Hospital Equity Measures Reporting Program

Hospital Contact information

[Health and Safety Code Sections 127370 – 127376](#) requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity. Hospitals (acute, children, and psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities identified from the data, and the equity plans to address the identified disparities.

In preparation for report collection, and in accordance with [California Code of Regulations (CCR) Title 22, Section 95302](#), hospitals and hospital systems are required to designate primary and secondary contact persons for the purpose of receiving reporting compliance communications. Please note that primary and secondary contacts must be hospital employees. The information collected here will be uploaded to the HDC system and automatically link system user information to the Hospital Equity Measures Reporting functions for the hospitals identified in this request. **System users will still need to create an account in the HDC system, complete/update the user profile in compliance with CCR Title 22, Section 95302, Subsection (b) (1-7)**. Registered system users will not be required to request report association, as the information being collected here, will automatically link accounts. The HDC system is expected to launch in July 2025. Please complete this form and **email it to hospitalequity@hcai.ca.gov by July 31, 2025.**

Hospital

Hospital contacts associated with multiple hospitals may list all applicable hospital names and HCAI IDs for the facilities they should be linked to in the HDC System.

Hospital Name(s):

For assistance with locating a hospital HCAI/OSHPD ID, please click [here](#). You will be redirected to our Licensed Facility Information System (LFIS).

HCAI /OSHPD ID(s):

Primary Contact Name:

Phone Number:

Email Address:

Secondary Contact Name:

Phone Number:

Email Address:

The designated primary or secondary contact person for each hospital and hospital system shall identify individuals who may use the Department's online report submission portal on behalf of the facility. HDC system users may be individuals such as employees or consultants of the hospital or hospital system. The information collected will be uploaded to the HDC system and used to automatically link user information to the Hospital Equity Measures Reporting functions for the hospitals identified in this request. **System users will need to create an account in the HDC system and complete/update the user profile in compliance with CCR Title 22, Section 95302, Subsection (b) (1-7)**. Registered system users will not be required to request report association, as HCAI will automatically link users and hospitals via the information provided on this request.

If the hospital would like to add additional contacts beyond those listed above, please provide their name, phone number, and email address in the text box below.

Hospital System

California Code of Regulations (CCR), Title 22, Section 95300, subsection (k) defines a hospital system 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 Health and Safety Code 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 Health and Safety Code Section 127371, subdivision (f). A single consolidated license with multiple plants does not constitute a "hospital system."

Based on the definition above, is the hospital listed in this form, part of a hospital system?
Yes   No

If yes, please provide the following information:

Hospital System Name:

Please enter the Hospital name and HCAI /OSHPD ID for all of the facilities that are part of the hospital system.

Primary Contact Name:

Phone Number:

Email Address:

Secondary Contact Name:

Phone Number:

Email Address:

The designated primary or secondary contact person for each hospital and hospital system shall identify individuals who may use the Department's online report submission portal on behalf of the facility. System users may be individuals such as employees or consultants of the hospital or hospital system. The information collected here will be uploaded to the HDC system and used to automatically link user information to the Hospital Equity Measures Reporting functions for the hospitals identified in this request. **System users will need to create an account in the HDC system and complete/update the user profile in compliance with CCR Title 22, Section 95302, Subsection (b) (1-7).** Registered system users will not be required to request report association, as HCAI will automatically link users and hospitals via the information provided on this request

Based on the information above, if a hospital wishes to add additional contacts, please provide their name, phone number, and email address in the text box below.

For additional assistance, please contact us via email at hospitalequity@hcai.ca.gov or via phone at (916) 326-3830.