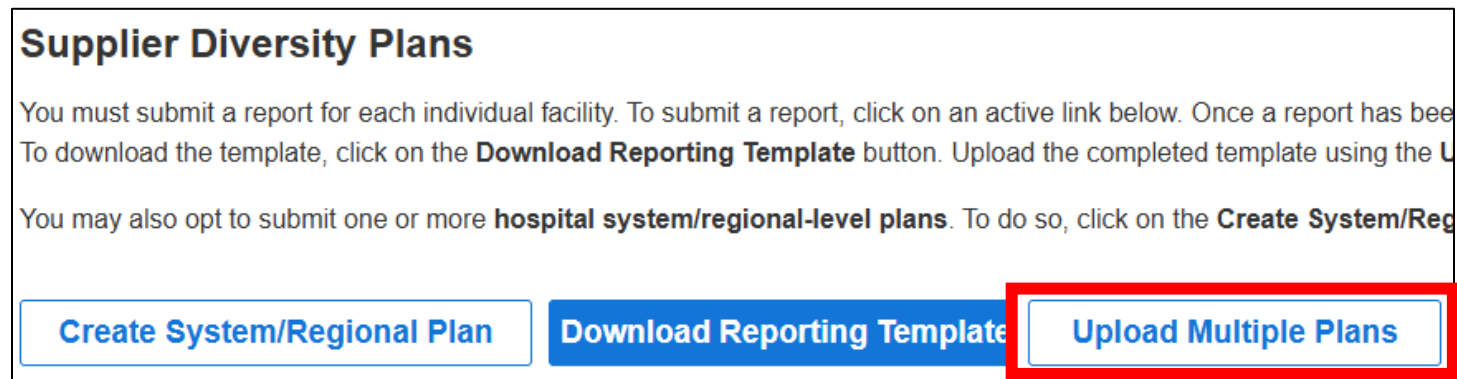
Step 15: Click "Submit."

## How to Upload Multiple Individual Plans

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

Step 2: Click on “Report type” and select “Supplier Diversity Plan”

Step 3: Click “Upload Multiple Plans.”



**Supplier Diversity Plans**

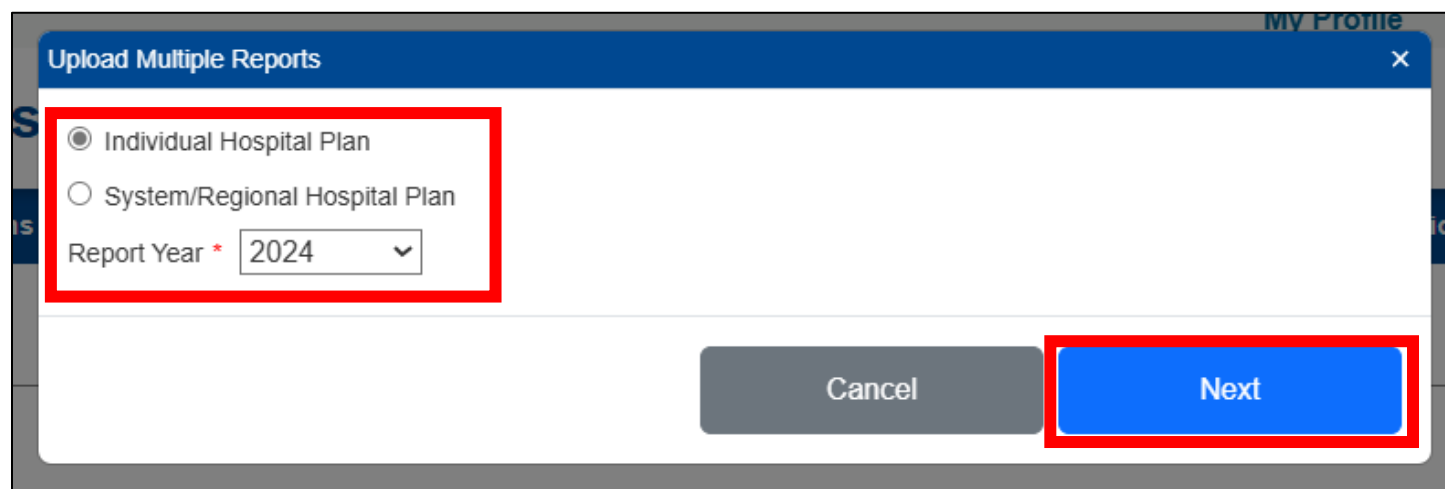
You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you can download the report. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

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

[Create System/Regional Plan](#) [Download Reporting Template](#) [Upload Multiple Plans](#)

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

Step 5: Click “Next.”



