HCAi Department of Health Care Access and Information

HOSPITAL FAIR BILLING HOSPITAL BILL COMPLAINT PROGRAM (HBCP) Patient Complaint Portal User Guide - Hospital User

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Hospital Bill Complaint Program- Patient Complaint Portal

The Department of Health Care Access and Information is responsible for enforcing the Hospital Fair Pricing Act (Act) beginning January 1, 2024, through its Hospital Fair Billing Program established by the implementation of Assembly Bill 1020.

Under the Hospital Fair Billing Program, the Hospital Bill Complaint Program was created to investigate patient complaints about the hospital's application of its financial assistance and debt collection policies, as well as the hospital's compliance with notice, accessibility, and website requirements.

Hospital Access

How to create an account

- Step 1: Go to https://hbcp.hcai.ca.gov
- Step 2: Click "Sign in" from the top right gray banner of the homepage or select the blue "Sign in" tab.



Step 3: Click on "Sign up now."

| | HCAi | |
|-----------------|-------------------------------|--|
| Sign in with | h your email address | |
| Password | | |
| Don't have an a | Sign in ccount Sign up now | |
| Sign in wit | h your social account | |
| | HCAI Microsoft | |
| G | Google | |
| | | |

Step 4: Enter your business email address and click on "Send verification code."

Note: Personal e-mail addresses are not accepted when creating an account for requesting to be a hospital representative.

Examples of non-acceptable personal email domains include:

Gmail.com M Hotmail.com F Yahoo.com M AOL.com id Inbox.com O

Mail.com Rocketmail.com Mac.com icloud.com Comcast.net

| < 0 | HCAI |
|-----|------------------------|
| | Email Address |
| | Send verification code |
| | New Password |
| | Confirm New Password |
| | Display Name |
| | Given Name |
| | Surname |
| | Create |

Step 5: Check your email inbox or junk mail for the verification code and type it into the verification code field. Click "**Verify code**."

| HCAi | | | | |
|---|--|--|--|--|
| Verification code has been sent to your inbox. Please copy it to the input box below. | | | | |
| sampleemail@gmail.com | | | | |
| Verification Code | | | | |
| Verify code Send new code | | | | |

Step 6: Create a password and confirm the password in the corresponding fields.

| E-mail address v | erified. You can cont | linue now. |
|--------------------|-----------------------|------------|
| testjółśó@gmail.co | 91 | |
| | Dunge e-muil | |
| | | |
| | | |
| Test | | |
| Helper | | |

Step 7: Type your first name for the "Display Name" and "Given Name" fields then type your last name for the "Surname" field. Click "Create."

| Display N | ame |
|-----------|--------|
| Given Nar | ne |
| Surname | |
| | Create |

How to log in

- Step 1: Go to https://hbcp.hcai.ca.gov, and click "Sign In."
- **Step 2:** Type your email address and password in the corresponding fields.
- Step 3: Click "Sign in."

| | HCAI | |
|----------------|--------------------------------------|---|
| | | |
| Sign in wi | th yo <mark>u</mark> r email address | |
| Email Addr | ess | |
| | | _ |
| Password | | |
| Forgot your pa | assword? | |
| | Sign in | |
| Don't have an | account? Sign up now | |
| | | |
| Sign in wi | th your social account | |
| | HCAI | |
| | | |
| | Microsoft | |

How to recover a forgotten password

- Step 1: Go to https://hbcp.hcai.ca.gov
- Step 2: Click on "Forgot password?"

| | HCA | |
|-----------------|---------------------------------|----|
| Sign in wit | th your email addre | ss |
| Password | | |
| Don't have an a | Sign in account? Sign up now | |
| Sign in wit | th your social accou | nt |
| | Microsoft | |
| G | Google |] |
| | | |

Step 3: Enter your email address and click "Send verification code."



Step 4: Retrieve the verification code from your email.



Step 5: Enter the code you received via email and click on "Continue."

| | HCAi | |
|----------|---|---|
| Please p | rovide the following details. | |
| Verifica | tion code has been sent to your inbox. Please copy i to the input box below. | t |
| test | d450@gmail.com | |
| | 077159 | |
| | Verify code Send new code | |
| | Continue | |

Step 6: Enter the new password and click on **"Create**." You will be redirected to the log in screen.

| E-mail address verified. You can continue now. testjd450@gmail.com | |
|---|--|
| Change e-mail | Email Address |
| | Password Forgot your password? |
| | Sign in Don't have an account? Sign up now |
| Test | Sign in with your social account |
| Helper | Microsoft |
| Surname | G Google |
| Create | НСАІ |

Step 7: Provide your profile information. Click "Update" once your profile information is completed. Please note: if you select "No" for "Email Communication Acceptable," you will not receive notifications related to your complaint.

