



Hospital Equity Measures Report Frequently Asked Questions (FAQs)

Regulations

How are hospitals defined for the Hospital Equity Measures Reporting Program?

In accordance with [Health and Safety Code \(HSC\) Section 127371, subdivision \(d\)](#), a hospital is defined as a hospital licensed as a general acute care hospital, acute psychiatric hospital or special hospital pursuant to [HSC Section 1250, subdivisions \(a\), \(b\), or \(f\)](#).

How are Children's hospitals defined for the Hospital Equity Measures Reporting Program?

In accordance with [California Code of Regulations \(CCR\), Title 22, Chapter 8.4, Section 95300, subdivision \(b\)](#), a children's hospital is defined as a hospital annually identified by the Department of Health Care Access and Information (HCAI) using the following criteria: children's hospitals identified by Welfare and Institutions Code section 10727 (including hospitals operating under a different name, but otherwise the same entity) or a hospital that has an inpatient population of more than seventy-five percent (75%) of individuals eighteen (18) years of age or younger, as identified from the Department's Patient Discharge Data, using the same data year as the year reported in the hospital equity report. The 2024 [List of Required Hospitals for Hospital Equity Measures Report Submission](#), which includes Children's Hospitals, is published on the [Hospital Equity Measures Reporting webpage](#).

Who is required to submit a Hospital Equity Measures Report?

In accordance with [HSC Sections 127370-127376](#) and all hospitals licensed as general acute care, acute psychiatric and special hospitals are required to submit an equity report for each hospital plant included on a consolidated license. Distinct part facilities or services shall be included in the report of the site to which they are licensed.

Who is required to submit a Hospital System Equity Measures Report?

In accordance with [22 CCR § 95300\(k\)](#), hospital systems are defined as an entity or system of entities that includes or owns two or more hospitals within the state, of which at least one is a general acute care hospital, as defined in HSC [Section 1250, subdivision \(a\)](#). The entity or system of entities that comprise a hospital system also includes a single corporation or entity that controls two or more hospitals and an integrated system as defined in HSC [Section 127371, subdivision \(f\)](#). A single consolidated license with multiple plants does not constitute a “hospital system.” All hospitals that meet this definition must submit an equity report for each plant, in addition to an aggregated system level report.

When are Hospital Equity Measures reports due?

Hospital Equity Measures Reports are due to the Department, annually on September 30th. A hospital or hospital system may request a single, 60-day extension of the due date, per report year.

What happens if the Hospital Equity Measures Report cannot be submitted by the due date?

In accordance with [22 CCR § 95307](#), a hospital or hospital system may request a single 60-day extension of the due date per report year. Extension requests must be submitted via the [Hospital Disclosures and Compliance \(HDC\) System](#), the online report submission portal. Instructions on how to request an extension, are available in the [QuickStart Guide: Requesting an Extension](#).

What happens if the Hospital Equity Measures Report is filed after the due date?

In accordance with [22 CCR § 95309](#), a hospital that fails to submit a report by the due date established by [22 CCR § 95306](#), is liable for a fine of one hundred (\$100) for each day that the required report is not filed. Instructions on how to request an extension of the due date are available in the [QuickStart Guide: Requesting an Extension](#).

What is the reporting period?

The reporting period is the preceding calendar year (January 1 to December 31) from the due date. (Example: The 2024 Hospital Equity Measures Report is due

September 30, 2025, covering the time period from January 1, 2024 to December 31, 2024.)

If a hospital system includes various types of hospitals, such as Children's, General Acute Care, or Acute Psychiatric Hospitals, how should they submit a Hospital System Equity Measures report?

In accordance with [22 CCR § 95304\(b\)\(8\)](#), hospital system reports must include aggregate data from each hospital grouped by hospital type consistent with the requirements of the Measures Submission Guide. If a hospital system comprises multiple hospital types, they should submit their HEM report in multiple files with each file representing a single hospital type. For example, if a hospital system comprises general acute care and acute psychiatric hospitals, they should submit two files. The first file would contain the aggregated data for measures pertaining to general acute care hospitals; the second file would contain aggregated data and measures for acute psychiatric hospitals. Each file would contain top 10 disparities for each hospital type. The written health equity plan could address the top 10 disparities for each hospital type separately or in a combined statement duplicated across submitted files.