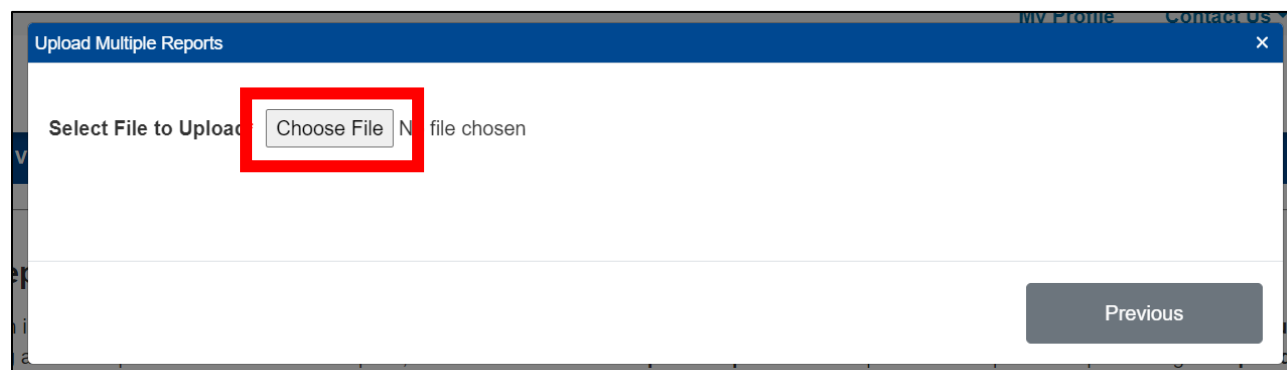
**Upload Multiple Reports**

☒ Individual Hospital Plan  
☐ System/Regional Hospital Plan

Report Year \*

[Cancel](#) [Next](#)

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



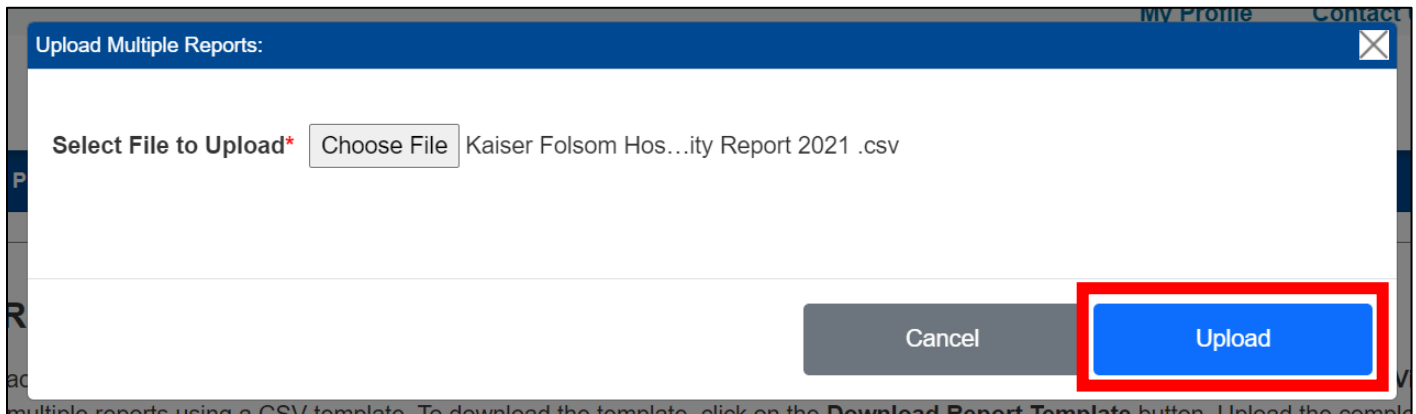
**Upload Multiple Reports**

Select File to Upload [Choose File](#) No file chosen

[Previous](#)

Step 7: Click “Upload.”

**\*\*\*Please note: Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window.\*\*\***



Step 8: Check the Plan Certification Statement box.

Step 9: Click "Submit."

## How to Revise an Individual Plan

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

Step 2: Click on “Report type” and select “Supplier Diversity Plan”

Step 3: Click on the drop-down under the action’s column next to the individual facility plan the user would like to revise.

Report Type ▾	Year ▾	Facility ▾	HCAI ID ▾	Status ▾	RPE Date ▾	Due Date ▾	Last Updated ▾	Actions
<a href="#">Supplier Diversity Plan</a>	2023	Adventist Health and Rideout 4	879465234	Complete	12/31/2023	07/01/2024	05/17/2024	<div><input checked="" type="checkbox"/> <a href="#">Revise</a></div>
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - FRESNO	106104062	Submitted	12/31/2023	07/01/2024	02/03/2025	<div><a href="#">View Previous Versions</a></div>
<a href="#">Supplier Diversity Plan</a>	2023	KAISER FOUNDATION HOSPITAL - MORENO VALLEY	106334048	Submitted	12/31/2023	07/01/2024	02/03/2025	<div><a href="#">Add/View Comments</a></div>
<a href="#">Supplier Diversity Plan</a>	2024	ADVENTIST HEALTH AND RIDEOUT	105580206	Analyst Review	12/31/2024	07/01/2025	10/15/2024	<div><a href="#">View/Print</a></div>

Step 4: Update the plan. Please refer to the [Individual Supplier Diversity Plan Template](#) for additional guidance.

Step 5: Check the Plan Certification Statement box at the end of the plan.

Step 6: Click “Submit.”

Step 7: A pop-up window will appear that states “Are you sure you want to submit this Plan?”

Step 8: Click “Ok.”

Step 9: A pop-up window will appear that states “You successfully submitted your plan.”