| | Please provide some information about yourself. | | | |
|--------------------------------|---|--|--|--|
| Rosanna Cantina | The First Name and Last Name you provide will be displayed alongside any comments, forum posts, or ideas you make on the site | | | |
| | Your Organization is required, and a Title is optional. Th | ey will be displayed with your comments and forum posts. | | |
| Profile | Your Information | | | |
| A country | First Name * | Street Line 1 | | |
| Security | Rosanna | | | |
| Manage External Authentication | Conferred Name | Diverse Line D | | |
| | Preferred Name | Silves Line 2 | | |
| | | | | |
| | Use Preferred Name | City | | |
| | | | | |
| | Middle Initial/Name | State * | | |
| | Maria | CA. 🗸 | | |
| | Last Name 1 | Country * | | |
| | Cantina | United States of America (USA) | | |
| | Cuttor | 7IPIPartsi Coda | | |
| | Juna | | | |
| | L | | | |
| | Daytime Phone | Alternative Phone | | |
| | Provide a telephone number | Provide a telephone number | | |
| | E-mail | Email Communication Acceptable | | |
| | glorianefe@omail.com | O No 🖲 Yes | | |
| | Title (if applicable) | Currently Employed at HCAI or Immediate Family | | |
| | | O No 💌 Yes | | |

How to request to become a hospital primary representative

Step 1: Click **"Hospital Representative Request**," which is in the blue bar at the top of the page.



Step 2: The Hospital Representative Request page will open. Select **"Hospital Representative Request."**

| Ноте | Hospital Complaints | Hospital Representati | Hospital Representative Request Hospital Associ | | Request for Case Information | |
|---------------------------------|---------------------|-----------------------|---|-----------------------------|--------------------------------|--|
| Hospital Representative Request | | | | | | |
| | | | | н | ospital Representative Request | |
| Hospital name | Request type | Request status | Requested by | Email address of added user | Modified on 🕇 | |

Step 3: To add a hospital name, you can perform a search by entering the hospital's name and all available locations will be displayed. Select your desired location and then click "**Select**."

| 🖸 Create | | × |
|---------------------|---|---|
| Hospital name * | | |
| Request type * | Lookup records × | |
| | Sutter Q | |
| Email address of ad | Obcose core record and club Saled to continue | |
| | SUTTERAMADORHOSYTAL | |
| Comments | | |
| | | |
| | SUTTER TRACY COMMUNITY HOSPITAL | |
| Submit | | |
| | | |
| | | |
| | Select Cancel | |
| | Remove value | |
| | | |

Step 4: To add the "**Request type**," click on the drop-down arrow and select "**Add myself as Primary Representative**." Note: A fourth option is being added, named "Add Additional Representative."

| sepital name * | |
|---|---|
| SUTTER AMADOR HOSPITAL | × |
| iquest type * | |
| | |
| Add muself as Dimony Depresentative | |
| Add Other Hospital Representative as Primary Representative | |
| Add Secondary Representative | |
| | |
| mments | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Submit | |

Step 5: Enter the hospital representative email address under "Email address of added user" and click "Submit."

| Create | | × |
|--------------------------------------|---|---|
| Hospital name * | | |
| SUTTER AMADOR HOSPITAL | × | ۹ |
| Request type * | | |
| Add myself as Primary Representative | ~ | |
| | | |
| Email address of added user* | | |
| | | |
| Comments | | |
| | | |
| | | |
| | | |
| | | |
| Submit | | |

Step 6: Your account should now display a pending request under the Hospital Representative Request in section "**Request status**."



How to add additional representatives

- **Step 1:** As the Primary Representative, you can add other representatives to the account. Click "**Hospital Representative Request**" in the blue bar at the top of the page.
- Step 2: Click "Hospital Representative Request"

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
|--------|---------------------|---------------------------------|-----------------------|---------------------------------|
| Hospit | tal Representa | ative Reque | est | |
| | | | | Hospital Representative Request |

Step 3: To add the hospital name, you can perform a search by entering the hospital's name and all available locations will be displayed. Select your desired location and then click "**Select**."

| Create | | |
|------------------|---|--|
| Hospital name * | | |
| Request type * | Lookup records × | |
| | fresno | |
| Email address of | Choose one record and clob, Select to continue Hospital Name | |
| Comments | PRESINO HEART AND SURGICIAL HOSPITIAL PRESINO SURGICIAL HOSPITIAL PRESINO SURGICIAL HOSPITIAL | |
| | | |
| | | |
| Subm | | |
| | | |
| | Select Cancel | |
| | Remove value | |

- **Step 4:** To add the "**Request type**," click on the drop-down arrow and then choose between the following options:
 - Add other Hospital Representative as Primary Representative (this request will remove the current primary representative and replace them with the requested hospital representative).
 - Add Secondary Representative (a fourth option will be added, named "Add Additional Representative" to facilitate the addition of multiple representatives).

| Hospital Name * | |
|--|----|
| | |
| Request Type * | |
| | |
| Add myself as Primary Representative | |
| Add Other Hospital Representative as Primary Representativ | /e |
| | |
| Add Secondary Representative | |

Step 5: Enter the hospital representative email under "Email address of added user" and click "Submit."