Is each hospital on a consolidated license required to submit separate Hospital Equity Reports?

Yes. In accordance with California Code of Regulations [22 CCR § 95303\(a\)](#), all hospitals shall submit an equity report. A report shall be submitted for each hospital plant included on a consolidated license; however, any distinct part services shall be included in the report of the parent hospital to which they are licensed under.

How can an account be created in the Hospital Disclosures and Compliance (HDC) System?

Instructions are available in the [QuickStart Guide: Getting Started](#).

How are Hospital Equity Measures Reports associated to a facility in the Hospital Disclosures and Compliance (HDC) System?

Instructions are available in the [QuickStart Guide: Getting Started](#).

Who reviews and approves user requests for facility association within the Hospital Disclosures and Compliance (HDC) System?

In accordance with [22 CCR § 95302](#), each hospital and hospital system shall designate primary and secondary contact persons for each facility. The primary or secondary contact person may approve, reject or remove approved users in the online report submission portal on behalf of the hospital and hospital system. [Instructions are available in the QuickStart Guide: Approving Another User for a Facility.](#)

How are Hospital Equity Measures Reports submitted to the Department?

In accordance with [22 CCR § 95308](#), Hospital Equity Measures Reports must be submitted to the Department via the Hospital Disclosures and Compliance (HDC) System, the online report submission portal. Instructions are available in the [QuickStart Guide: Starting a New Report](#).

Can corrections or revisions be made to a previously submitted report?

Yes. In accordance with [22 CCR § 95308\(e\)](#), revisions may be submitted via the Hospital Disclosures and Compliance (HDC) System up to 120 days after the report due date specified in [22 CCR § 95306\(b\)](#). Instructions are available in the [QuickStart Guide: Starting a New Report](#).

If a hospital closes during the reporting period, are they still required to submit a Hospital Equity Measures report?

Yes, hospitals that close during the reporting period are required to submit a report containing partial data covering the timeframe from start of the reporting period through the date of closure.

What technical assistance will HCAI provide to hospitals for developing or submitting the Hospital Equity Measures reports?

HCAI will provide technical assistance by offering informational webinars, consultations on implementing the data de-identification guidelines and clarifying information in the Measures Submissions Guide, among other topics, and supporting hospitals in using HCAI's submission portal. Resources are available on the [Hospital Equity Measures Reporting Program webpage](#).

Are there required formatting guidelines for the reports that hospitals post publicly to their websites?

No, hospitals and hospital systems may format the reports they post on their websites as they wish, so long as the report publication meets the requirements of [HSC Section 127373, subdivision \(a\)\(3\)](#), [HSC Section 127374, subdivision \(e\)](#), and [22 CCR § 95304\(d\)](#), [California Health and Human Services Agency's Data De-Identification Guidelines \(DDG\)](#), dated September 23, 2016, and the information is consistent with the version they submit to HCAI.

Measures Calculations

What if the hospital does not currently collect the data required for calculating measures and stratifying by groups?

Hospitals are required to report to the extent data is available and consistent with the California Health and Human Services Agency's "[Data De-Identification Guidelines \(DDG\)](#)." If a hospital does not have the supporting data, they should leave cells that correspond to those measures blank. Hospitals should take care to distinguish between no data and true zeroes.

Which measures require stratification by behavioral health diagnosis?

In accordance with [22 CCR § 95301\(b\)](#), the only measure that require stratification by behavioral health diagnosis is the [HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate](#).

If the Centers for Medicare & Medicaid Services (CMS) change their guidelines for Social Drivers of Health (SDOHs) and Health-Related Social Needs (HRSNs), are hospitals still required to report these measures?