Step 10: 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.\*\*\***

## System/Regional-Level Supplier Diversity Plan Template

**\*\*\*Please Note: The user may use this template to assist in gathering the information for submission. Please provide the following information to the extent that the data is available. All plans are required to be submitted in the Hospital Disclosures and Compliance System. All information provided on this plan will be available for viewing by the public, including numerical and written responses\*\*\***

### General Information

Reporting Organization: [If a plan 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 the user is submitting a plan 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 the user answer yes to this question\*\*\***

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

### Diverse Procurement Spending – Minorities

For the reporting period, enter the whole dollar amounts procured by the hospital from those business enterprises that employ the majority of their workforce in California. If \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank.

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 the hospital. Tier II procurement means procurement by any agreement or arrangement between a contractor and any third party.

**\*\*\*Please Note: The user 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 whole dollar amounts procured by the hospital from those business enterprises that employ the majority of their workforce in California. If \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank. 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 less duplicate amount should be reported in the less duplicate amount row.

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 the facility procured \$200 worth of supplies from, the user 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**

How much the hospital system/regional network has spent on procurement in total during the reporting period (prior calendar year)? Total procurement includes all procurement from diverse and non-diverse suppliers by the hospital system/regional network. Diverse procurement shall not exceed the hospital system/regional network's total procurement.

Total 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.

[Enter a whole dollar amount, no decimal point]

### **Additional Information**

Other Relevant Information (optional)

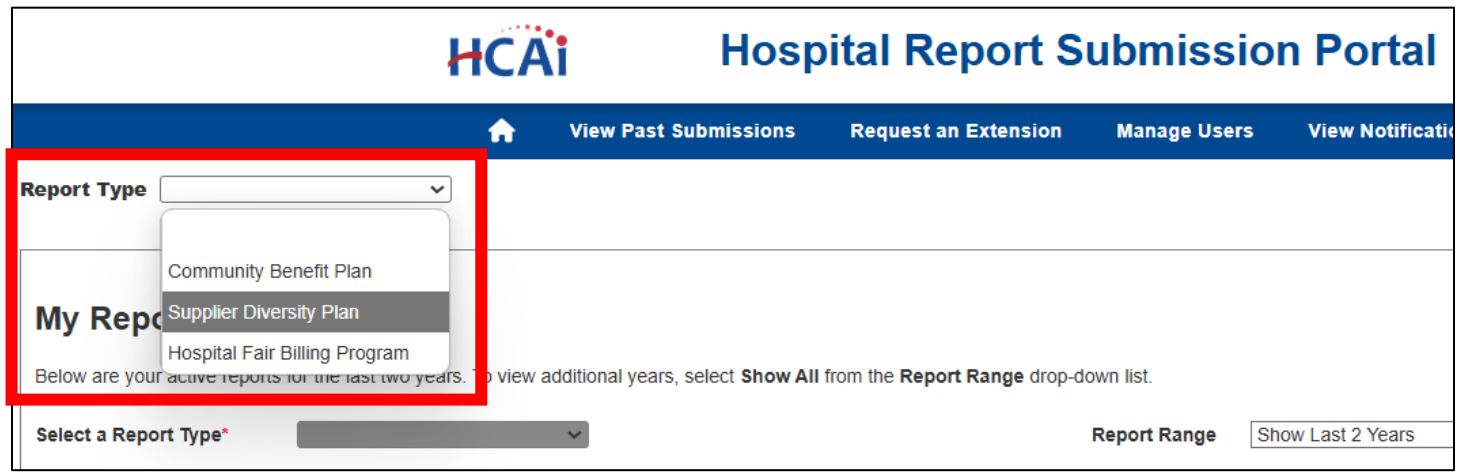
[Please take this opportunity to add any information to be shared with the public about the Supplier Diversity plan and/or procurement process. All information provided will be made available to the public.]



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

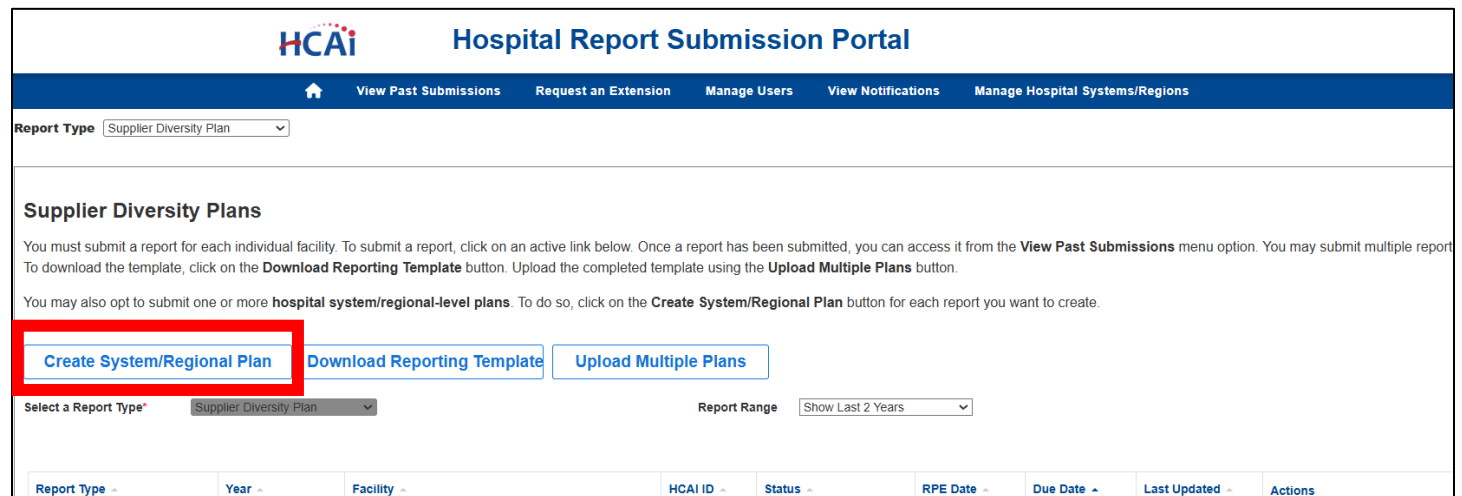
Step 1: Go to [Hospital Report Submission Portal](#), and sign in.