| 3 Create | | × |
|-------------------------------|---|---|
| Hospital name * | | |
| EMANUEL MEDICAL CENTER | × | Q |
| Request type * | | |
| Add Secondary Representative | ~ | |
| Email address of added user * | | |
| Comments | | |
| | | |
| | | |
| | | |
| Submit | | |

Step 6: You should now see the request for a Secondary Representative under the section "Request status."

| Home | Hospital Complaints | Hospital Repre | sentative Request | Hospital Associations | Request for Case Information |
|---------------|---------------------------------|----------------|-------------------|-----------------------------|---------------------------------|
| Hospital | | | | | |
| | | | | | Hospital Representative Request |
| Hospital name | Request type | Request status | Requested by | Email address of added user | Modified on 🕇 |
| | Add Secondary Representative | Pending | | glorianefe@gmail.com | 12/12/2023 2:23 PM |
| | | | | | |

How to remove representatives

Step 1: Got to: <u>https://hbcp.hcai.ca.gov</u>
Step 2: Select "Hospital Associations" in the blue bar at the top of the page.

| HCAi | | | | |
|------|---------------------|---------------------------------|-----------------------|------------------------------|
| Ноте | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
| | | | | |

Step 3: You will see your associated hospitals here. Click on "Edit" or the hospital name for which the change will be made.

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information | |
|------------------------|---------------------|---------------------------------|-----------------------|------------------------------|------|
| Hospital <i>i</i> | Associatior | าร | | | |
| Search | | | | ٩ | |
| | | | | Request Hospital Name Change | |
| Hospital name | | Primary hospital represe | entative | | |
| SUTTER AMADOR HOSPITAL | L | Fulvia Spigarelli | | × | |
| BARTON MEMORIAL HOSPIT | FAL | Fulvia Spigarelli | | Ø E | Edit |

Step 4: Under the "Associated Representatives" section, click "Remove."

| Ealt H | ospital A | ssociation | 1 | | |
|---|---|--|---|---------------|-----------------------------------|
| Hospital Inform | nation | | | | |
| Hospnai Name * | | | | | |
| SUTTER AUBUR | N FAITH HOSPITAL | | | | |
| Primary Hospital R | epresentative | | | | |
| Cloccolato Fonder | nte | | | | |
| | | | | | |
| Related Hospit | al Facilities | Hospital ID | Hospital Name | Facility Type | Facility Level |
| Related Hospit | al Facilities License Number 00000012 | Hospital ID SUTTER AUDURN FAITH HOSPITAL | Hospital Name SUTTER AUDURN FAITH HOSPITAL | Facility Type | Facility Level Parent Facility |
| Related Hospit HCAI ID 100010791 Associated Re Name 1 | al Facilities License Number 30000012 presentatives | Hoxpital ID Suffer Augustan Faith Hospital | Hospital Name SUTTER AUGURN FAITH HOSPITAL | Facility Type | Facility Level Parent Facility |
| Related Hospit HCAID 100319791 Associated Re Name 1 Add ciocolato as | al Facilities License Number 30000012 presentatives a rep | Hoxpital ID Sufter Auguren Faith Hospital | Hospital Name SUTTER AUDURN FATTI HOSPITAL | Facility Type | Facility Level Parent Facility |

How to notify of hospital name change

Step 1: Go to "Hospital Associations" and then click "Request Hospital Name Change."

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
|---------|---------------------|---------------------------------|-----------------------|------------------------------|
| | | | | |
| Hospita | I Associatio | ons | | |
| | | | | |
| Search | | | | ۹ |
| | | | | Request Hospital Name Change |
| | | | | |

Step 2: A new page will open with a few fields to fill out. You can search for the hospital name by clicking the "**Search**" tool.

| HCAi | | | | |
|-----------------|---------------------|---------------------------------|-----------------------|------------------------------|
| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
| Notify | HCAI | | | |
| Hospital name * | | | | ٩ |

Step 3: Enter the hospital's name in the search box and all available locations will be displayed. Select your desired location and then click "**Select**."

| Loo | kup records | | | | | , | ¢. |
|-------|---|--------|------------------|-------------------|-----------------|--------------------|----|
| Sea | arch | | | | | | ۹ |
| Choos | e one record and click Select to continue | | | | | | * |
| ~ | Account Name | Email | Main Phone | Account Number | Primary Contact | Address 1: City | Ш |
| | Hospital of Hospitals | | 855-555- 5555 | | | Sacramento | |
| | Rabbit Surgical Center | | 999-454- 4321 | | Elmyra Duff | Los Angeles | 1 |
| | SUTTER AMADOR HOSPITAL | | | | | JACKSON | |
| | SUTTER AUBURN FAITH HOSPITAL | | | | | AUBURN | |
| | DAMERON HOSPITAL | | | | | STOCKTON | |
| < | EMANUEL MEDICAL CENTER | | | | | TURLOCK | * |
| | | Select | | Cancel | Rem | ove value | |

Step 4: Enter the updated hospital name in the "**Requested hospital name**." Add a description of the updated hospital name and click "**Submit**."

