



## QuickStart Guide Series

# Hospital Equity Measures Reporting

## Getting Started

This QuickStart Guide will walk you through the steps to create an account and request a report association.

**Start**

- 1 Go to the hospital report submission portal, also known as the [Hospital Disclosures and Compliance \(HDC\) System](#), and login.

### Hospital Report Submission Portal

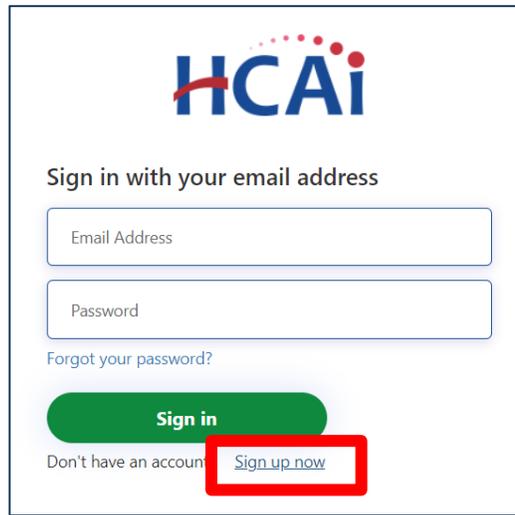
The Hospital Disclosures and Compliance (HDC) system is a report collection system that enables hospitals to electronically submit the disclosure report listed below:

- 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)

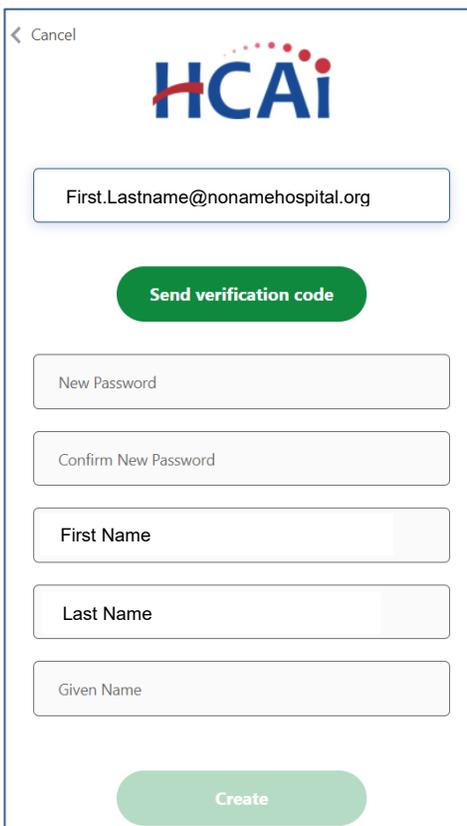
Log in to your account to submit these reports.

Login

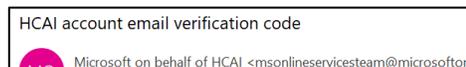
- 2 If a user does not have an account set up, please click on “*Sign up now*” and fill in the following information:



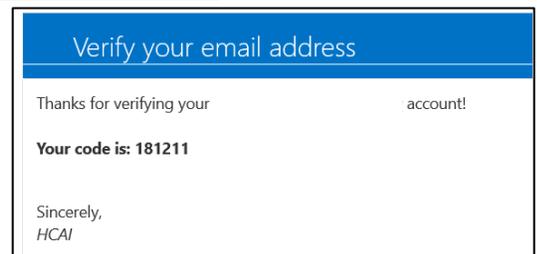
- 3 Input email and then click on “*Send verification code*.” Wait for the verification code to come into your mailbox. The email should be in your inbox within a few minutes.



(Example image of verification email):



*Do not use the code provided in the example when you are logging into the HDC System. It is only an example and will not allow you to access the HDC System.*



**\*\*\*Please Note: Primary and secondary contact person(s) must be a health facility employee and not a facility consultant. All others will be designated as “Associated User.” \*\*\***

- 4 Once verified, the user can start filling in the remainder of the information and click “*Create.*”

The screenshot shows a mobile application interface for HCAi. At the top left is a back arrow and the text "Cancel". The HCAi logo is centered at the top. Below the logo, a message reads "E-mail address verified. You can continue now." A text input field contains the email address "First.Lastname@nonamehospital.org". Below this is a blue button labeled "Change e-mail". There are two more text input fields, each containing a series of dots. Below these are three more text input fields labeled "First Name", "Surname", and "Last Name". At the bottom center is a large green rounded button labeled "Create".

**\*\*\*Please Note: Primary and secondary contact person(s) must be a health facility employee and not a facility consultant. All others will be designated as "Associated User." \*\*\***

**5** On this page, please revise or enter the following required information:

- The legal name of the hospital(s) or hospital system.
- The name of a contact person.
- The business title of the designated contact person.
- A business address.
- A business email address.
- A business phone number.

The screenshot shows a web form titled "My Profile" with two main sections: "My Profile" and "Business Address".

**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](#)

At the bottom of the form, there are two buttons: "Cancel" and "Update". The "Update" button is highlighted with a red border.

When ready, click **Update**.

\*The password must contain at least **16-64** characters, with at least one special character (!, @, #, \$, %, ^, &, and \* only), one upper case alphabetic character, one lower case alphabetic character, and one number. Also, the password cannot match the email address.

6 You will automatically be brought to this page. Select “Hospital Equity Measures Report” from the drop-down at the top of the page.