Step 2: Click on “Report type” and select “Supplier Diversity Plan”



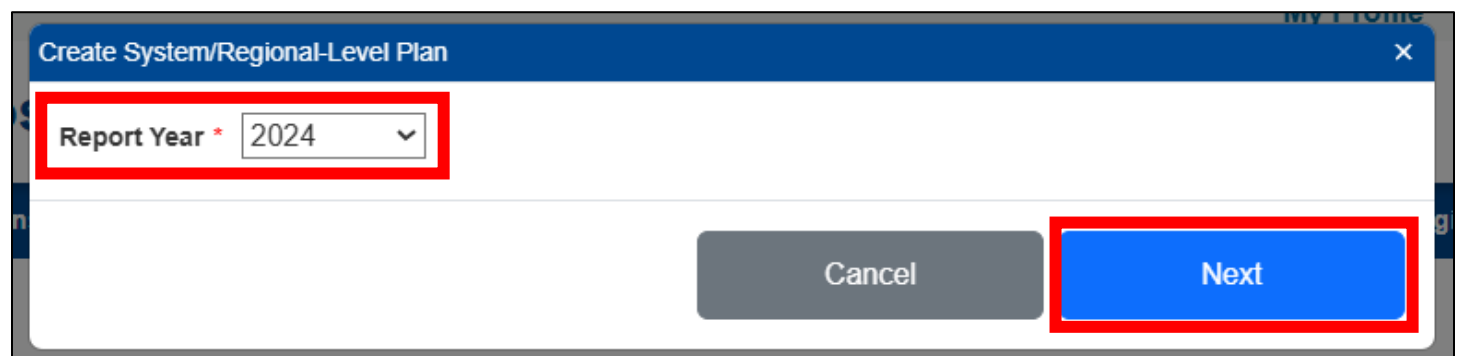
The screenshot shows the 'Hospital Report Submission Portal' interface. The 'Report Type' dropdown menu is open, displaying three options: 'Community Benefit Plan', 'Supplier Diversity Plan' (which is highlighted), and 'Hospital Fair Billing Program'. Below the dropdown, there is a section titled 'My Reports' and a table of active reports. The 'Report Range' is set to 'Show Last 2 Years'.

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



The screenshot shows the 'Hospital Report Submission Portal' interface. The 'Report Type' is set to 'Supplier Diversity Plan'. Below the header, there is a section titled 'Supplier Diversity Plans' with instructions on how to submit a report. The 'Create System/Regional Plan' button is highlighted with a red box. Below this, there is a table with columns: Report Type, Year, Facility, HCAI ID, Status, RPE Date, Due Date, Last Updated, and Actions.

Step 4: A pop-up window will appear. Enter the reporting year and click “Next.”



The screenshot shows a pop-up window titled 'Create System/Regional-Level Plan'. The 'Report Year' dropdown menu is set to '2024'. The 'Next' button is highlighted with a red box. The 'Cancel' button is also visible.

Step 5: Click a system/region previously reported on or click “Create a new system/region” if the user needs to create a new system/regional plan.

Step 6: Click “Next.”

Create System/Regional-Level Plan

Select System/Region

- ☒ Create a new system/region
- ☐ AB 1392 testing
- ☐ adsf
- ☐ Adventist Health System/West 123
- ☐ Adventist Health System/West dsfjndjfn
- ☐ Adventist North
- ☐ Adventist Rideout 2
- ☐ Adventist Rideout Test 1
- ☐ Adventist test
- ☐ adventist test change

Previous Next

Step 7: Please enter the System/Region Name.

Step 8: Please search the facilities in the “Facility/HCAI ID” search bar and click the facilities that will be a part of the plan.

Step 9: Click “Save.”

Create System/Regional-Level Plan

System/Region Name \*

(for example, Sutter - Northern California)

Hospital System/Region ID

Report Type \*

Report Year

Facilities to include (select all that apply) \*

☒ Show All ☐ Show Selected

Facility/HCAI ID

<input type="checkbox"/> Facility Name	HCAI ID
<input type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996
<input type="checkbox"/> Adventist Health and Rideout 2	365987567
<input type="checkbox"/> Adventist Health and Rideout 4	879465234
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - FRESNO	106104062
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - LOS ANGELES	106190429
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - MORENO VALLEY	106334048

Previous Save

Step 10: A pop-up window will appear that states “Plan has been Saved!”