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
|-----------------------|---------------------|---------------------------------|-----------------------|------------------------------|
| Notify H | | | | |
| i toti y i | | | | |
| Hospital name * | | | | |
| | | | | ٩ |
| Requested hospital na | me * | | | |
| | | | | |
| Description * | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Submit | | | | |

How to review new patient complaints

- **Step 1:** Go to <u>https://hbcp.hcai.ca.gov</u>
- Step 2: Click on "Hospital Complaints." A list of complaints will appear under the "Patient complaint" section. Click on the drop-down arrow to "View details" to access a complaint.

| Home | Hospital Complaints | Hospital Representative Req | uest Hospital Associations | Request for Case Informa | tion |
|------------------------|---------------------|-----------------------------|----------------------------|----------------------------|-----------|
| | | | | | |
| Complain | its | | | | |
| Search | | | | | 0 |
| Patient complaint 1 | Hospital name | Service period | Preferred name of patient | Status | |
| 2023-CAS-001055-Q8C7R1 | | . 01/05/2022 - 01/08/2022 | | Under Review by Program | ∽ |
| | | | | | View deta |

Step 3: The patient complaint is divided into multiple sections. You will be able to view all sections, but editing is not permitted. Attachments sent by the patient(s) may also be available for viewing.

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
|---------------------|---|----------------------------------|--|------------------------------|
| Compla | iint | | | |
| Patient Information | Authorized Representative Information | ation 🖌 Family Information 🖌 Hos | spital Information Health Plan Information | Debt Collection Information |
| Attach Documents | Release of Information and Final Signa | atures Submit Complaint | | |

How to locate and respond to the Department's Requests for Case Information Requests are categorized into two sections:

 Request for Hospital Information- This is the initial request notifying the hospital of a new complaint. Notifications are sent via email to the hospital's registered primary representative. This request has an accessible link ("RHI Form Link") under the "Request for hospital information" column to be completed by the registered hospital representative.

| Home | Hospital Com | plaints | Hospital Represent | ative Request | Hospital | Associations | Request for Case In | formation |
|----------------------------|---------------------------|----------------------------|------------------------|--|----------|-------------------------|---------------------|-----------|
| Reque | est for C | ase In | forma | tion | | | | |
| Search | | | | | | | | ٩ |
| Patient complaint | Hospital name | Service period | Description | Request for hospital information | Status | Extension request statu | s Due date | |
| 2023-CAS-001007- H2Q0J9 | SUTTER AMADOR HOSPITAL | 01/01/2022 - 01/02/2022 | testing for letter att | | Open | | 11/10/2023 | ~ |
| 2023-CAS-001001- J5X0H0 | SUTTER AMADOR HOSPITAL | 01/05/2022 - 01/06/2022 | test for acronyms | | Open | | 12/12/2023 | ~ |
| 2023-CAS-001001- J5X8H0 | SUTTER AMADOR HOSPITAL | 01/05/2022 - 01/06/2022 | testing size | | Open | | 12/13/2023 | ~ |
| 2023-CAS-001001- J5X8H0 | SUTTER AMADOR HOSPITAL | 01/05/2022 - 01/06/2022 | | RHI Form Link | Open | | 11/4/2023 | ~ |

Step 1: The form is divided into three sections. If you answer "**No**" to question 2, you will only need to provide a response to the question 2 sub-questions. You may then submit the RHI Form without proceeding to questions 3 through 21.

| Rec | quest for Hospital Information |
|-------------------|---|
| 023-CA \$- | 001001-J5X8H0 - SUTTER AMADOR HO SPITAL |
| atient Pre | ferred Name : Alessandra Rosel |
| ervice Peri | bd : 01/06/2022 - 01/06/2022 |
| - | |
| Requ | est for Hospital Information Debt Collection Section Hospital Postings |
| Reque | est for Hospital Information |
| Question | 1991 1991 |
| Does | the hospital dispute any patient information? (If 'Yes', please provide details) |
| Select a | naptan |
| € No C |) Yes |
| Respons | ia de la constante de la const |
| | |
| Question Did p | 2 stient submit an application for financial assistance (charity care/discount payment)? |
| • • | f 'Yes', please provide the following information (if applicable) and then proceed to Question 3. |
| 1 | Date of the patient's financial assistance application |
| | Billing statements, including disclosures/notices provided at the time of billing (HSC 127420 (b), 127425 (d)) |
| 1 | Written discharge notice (HSC 127410) |
| 1 | Goodbye letter (HSC 127430) |
| 2 | Any notices sent to patient that are not required by law. |
| 1 | Date of the patient's financial assistance application |
| 1 | Billing statements, including disclosures/notices provided at the time of billing (HSC 127420 (b), 127425 (d)) |
| 1 | Written discharge notice (HSC 127410) |
| | Goodbye letter (HSC 127430) |
| , | Any notices sent to patient that are not required by law. |
| 1510 | |
| 100 | f 'No', please provide only the following information: |
| | Does the hospital attest that a notice of the hospital's policy for financially qualified and self-pay patients is clearly and conspicuously posted ocations that are visible to the public, including, but not limited to, the emergency department, billing office, admissions office, and other vuptalent settings, including observation units, as required by HSC 127410 (c) and CCR 98051.10? If not, please provide a detailed explanation and state how the hospital is in compliance with HSC 127410 (c) and CCR 98051.10 |
| | Billing statements, including all disclosures/notices provided at the time of billing (HSC 127420 (b), 127425 (d)) |
| 1 | Written discharge notice (HSC 127410) |
| 1 | Goodbye letter (HSC 127430) |
| 3 | Any notices sent to patient that are not required by law |

Step 2: If you answer "**Yes**" to question 2, you will need to complete all three sections of the form and sign the form before it can be submitted.



