



QuickStart Guide Series

Supplier Diversity Plan 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

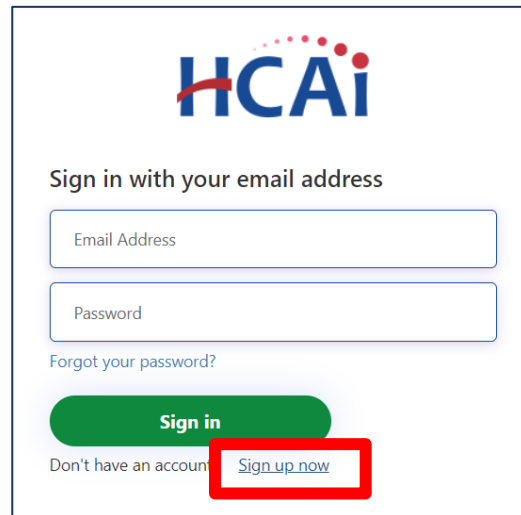
The Hospital Disclosures and Compliance (HDC) system is a report collection system that enables hospitals to electronically submit the disclosure report listed below:

- 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.

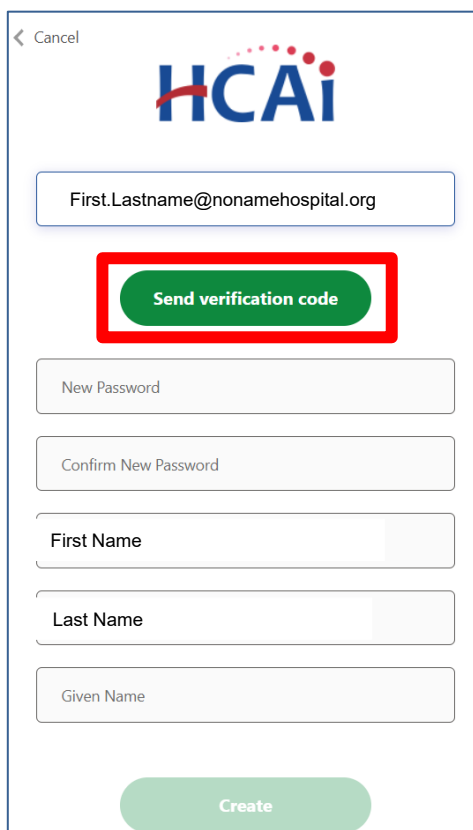
Login

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



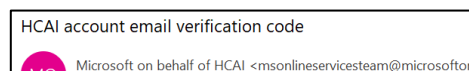
The image shows the HCAi login and registration interface. At the top is the HCAi logo. Below it, the text "Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". A link "Forgot your password?" is located below the password field. A green "Sign in" button is positioned below the input fields. At the bottom, the text "Don't have an account" is followed by a red-bordered box containing the link "Sign up now".

- 3 Enter the email and 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.

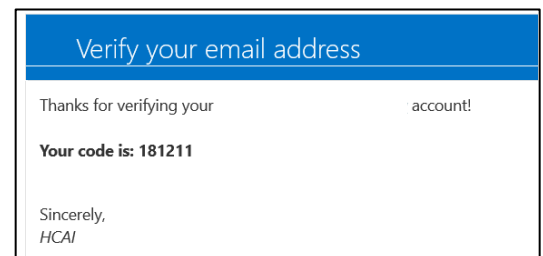


The image shows the HCAi account creation form. At the top is the HCAi logo and a "Cancel" link. The form contains several input fields: "First.Lastname@nonamehospital.org", "New Password", "Confirm New Password", "First Name", "Last Name", and "Given Name". A green "Send verification code" button is highlighted with a red border. At the bottom is a green "Create" button.

(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.



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

[< Cancel](#)



E-mail address verified. You can continue now.

First.Lastname@nonamehospital.org

Change e-mail

.....

.....

First Name

Surname

Last Name

Create

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

- The legal name of the hospital or hospital system.
- The name of the contact person designated to receive notices.
- The business title of the designated contact person.
- A business address.
- A business email address.
- 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

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 redirected to this page. Select “*Supplier Diversity Plan*” from the drop-down at the top of the page.

The screenshot shows the 'Request History' page. At the top, there is a navigation bar with links: 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this, a 'Report Type' dropdown menu is highlighted with a red box. The main content area is titled 'Request History' and contains a table with columns 'Request', 'Request Date', and 'Status'. The table lists several requests, all with a status of 'Closed'. Below the table, there is a pagination control showing '10' items per page and page numbers '1', '2', and '>'. At the bottom, there is a section for selecting a facility and primary contact, with a 'Facility Name' dropdown and a 'Go' button. Below this, there is a table with columns 'Facility Name', 'HCAI ID', and 'Primary Contact'. The table is currently empty, showing 'No Data to Display'.

- In the “*Facility Name*” field, enter the name of the facility to be associated and click “*Go*.”
- Select the box to the left of any desired facilities.
- Select the Primary Contact box if you are the primary contact. 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.

The screenshot shows the facility selection page. At the top, there is a navigation bar with links: 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this, there is a 'Report Type' dropdown menu set to 'Supplier Diversity Plan'. The main content area is titled 'To request access select report type and facility(s) and click Next button'. Below this, there is a 'Facility Name' field with the text 'adventist' and a 'Go' button. Below the 'Go' button, there is a table with columns 'Facility Name', 'HCAI ID', and 'Primary Contact'. The table lists several facilities, all with a status of 'Closed'. The 'Facility Name' column is highlighted with a red box, and the 'Primary Contact' column is also highlighted with a red box. The 'Facility Name' column contains checkboxes for each facility, and the 'Primary Contact' column contains checkboxes for each facility. The 'Primary Contact' checkbox for 'ADVENTIST HEALTH AND RIDEOUT' is checked.

- Click “Next” then “Confirm.”

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	View/Edit Current Selections
<input type="checkbox"/> ADVENTIST HEALTH SELMA	106100793	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH AND RIDEOUT	106580996	<input checked="" type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH BAKERSFIELD	106150788	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH CLEARLAKE	106171049	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADVENTIST HEALTH DELANO	106150706	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH GLENDALE	106190323	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH HANFORD	106164029	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH HOWARD MEMORIAL	106234038	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH LODI MEMORIAL	106390923	<input type="checkbox"/>	
<input type="checkbox"/> ADVENTIST HEALTH MENDOCINO COAST	106231013	<input type="checkbox"/>	

10 1 2 3 >

Next


- Review the facilities in the pop-up window and click “Confirm” if the facilities listed are accurate.

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

- Once the pop-up closes, the facility request will be displayed in the Request History table at the top of the page.

 View Past Submissions Request an Extension		
Request History:		
Request	Request Date	Status
110	04/07/2022	Open
<div>10 ▾</div>		

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.

Finish

For more detailed information on this process, please refer to the [Hospital Disclosures and Compliance System & Hospital Supplier Diversity Plan Resource Manual](#). For additional assistance, please contact us via email at supplier.diversity@hcai.ca.gov or via phone at (916) 326-3830.