Step 11: Click “OK.”

Step 12: Answer all the narrative questions and complete the financial data tables. Please refer to our [System/Regional-Level Supplier Diversity Plan Template](#) for guidance on information needed to complete this plan.

Step 13: Check the Plan Certification Statement box at the end of the plan.

Step 14: Click “Submit.”

Step 15: A pop-up window will appear that states “Are you sure you want to submit this plan?”

Step 16: Click “Ok.”

Step 17: A pop-up window will appear that states “You successfully submitted your plan.”

Step 18: Click “OK.”

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

\*\*\*Please note: plans 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 plan submitter to submit multiple system plans via the “Upload Multiple Plans” function. Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window.\*\*\*

- Step 1: Go to [Hospital Report Submission Portal](#), and sign in.
- Step 2: Click on “Report type” and select “Supplier Diversity Plan.”
- Step 3: Click “Download Reporting Template.”

### Supplier Diversity Plans

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 view the report details. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

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

[Create System/Regional Plan](#)[Download Reporting Template](#)[Upload Multiple Plans](#)

- Step 4: Click “System/Regional Hospital Plan” and enter the reporting year.
- Step 5: Click “Download.”

Download Report Template

☐ Individual Hospital Plan

☒ System/Regional Hospital Plan

Report Year \* 2024

Cancel

Download

Step 6: Open the downloaded Excel Spreadsheet.

Show Last 2 Years

Report Type	Year	Facility	HCAI ID	Status
SDR - System_Regi....xlsx				

Step 7: Answer all of the narrative and financial data questions. Please refer to our [System/Regional-Level Supplier Diversity Plan Template](#) for guidance on information needed to complete this plan.

**\*\*\*Please Note: Explanations for the different columns are available on the second tab of the Excel Spreadsheet titled “Field Specifications.” Please delete the second tab titled “Field Specifications” before uploading the file.\*\*\***

	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 8: Save the document in .csv format with the name of the hospital system, “Hospital Supplier Diversity Plan” and the reporting year, see sample image below.

**\*\*\* Please note: If the user has been logged out of the system, please see steps one through two prior to proceeding to step nine\*\*\***

Step 9: Click “Upload Multiple Plans.”

## Supplier Diversity Plans

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 view the report details. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the **Upload Multiple Plans** button.

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

[Create System/Regional Plan](#)
[Download Reporting Template](#)
[Upload Multiple Plans](#)

Step 11: Click “System/Regional Hospital Report” and select “report year.”

Step 12: Click “Next.”

Upload Multiple Reports

☐ Individual Hospital Plan

☐ System/Regional Hospital Plan

Report Year \*

Cancel Next

Step 13: Click “Choose File” and select the previously saved CSV formatted document.’

**\*\*\*Please note: Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window.\*\*\***

Upload Multiple Reports

Select File to Upload Choose File No file chosen

Previous

Step 14: Click “Upload.”

Upload Multiple Reports:

Select File to Upload\* Choose File Kaiser System Hos...ity Report 2021.csv

Cancel Upload

Step 15: Click a system/region previously reported on or click “Create a new system/region” if the user needs to create a new system/regional plan.

Step 16: Click “Next.”

**Create System/Regional-Level Plan**

**Select System/Region**

- ☐ Create a new system/region
- ☐ AB 1392 testing
- ☐ adsf
- ☐ Adventist Health System/West 123
- ☐ Adventist Health System/West dsfjndjfn
- ☐ Adventist North
- ☐ Adventist Rideout 2
- ☐ Adventist Rideout Test 1
- ☐ Adventist test
- ☐ adventist test change

**System Reporting Organization**

f

**System Description**

f

Previous Next

Step 17: Please enter the System/Region Name.

Step 18: Please search the facilities in the “Facility/HCAI ID” search bar and click the facilities that will be a part of the plan.

Step 19: Click “Next.”

**Multiple Upload Reports 1 of 1**

**System/Region Name \***

(For example, Sonnet - Northern California)

**Hospital System/Region ID**

**Reporting Organization**

1

**System Description**

1

**Facilities to include (select all that apply) \***

☐ Show All ☐ Show Selected

**Facility/HCAI ID**

<input type="checkbox"/> Facility Name	HCAI ID
<input type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996
<input type="checkbox"/> Adventist Health and Rideout 2	365987567
<input type="checkbox"/> Adventist Health and Rideout 4	879465234
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - FRESNO	106104062
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - LOS ANGELES	106190429
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - MORENO VALLEY	106334048

Previous Next

Step 20: A pop-up window will appear. "The current changes will be updated and applied to the selected Hospital Region and this plan. Are you sure you want to continue?"

Step 21: Click "Ok"

Step 22: Check the Plan Certification Statement box.

Step 23: Click "Submit."