Step 3: After completing the RHI form, click "**I am done uploading documents**" to finalize the request.

| Extension request date | | | ÷ | |
|----------------------------|------|--|---|--|
| 10/5/2023 | | | | |
| Extension request commen | ts | | | |
| Extension approved | | | | |
| Submit extension request | | | | |
| Extension request status | | | | |
| Submitted | | | | |
| I am done uploading docume | ents | | | |
| Related documents | | | | |

Request for Case Information- (subsequent requests)

- **Step 1:** Requests for information notifications are sent to the registered hospital representative via email. Once a notification is received, go to <u>https://hbcp.hcai.ca.gov</u>.
- Step 2: Click "Request for Case Information" and select the case number under "Patient complaint" for which you received an email notification. Click the drop-down arrow and select "Edit" for open cases.

| HCAi | | | | | | | |
|------------------------|---------------------|---------------------------------|--|--------|--------------------------|----------------------|-----------|
| Home | Hospital Complaints | Hospital Rep | resentative Reque | st | Hospital Associations | Request for Case Inf | formation |
| Request | for Case | e Inform | nation | | | | |
| Search | | | | | | | ٩ |
| Patient complaint | Hospital name | Description | Request for hospital information | Status | Extension request status | Due date | |
| 2023-CAS-001053-P2R5Z8 | | Need patient good bye letter | | Closed | Approved | 8/22/2023 | ~ |
| 2023-CAS-001070-D1J6K0 | | | | Closed | Approved | 8/21/2023 | ~ |
| 2023-CAS-001070-D1J6K0 | | | RHI Form Link | Closed | Approved | 8/22/2023 | ~ |
| 2023-CAS-001070-D1J8K0 | | | RHI Form Link | Closed | | 8/30/2023 | ~ |
| 2023-CAS-001053-P2R5Z8 | | | | Open | | 8/21/2023 | ~ |
| | | | | | | | C |

Step 3: After the "**Request for Case Information**" page opens, you have the option to request extensions, input comments, and upload documents.

| lome | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Informati |
|--|---|--|---------------------------|----------------------------|
| =dit Inf | ormation/D | ocuments | | |
| | | | | |
| Patient complaint | | | | |
| 2023-CAS-001037-F | 8P8P0 - SUTTER AMADOR HOSPITAL | | | |
| Description | | | | |
| RHI testing from Ph | tone | | | 1 |
| | | | | |
| Request for hospital in 2023.RHL001005.CI | nformation | | | |
| | | | | |
| Due date * | | | | |
| 11/21/2023 | | | | |
| Extension request dat | | | | |
| MD/YYYY | | | | H |
| Extension request cor | nments | | | |
| _ | | | | 1 |
| Submit extension rear | 1447 | | | |
| ● No ◯ Yes | | | | |
| Extension request sta | tus | | | |
| | | | | * |
| lease be advised that you | u must complete and sign the RHI link bet | fore you close this request. Kindly complete your RH | H form here RHI Form Link | |
| ,, | | , | | |
|) I am done uploading do | ocuments | | | |
| Related docume | nts | | | |
| and a south | | | | |
| | | | | Upload documents |

How to complete an electronic signature on an attestation form

Electronic signatures are not currently available. You can simply type your name into the signature panel when prompted.

How to contact the assigned case manager through the portal

Hospital Representatives can contact the assigned case manager while there is an open "Request for Case Information."

- Step 1: Go to https://hbcp.hcai.ca.gov
- Step 2: Click "Request for Case Information," choose the open case number under "Patient complaint" for which you received an email notification and then click "Edit."

| Home | Hospital Com | plaints | Hospital Representa | ative Request | Hosp | ital Associations | Request for Case Inf | ormation |
|----------------------------|---------------------------|----------------------------|---------------------------|---------------|--------|-------------------------|----------------------|----------|
| _ | | | _ | | | | | |
| Reque | st for C | ase In | forma | tion | | | | |
| Canada | | | | | | | | |
| Search | | | | Request for | | | | 4 |
| Patient complaint | Hospital name | Service period | Description | hospital | Status | Extension request statu | s Due date | |
| 2023-CAS-001007- H2Q0J9 | SUTTER AMADOR HOSPITAL | 01/01/2022 - 01/02/2022 | testing for letter att | | Open | | 11/10/2023 | ~ |
| | | | | | | | | 🖾 Edit |

Step 3: Once a "**Request for Case Information**" opens, you can request extensions, input comments, and upload documents.

