

## QuickStart Guide Series Hospital Equity Measures Reporting

## Approving Another User for a Facility

This QuickStart Guide will provide you with guidance on how to approve a user request within the system.

## Start

• Go to the hospital report submission portal, also known as the <u>Hospital</u> <u>Disclosures and Compliance (HDC) System</u>, and login.

## Hospital Report Submission Portal

The Hospital Disclosures and Compliance (HDC) system is a report collection system that enables hospitals to electronically submit the disclosure report listed below:

- Hospital Community Benefit Plan Reporting (Coming Soon!)
- Hospital Supplier Diversity Report (due July 1 each year)
- Hospital Fair Billing Program (due Jan 1 each even year)

Log in to your account to submit these reports.



2 An existing user can approve the request by clicking on *"Manage Users"* 

and then selecting "View User Requests."

HCAi	Hosp	pital Report Submission Portal						
🟫 Vie	ew Past Submissions	Request an Extension	Manage Users	View Notific	ations			
Report Type	~		Associate a Use	r to Reports				
			Review User Rec	quests				
My Reports			Request Report	Association				
Below are your active reports for the	e last two years. To view ad	ditional years, select <b>Show All</b> f	rom the <b>Report Rang</b> e	e drop-down list.				
Select a Report Type*	Select a Report Type*							

**3** Select *"Hospital Equity Measures Report"* from the drop-down at the

top of the page.

	HCAi Hospital Report Submission Portal									
		🔶 View	Past Submissions	Request an Extension	Manage Users	View Notifications				
Report T	ype Hospital Equity Measures Rep: >	1								
	Community Benefik Plan Supplier Oversity Plan 1051 Hospital Fair Billing Program Hospital Equity Measures Report extension to another incremospheric object	Me sures Report =	60-day extension. Click o	n the checkbox to the left of the	report(s) for which you	would like to request an	extension. To request e	densions for all reports, check the Select	All checkbox. Once you have	e selected reports, click on the
Select Report Type Regular Lighter Measures Reput										
	Report Type -	Year -	Facility/Hospital Syste	m -		Туре -	HCAI ID ~	Status -	RPE Date ~	Due Date -

• Search a pending user request by typing either the email of the person or the facility name and click *"Go."* Once the user appears, select the box next to the email and click *"Approve."* 

teport Type Hospital Equity Measures Re	pr v										
Review User Requests											
Emai Fa	cility/Hospital System:	Report Ty	pe: Hospital Equity Mea	sures V Primary: All	Secondary:	All	User: All V Date Rand	e: 01/01/2021	- 12/31/9999	Status: Pending	Y Go
Email A	Facility/Hospital System	Type ~	rpe: (Hospital Equity Mea	Report Type	Secondary:      Primary	All Associated	User: All V Date Rang	Date ~	- 12/31/9999 Status -	Status: Pending + Notes	♥ G0
											♥ Go

**6** After selecting *"Approve,"* a pop-up window will appear to confirm the approval.

riew Approval:					×				
The following hospital user report association requests will be approved: Approved requests for primary contacts and secondary contacts will replace existing primary contacts and secondary contacts.									
Email -	Facility Name/Hospital System	Туре -	HCAI ID ~	Report Type -	User Type 🕤				
First lastname@nonamehosnnital.org	Adventist Health System	Hospital System		Hospital Equity Measures Report	Associated User				
				Previou	s Confirm				
		he following hospital user report association requests will be approved: proved requests for primary contacts and secondary contacts will replace existing primary contacts and secondary contacts.  Email - Facility Name/Hospital System - Adventist Health System	he following hospital user report association requests will be approved: proved requests for primary contacts and secondary contacts will replace existing primary contacts and secondary contacts. Email - Facility Name/Hospital System - Type - Adventist Health System Hospital System	boliowing hospital user report association requests will be approved: byroved requests for primary contacts and secondary contacts and secondary contacts.	biolowing hospital user report association requests will be approved: proved requests for primary contacts and secondary contacts and secondary contacts.      Email - Facility Name/Hospital System - Vye - HCAI D - Report Type -      Adventist Health System Hospital System Hospital System				

\*\*\*Please Note: If a user request has been rejected, an automatic notification will go out to the request submitter notifying them of the rejection.\*\*\*

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.



For alternative methods and more details about this process, please refer to our Hospital Disclosures and Compliance System & Hospital Equity Reporting Resource Manual. For additional assistance, please contact us via email at <u>hospitalequity@hcai.ca.gov</u> or via phone at (916) 326-3830.