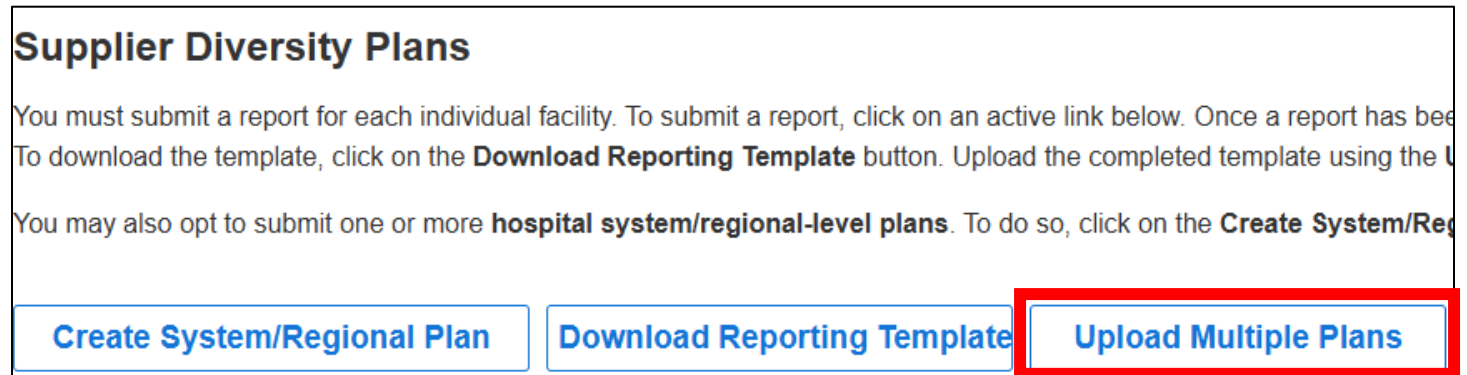


## How to Upload Multiple System/Regional Plans

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

Step 2: Click on “Report type” and select “Supplier Diversity Plan.”

Step 3: Click “Upload Multiple Plans.”



**Supplier Diversity Plans**

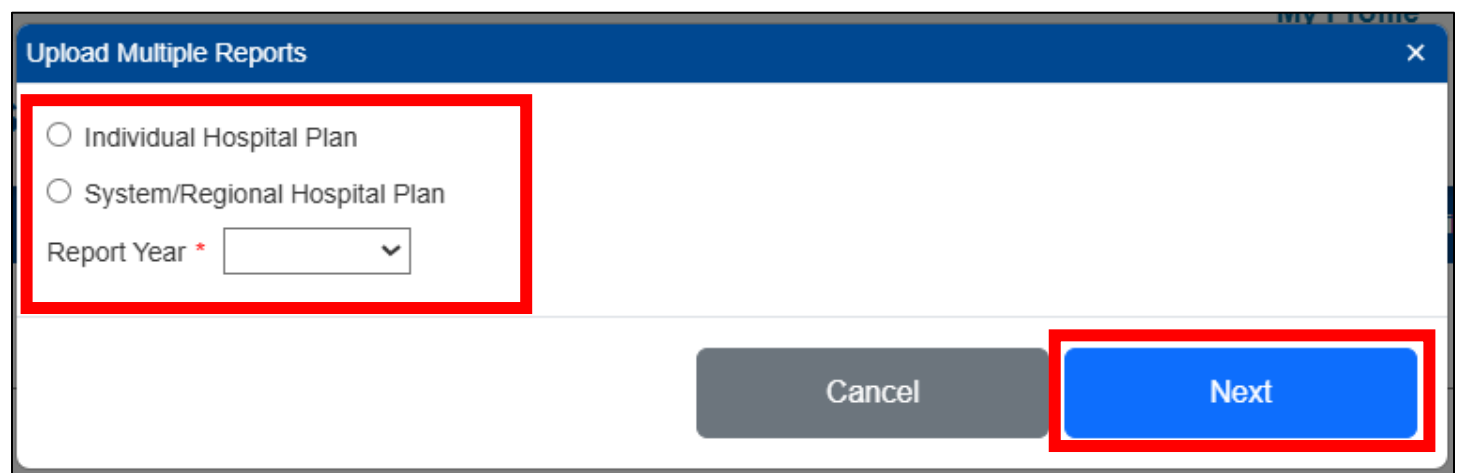
You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you can view the report details. To download the template, click on the **Download Reporting Template** button. Upload the completed template using the Upload button.

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

[Create System/Regional Plan](#) [Download Reporting Template](#) [Upload Multiple Plans](#)

Step 4: Click “System/Regional Hospital Plan” and select the report year.

Step 5: Click “Next.”