| HCAI | | | | |
|-----------------------------|-------------------------------|---------------------------------|-----------------------|------------------------------|
| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information |
| | | | | |
| Edit Info | rmation/D | ocuments | | |
| | | | | |
| Patient complaint | | | | |
| 2023-CAS-001053-P2R5 | 28 - SUTTER AUBURN FAITH HOSP | ITAL | | |
| Description | | | | |
| _ | | | | 11 |
| Request for hospital inform | ation | | | |
| | | | | |
| Due date 8/21/2023 | | | | |
| Extension request date | | | | |
| M/D/YYYY | | | | = |
| Extension request commer | nts | | | |
| _ | | | | 11 |
| Submit extension request | | | | |
| Extension request status | | | | |
| | | | | ~ |
| Request letter | | | | |
| I am done uploading docum | ents | | | |
| Related documents | | | | |
| | | | | Upload documents |
| Patient complaint | Document type | File | Date of | submission |

How to assign complaints and tasks to other hospital representatives through the portal

This function is yet to be determined.

How to view documents uploaded by the hospital representative for open complaints

Step 1: Select a case number under section "Patient complaint," click "Edit."

| HCAi | | | | | | | |
|------------------------|---------------------|--------------|--|--------|--------------------------|-------------------------|----------|
| Home | Hospital Complaints | Hospital Rep | presentative Reques | æ | Hospital Associations | Request for Case Inform | nation |
| Request | for Case | Inform | nation | | 1 | | |
| Search | | | | | | | ٩ |
| Patient complaint | Hospital name | Description | Request for hospital information | Status | Extension request status | Due date 🕇 | |
| 2023-CAS-001121-Q6D9K6 | | | RHI Form Link | Open | Approved | 12/31/1969 | × |
| 2023-CAS-001144-P4R4J6 | | | | Open | Approved | 12/31/1969 | v |
| 2023-CAS-001121-Q6D9K6 | | | RHI Form Link | Open | | 8/18/2023 | 6' Edit |

Step 2: Scroll down to "**Related documents**." Click the link to view the document.

| Edit Inform | ation/Docun | nents | |
|---|---------------------------|--------------------------|--------------------|
| Patient complaint | | | |
| 2023-CAS-001053-P2R526 - SUT | TER AUBURN FAITH HOSPITAL | | |
| Description | | | |
| This is a test. | | | 4 |
| Request for hospital information | | | |
| - | | | |
| Due date | | | |
| 9/1/2023 | | | |
| Extension request date | | | |
| MDMMY | | | |
| Extension request comments | | | |
| - | | | 1 |
| Submit extension request No O Yes | | | |
| Extension request status | | | |
| | | | ¥ |
| | | | |
| I am done unloading documents | | | |
| | | | |
| Related documents | ospital | | Uplead documents |
| Patient complaint | Concernment Party | Fin | Date of submission |
| 2023-CAS-001053-P2R526 - SUT AUBURN FAITH HOSPITAL | TER My Credit Report | FPL Guidelines HFEP atsx | 9/1/2023 11:16 AM |

How to access closed complaints and their related documents

Step 1: Select a case number under section "Patient complaint" and click "View details."

| HCAi | | | | | | | |
|---|---------------------|----------------------------------|--|--------|--------------------------------------|-----------------------|--------------|
| Home | Hospital Complaints | Hospital Rep | resentative Requ | est | Hospital Associations | Request for Case In | formation |
| Reques | t for Case | e Inform | natior | 1 | | | Q |
| Patient complaint 2023-CAS-001053-P2R526 | Hospital name | Description Need patient good | Request for hospital information | Status | Extension request status Approved | Due date 8/22/2023 | V |
| 2023-CAS-001121-06D9K6 | 1 | bye letter | | Onen | Relected | 8/26/2023 | View Details |

Step 2: Scroll down to "**Related documents**" to view documents previously submitted to the Department. You can view attachments that were previously submitted, but editing is not available.

| Edit Inform | ation/Docun | nents | |
|--|--------------------------|-------------------------|--------------------|
| Patient complaint | | | |
| 2023-CAS-001053-P2R526 - SUTT | ER AUBURN FAITH HOSPITAL | | |
| Description | | | |
| This is a test. | | | |
| | | | |
| Request for hospital information | | | |
| | | | |
| Due date | | | |
| 9/1/2023 | | | |
| Extension request date | | | |
| MDAYYYY | | | |
| Extension request comments | | | |
| - | | | h |
| Submit extension request | | | |
| No O Yes | | | |
| Extension request status | | | |
| | | | ÷ |
| | | | |
| | | | |
| I am done uploading documents | | | |
| Related documents Ho | spital | | |
| | | | Upload documents |
| Patient complaint | Document type | File | Date of submission |
| 2023-CAS-001053-P2R526 - SUTT AUBURN FAITH HOSPITAL | ER My Credit Report | FPL Guidelines HFBPotsc | 9/1/2023 11:16 AM |