**Request History**

Request	Request Date	Status
184	7/27/2023	Closed
187	7/27/2023	Closed
190	7/27/2023	Closed
345	5/24/2024	Closed
408	3/28/2025	Open
397	3/20/2025	Closed
394	3/10/2025	Closed
395	3/10/2025	Closed
283	2/15/2024	Closed
228	12/8/2023	Closed

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

Report Type:

Facility Name:

Facility Name	HCAI ID	Primary Contact Select All	Associated User Select All
No Data to Display			

- In the “Facility Name” field, enter the name of the desired facility, and select facility type (Hospital, Hospital System or Select All) and click “Go.”
- Select a contact designation category (Primary Contact, Secondary Contact or Associated User.) Each hospital must designate a primary and secondary contact person for the purpose of receiving compliance and informational communications regarding hospital equity reports.

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

Report Type:

Facility Name / Hospital System:  Type:

Facility Name / Hospital System	Type	HCAI ID	Primary Contact Select All	Secondary Contact Select All	Associated User Select All
<a href="#">Kaiser Hospital System</a>	Facility		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">KAISER FOUNDATION HOSPITAL - FREMONT</a>	Hospital System	106014132	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<a href="#">KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND</a>	Hospital System	106014326	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">KAISER FOUNDATION HOSPITAL - SAN LEANDRO</a>	Hospital System	106014337	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ Click “Next.”

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

Report Type Hospital Equity Measures Repr

Facility Name / Hospital System kaiser Type All Go

Facility Name / Hospital System	Type	HCAI ID	Primary Contact Select All	Secondary Contact Select All	Associated User Select All	<span>View/Edit Current Selections</span>
<a href="#">Kaiser Hospital System</a>	Facility		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - FREMONT</a>	Hospital System	106014132	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND</a>	Hospital System	106014326	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - SAN LEANDRO</a>	Hospital System	106014337	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - WALNUT CREEK</a>	Hospital System	106070990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - ANTIOCH</a>	Hospital System	106074097	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - FRESNO</a>	Hospital System	106104062	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - LOS ANGELES</a>	Hospital System	106190429	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - SOUTH BAY</a>	Hospital System	106190431	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">KAISER FOUNDATION HOSPITAL - PANORAMA CITY</a>	Hospital System	106190432	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10 1 2 3 4 >

**Next**

➤ Review the facilities in the pop-up window and check mark the primary and secondary contact designation requirement acknowledgement and click “Confirm” if the facilities and designations listed are correct.

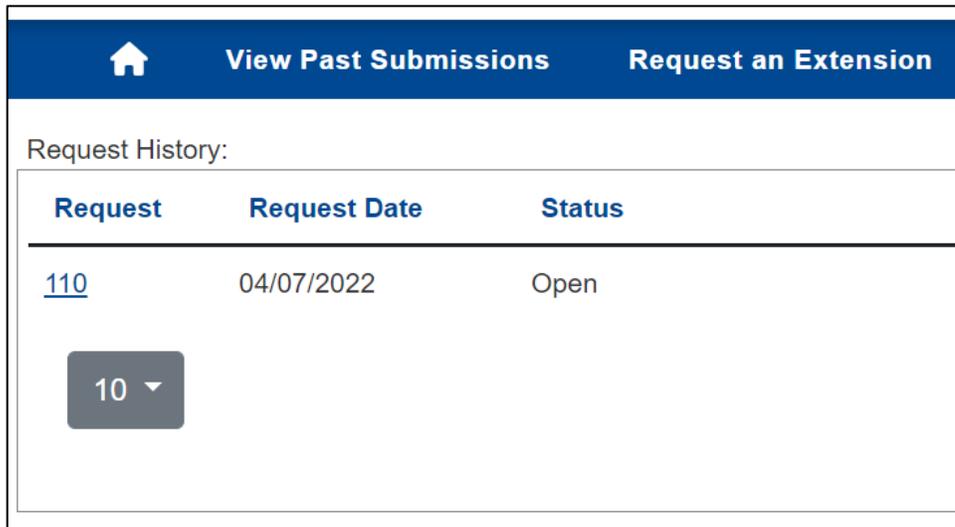
Review Request

California Code of Regulations, Section 95302 of Chapter 8.4, Division, 7, Title 22 mandates that a hospital and hospital system shall designate a primary or secondary contact for purposes of receiving communications and reporting the Hospital Equity Measures Report. By executing this action, I, Test Name Test LastName, confirm that the users designated as primary or secondary contacts are employees of the respective hospital(s) or hospital System.

Email	Facility Name/HospitalSystem	Type	HCAI ID	Report Type	User Type
Lopezae17@gmail.com	KAISER FOUNDATION HOSPITAL - FREMONT	Hospital System	106014132	Hospital Equity Measures Report	Secondary Contact
Lopezae17@gmail.com	KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	Hospital System	106014326	Hospital Equity Measures Report	Associated User
Lopezae17@gmail.com	Kaiser Hospital System	Facility		Hospital Equity Measures Report	Primary Contact

Previous **Confirm**

- When the pop-up closes, the facility request will appear on the table at the top of the page under request history.



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

10 ▾

Existing users and HCAI staff can approve pending report association requests from new users for their facilities.

Once a request is approved, the user will have access to all the reporting functions for the associated report type and hospital.

**Finish**

For more detailed information on this process, please refer to the Hospital Disclosures and Compliance System & Hospital Equity Measures Reporting Resource Manual. For additional assistance, please contact us via email at [hospitalequity@hcai.ca.gov](mailto:hospitalequity@hcai.ca.gov) or via phone at (916) 326-3830.