**Upload Multiple Reports**

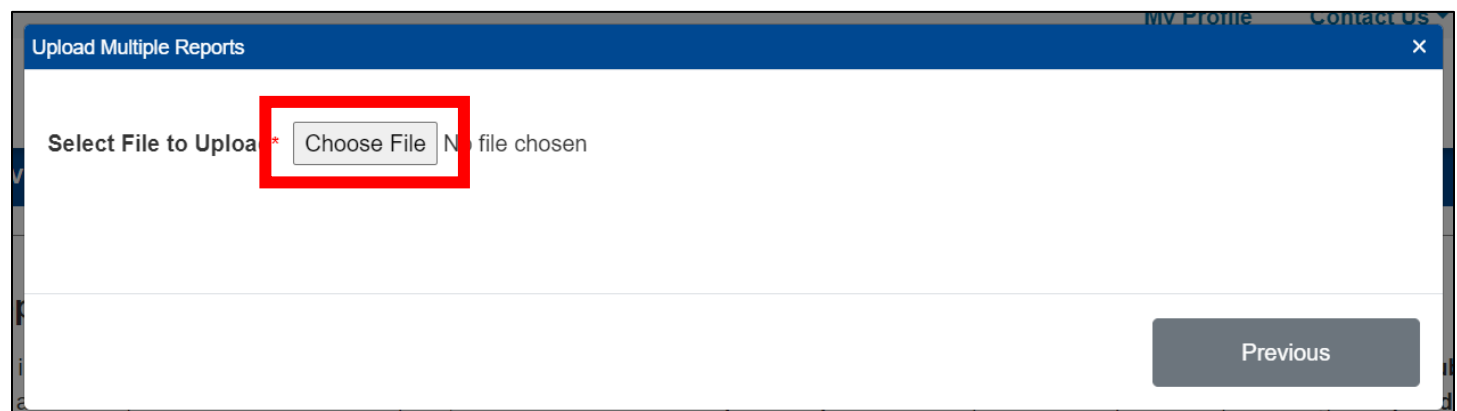
☐ Individual Hospital Plan

☐ System/Regional Hospital Plan

Report Year \*

[Cancel](#) [Next](#)

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



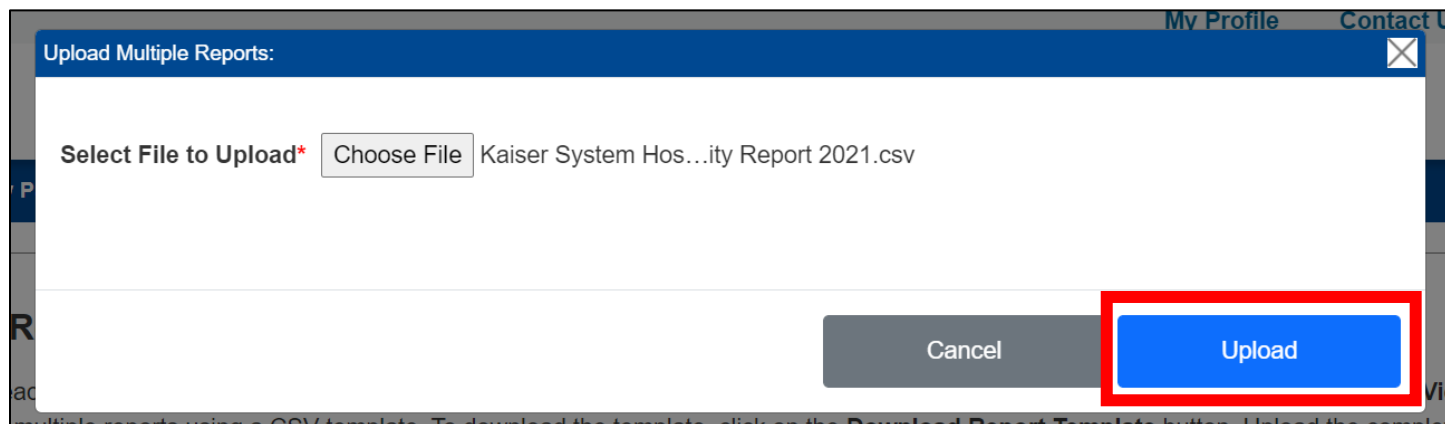
**Upload Multiple Reports**

Select File to Upload \* [Choose File](#) No file chosen

[Previous](#)

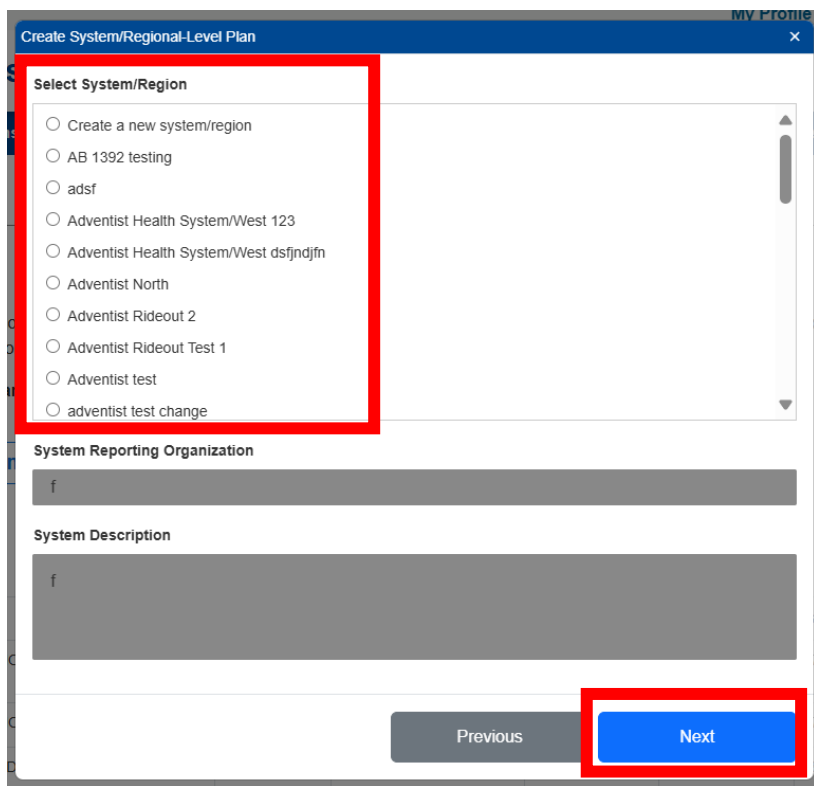
**\*\*\*Please note: Prior to submitting, ensure that formatting will meet requirements. The system will validate the data for approved formatting. If errors are found, the error will be identified in the current window.\*\*\***

Step 7: Click "Upload."