How to locate due dates

- **Step 1:** Go to <u>https://hbcp.hcai.ca.gov</u>
- Step 2: Click on "Request for Case Information" to view the due date.

| Home | Hospital Com | plaints | Hospital Representa | ative Request | Hospi | tal Associations | Request for Case In | formation |
|---|--|--|--|--|----------------|-------------------------|--------------------------|-----------|
| Reques | st for C | ase In | format | tion | | | | |
| Search | | | | | | | | ٩ |
| Patient complaint 2023-CAS-001007- H2Q0J9 | Hospital name SUTTER AMADOR HOSPITAL | Service period 01/01/2022 - 01/02/2022 | Description testing for letter att | Request for hospital information | Status Open | Extension request statu | 5 Due date 11/10/2023 | |

How to request an extension

- **Step 1:** Go to <u>https://hbcp.hcai.ca.gov</u>
- Step 2: Click "Request for Case Information," choose the open case number under the "Patient complaint" section for which you received an email notification and click "Edit."

| Home | Hospital Com | plaints | Hospital Represent | ative Request | Hos | pital Associations | Request for Case In | formation |
|----------------------------|---------------------------|----------------------------|------------------------|--|--------|--------------------------|---------------------|-----------|
| Reque | st for C | ase In | forma | tion | | | | |
| Search | | | | | | | | Q |
| Patient complaint | Hospital name | Service period | Description | Request for hospital information | Status | Extension request status | Due date | |
| 2023-CAS-001007- H2Q0J9 | SUTTER AMADOR HOSPITAL | 01/01/2022 - 01/02/2022 | testing for letter att | | Open | | 11/10/2023 | ✓ |
| | | | | | | | | e coit |

Step 3: Once the Request for Case Information window is open, you can request an extension, enter a new proposed due date, input comments explaining why an extension is needed, and submit the request. You can still upload documents.

| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Gase Information |
|----------------------------|------------------------------|---------------------------------|-----------------------|------------------------------|
| | | | | |
| Edit Info | ormation/D | ocuments | | |
| | | | | |
| Patient complaint | | | | |
| 2023-CAS-001001-J5X8 | SHU - SUITER AMADOR HOSPITAL | | | |
| Description | | | | |
| Test for extension | | | | 11 |
| Request for kospital infor | mator | | | |
| - | | | | |
| Due date 1 | | | | |
| 12/15/2023 | | | | |
| | | | | |
| Extension request date | | | | |
| 1/1/2024 | | | | - |
| Need more time to ga | ther documents | | | |
| | | | | 11 |
| Submit extension reques | | | | |
| Extension request status | | | | |
| Submitted | | | | ~ |
| | | | | |
| I am done cploading doca | rens | | | |
| Related document | s | | | |
| | | | | Uplead documents |
| Patient complaint | Document type | File | Uate o | t submission |
| | | | | |
| There are no records t | o display. | | | |
| | | | | |
| | | | | |
| Submit |) | | | |
| | / | | | |

How to view an extension request status to see whether it has been approved, denied, or modified

- Step 1: Go to https://hbcp.hcai.ca.gov
- Step 2: Click on "Request for Case Information" and review the "Extension request status" column. You can also review the status from the open extension request page.

| Reque | Request for Case Information | | | | | | | | | |
|----------------------------|------------------------------|----------------------------|--|-------------------------|--------|--------------------------|------------|---|--|--|
| Search | | | | | | | | ٩ | | |
| | | | | Request for hospital | | | | | | |
| Patient complaint | Hospital name | Service period | Description | information | Status | Extension request status | Due date | | | |
| | | | | | | | | ~ | | |
| | | | | | | | | ~ | | |
| | | | | | | | | ~ | | |
| | | | | | | | | ~ | | |
| 2023-CAS-001001- J5X8H0 | SUTTER AMADOR HOSPITAL | 01/05/2022 - 01/06/2022 | Please complete RHI form previously submitted | | Open | Approved | 11/5/2023 | ~ | | |
| | | | | | | | | ~ | | |
| 2023-CAS-001001- J5X8H0 | SUTTER AMADOR HOSPITAL | 01/05/2022 - 01/06/2022 | Test for extension | I | Open | Submitted | 12/15/2023 | ~ | | |

How to upload documents through a Request for Case Information

- Step 1: Go to https://hbcp.hcai.ca.gov.
- Step 2: Click on "Request for Case Information," choose the open case number under the "Patient Complaint" column, for which you received an email notification and then click "Edit." You can upload documents here.

| Edit Information/Documents | |
|---|------------------|
| Patient compant 2023 CAS-00121 GROWIS - MARK THVIIN MESICAL CENTER | |
| Cestoption | h |
| Request for hotpital information | _ |
| Due date 9/13/2023 | |
| Extension request date MDDYYYY | Ħ |
| Extension request connects | |
| Subit elsenison reguest ● No ⊖ Yes Enternion reguest status | |
| Approved | ~ |
| To the selected I an doee uploading documents | |
| Related documents | Upload documents |

Step 3: Once you are done uploading documents, click "I am done uploading documents" to complete the request.

| Edit Information/Documents | |
|---|------------------|
| Patient complaint 2023-CAS-001121-CBD9KS - MARK TVWWN MEDICAL CENTER | |
| Description — | |
| Request for hospital information | ~ |
| — Due date | |
| 9112/023 Extension request date | |
| MD/YYYY Extension request comments | |
| Submit extension request ● No ⊖ Yes Extension request status | ß |
| Approved Request lefter No file addented | * |
| I am done upleading documents | |
| related documents | Upload decuments |

How to communicate with the Department after a "Request for Case Information" is closed.