Yes, hospitals are required to report the CMS SDOHs and HSRNs per the [Measures Submission Guide](#) regardless of future changes by the CMS. The Measures Submission Guide is incorporated by reference into HCAI's regulations pursuant to [22 CCR § 95300\(m\)](#).

Which measures are hospital systems expected to report?

In accordance with [22 CCR § 95304\(b\)\(8\)](#), hospital systems are expected to report the measures required for all types included in their system. The hospital system measures should be calculated using aggregate data by hospital type. For hospital systems with more than one hospital type, the HEM report should be submitted using multiple files with each file representing a single hospital type, e.g., measures using aggregate data for general acute care hospitals would be submitted in a separate file than measures using aggregate data for acute psychiatric hospitals.

Please note that the Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure is not required for system level reports pursuant to [22 CCR § 95304\(b\)\(8\)](#).

How do hospital systems implement the first and second Joint Commission Structural Measures?

The first two Structural Measures are whether a hospital designates an individual to lead hospital health equity activities and provides documentation of policy prohibiting discrimination. HCAI recommends these measures be considered at the system level by each hospital type included in the system because aggregation is not applicable for these measures.

How are hospital systems expected to aggregate the data from their hospitals?

In accordance with [22 CCR § 95304\(b\)\(8\)](#), hospital systems are expected to aggregate data by hospital type.

Data De-identification Guidelines (DDG)

Should hospitals calculate rate ratios before or after applying the data de-identification guidelines?

Hospitals should calculate rate ratios for assessing disparities after applying the data de-identification guidelines.

When using the Publication Scoring Criteria method, how should hospitals assess the service geography?

HCAI recommends that hospitals use the facility address for scoring, and that hospital systems should use the estimated catchment population for scoring.

How do hospitals appropriately consider the Stratification Groups when using the Publication Scoring Criteria method?

HCAI recommends that hospitals match Stratification Groups to variables in the DDG according to the data they collect. For example, if a hospital collects patient language data using English, Spanish, and Other Language categories, we recommend that hospitals score +2 for the Language Spoken variable, rather than considering the six language categories in the Structural Measures for +4 for Detailed Language characteristics.

If the Stratification Group does not have a corresponding variable in the Publication Scoring Criteria method, we suggest using Other Variables. The number of groups or categories should only reflect defined groups or categories. Groups and categories that are aggregations, e.g., “other” or “don’t know” categories for non-specific information, do not count toward the number.

When using the Publication Scoring Criteria method, for Other Variables, how should the number of groups or categories (and corresponding score) reflect defined and undefined groups or categories?

The number of groups or categories should only reflect defined groups or categories. Groups and categories that are aggregations, e.g., “other” or “don’t know” categories for non-specific information, do not count toward the number.

If a hospital has questions or concerns about implementing the DDG and the Publication Scoring Criteria Method, who should they contact?

Please email hospitalequity@hcai.ca.gov with your query. A team member will reach out to provide technical assistance.

Health Equity Plans

Our top 10 disparities include “expected” health disparities, such as those attributable to aging. Should hospitals include these in our plans?

Yes, please report these disparities in your hospital health equity plans and hospital system equity plans. Hospitals can include additional disparities of interest in the written component of the plans.

How should hospitals submit reports if there are fewer than 10 disparities due to incomplete data, data suppression from following the Data De-identification Guidelines, or other valid reasons?

Hospitals should report measures and disparities to the extent data is available and consistent with the requirements of the DDG and Measures Submission Guide.

How do hospital systems report and submit health equity plans?

Hospital systems should report top 10 disparities by hospital type, i.e., top 10 disparities for the general acute care hospitals, top 10 disparities for the acute psychiatric hospitals, and top 10 disparities for the children’s hospitals, in separate files that contain the relevant measures and aggregate data. The written plan should address the disparities identified across hospital types in the hospital system. Hospital systems may write a single plan that they duplicate across the files, or they may write distinct plans for each hospital type.