Step 8: Click a system/region previously reported on or click "Create a new system/region" if the user needs to create a new system/regional plan.

Step 9: Click "Next."



Step 10: Please enter the System/Region Name.

Step 11: Please search the facilities in the "Facility/HCAI ID" search bar and click the facilities that will be a part of the plan.

Step 12: Click "Next."

Multiple Upload Reports 1 of 1

System/Region Name \*

(For example, Sutter - Northern California)

Hospital System/Region ID

Reporting Organization 1

System Description 1

Facilities to include (select all that apply) \*

☐ Show All ☐ Show Selected

Facility/HCAI ID

<input type="checkbox"/> Facility Name	HCAI ID
<input type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996
<input type="checkbox"/> Adventist Health and Rideout 2	365987567
<input type="checkbox"/> Adventist Health and Rideout 4	879465234
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - FRESNO	106104062
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - LOS ANGELES	106190429
<input type="checkbox"/> KAISER FOUNDATION HOSPITAL - MORENO VALLEY	106334048

Step 12: A pop-up window will appear. "The current changes will be updated and applied to the selected Hospital Region and this plan. Are you sure you want to continue?"

Step 13: Click "Ok"

Step 14: Check the Plan Certification Statement box.

Step 15: Click "Submit."

## How to Revise a System/Regional Plan

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

Step 2: Click on “Report type” and select “Supplier Diversity Plan”

Step 3: Click on the drop-down under the column “Actions” next to the individual facility plan the user would like to revise.

Step 4: Click “Revise.”

<a href="#">Supplier Diversity Plan</a>	2024	<a href="#">Adventist North</a>	System/Region	Submitted	12/31/2024		01/29/2025	<div><input checked="" type="checkbox"/> Revise View Previous Versions Add/View Comments View/Print</div>
<a href="#">Supplier Diversity Plan</a>	2024	<a href="#">Adventist North</a>	System/Region	Submitted	12/31/2024		01/29/2025	
<a href="#">Supplier Diversity Plan</a>	2023	<a href="#">adventist test change</a>	System/Region	Revision Submitted	12/31/2023		02/22/2024	
<a href="#">Supplier Diversity Plan</a>	2023	<a href="#">Just testing</a>	System/Region	Complete	12/31/2023		03/28/2024	

Step 5: Update plan. Please refer to our [System/Regional-Level Supplier Diversity Plan Template](#) for guidance on information needed to complete this plan.

Step 6: Check the Plan Certification Statement box at the end of the plan.

Step 7: Click “Submit.”

Step 8: A pop-up window will appear that states “Are you sure you want to submit this Plan?”

Step 9: Click “Ok.”

Step 10: A pop-up window will appear that states “You successfully submitted your plan.”

Step 11: 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.\*\*\***

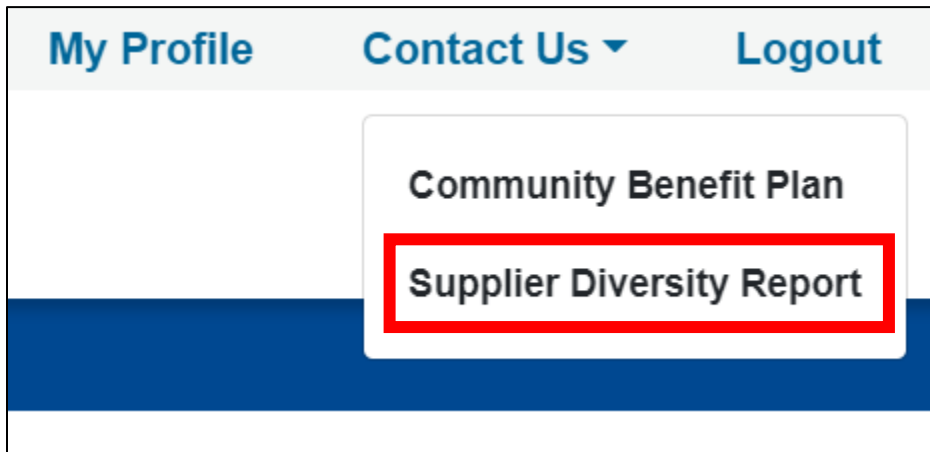
## Who to Contact with Program Specific Questions

**\*\*\*Please Note: The user may also contact support by emailing directly at [supplier.diversity@hcai.ca.gov](mailto:supplier.diversity@hcai.ca.gov) or by calling 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 “Supplier Diversity Plan.”



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)

## Glossary of Terms and Abbreviations

**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 percent owned by a lesbian, gay, bisexual, or transgender person or persons or a publicly owned business with at least 51 percent 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.

**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 plan 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 the hospital.

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

**Unknown Minority:** means a diverse business who is certified as minority owned, but unclear which category it should be reported under.

**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.