Once a Request for Case Information is closed, the hospital representative(s) will not be able to submit an additional response through the same link. To maintain communication between the Department and the hospital, we will generate a placeholder **Request for Case Information** to be used if you have questions or if you have additional information/documentation to submit for the patient complaint.

- Step 1: Go to <u>https://hbcp.hcai.ca.gov</u>.
- Step 2: Click "Request for Case Information," choose the open case number under the "Patient Complaint" column.

- **Step 3:** Find the Request for Case Information with description "**Communicate with Hospital Fair Billing Program**."
- **Step 4:** Click the complaint number in the "Patient complaint" column to upload document(s) containing questions/information related to the complaint.

Note: A "Request for Information" opened under "Communicate with Hospital Fair Billing Program" is still subject to a due date.



How to revise a Request for Case Information response (update a response)

You can edit a "**Request for Case Information**" while it is open, but once it is closed, you can no longer make updates. However, you will still have access to view previously uploaded documents. Refer to the "**How to communicate with the Department after a Request for Case Information is closed**" section for guidance on effectively communicating with the department following the completion of a "*Request for Case Information.*"

| /iew Information //iew Information //iew / | n/Documents ∞ | S | |
|--|------------------|--------------------------------|--------------------|
| /iew Information /iew Information /ieway /ie | /Document | S | |
| Net anyon Series Anyon Serie | 0%, | | |
| 2013-06-90199 HIDM - BUTERARDON HIDM Paragram In Statistical | | | |
| Beingtol In 152/NB/F Paper In Industri Innue Innue 20203 Densen Hauser (Innue - Densen Hauser (Innue - - Densen Hauser (Innue - - - - - - - - - - - - - | | | |
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| Repar for length information | | | |
| De ren * srozen De ren * srozen De ren * | | | |
| De ren * *10000 Derese repert des Censes repert des Censes repert des Censes repert des Censes repert repert Extent particular politiques Pert des reports Deres Repert and politiques Pert des reports Deres Pert des reports Pert des repor | | | |
| 91203 Densen Naver der - Lehnen Naver sommen - Densen Naver som - Densen Naver Som - Ander Anterger Som - Anter Anterger Som - - Anter Anter Som - - - - - - - - - - - - - | | | |
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| Citised | | | |
| | | | |
| lated documents | | | |
| Patient complaint Document | 100 | File | Date of submission |
| 2025-CAS-001009-V1Q8NT-SUTTER Additional C AMADOR HOSPITAL | | Payment made by patient - TEST | 8110023 10 88 AM |

How to view patient complaint statuses

- **Step 1:** Go to <u>https://hbcp.hcai.ca.gov</u>.
- Step 2: Click on "Hospital Complaints" and review the "Status" column.

| HCAi | | | | | | | | |
|--|---------------------|---------------------------------|-----------------------------------|------------------------------|--|--|--|--|
| Home | Hospital Complaints | Hospital Representative Request | Hospital Associations | Request for Case Information | | | | |
| Complaints | | | | | | | | |
| Search | | | | ٩ | | | | |
| Patient complaint † 2023-CAS-001053-P2R5Z6 | | Hospital name | Status Under Review by Program | ~ | | | | |

How to check the status of a hospital representative request to verify it is pending, approved, or rejected.

- **Step 1:** Go to <u>https://hbcp.hcai.ca.gov</u>.
- Step 2: Click on "Primary Representative Request," scroll down the "Request Status" column to verify the status of your request.

| Ноте | Hospital Complaints | Hospital Representative Request | | Hospital Associations | Request for Case Information |
|---------------------------------|------------------------------|---------------------------------|------------------|-----------------------------|---------------------------------|
| | | | | | |
| Hospital Representative Request | | | | | |
| | | | | | |
| | | | | | Hospital Representative Request |
| Hospital name | Request type | Request status | Requested by | Email address of added user | Modified on 🔶 |
| EMANUEL MEDICAL CENTER | Add Secondary Representative | Auto-Rejected | Alessandra Rossi | glorianefe@gmail.com | 12/12/2023 2:23 PM |

Email notifications after the response due date has expired

As a courtesy, you will receive three emails after the response due date has expired. The notification emails will be sent as follows:

- Day 1 of being past due.
- Day 5 of being past due.
- Day 10 of being past due.

Violations, penalty assessments, and appeals

Violations, penalty assessments, and appeals are handled separately from the patient complaint portal.

If you encounter technical issues, please contact the Hospital Fair Billing Program at <u>hfbp@hcai.ca.gov</u>.