

HOSPITAL FAIR BILLING

HOSPITAL BILL COMPLAINT PROGRAM (HBCP)

Patient Complaint Portal User Guide



Hospital User

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.

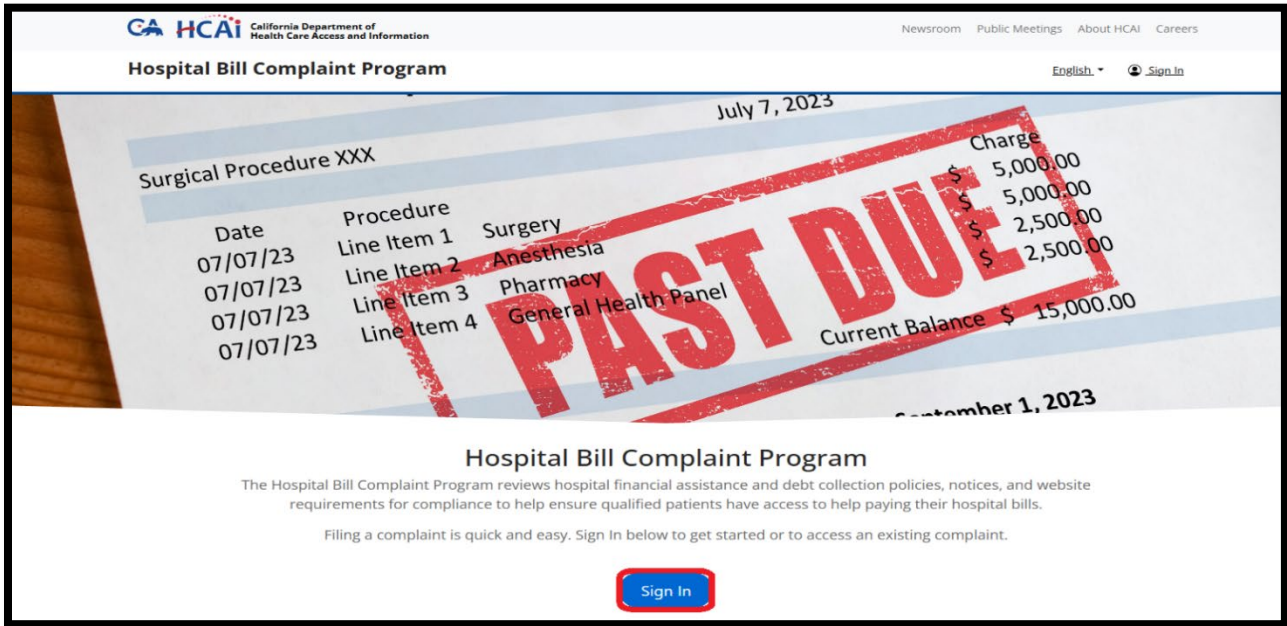
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How to Create an Account

Step 1: Go to hbcip.hcai.ca.gov

Step 2: Click “**Sign in**” from the top right gray banner of the homepage or select the blue “**Sign in**” tab.



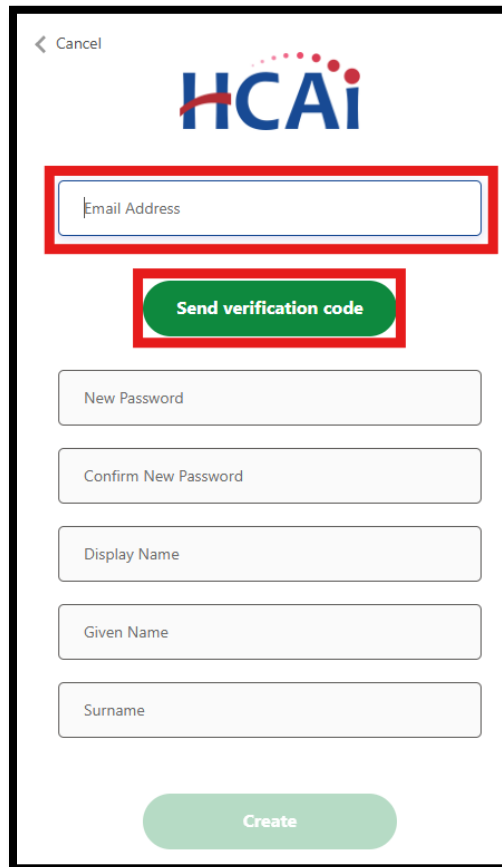
Step 3: Click on “**Sign up now.**”

The screenshot shows the HCAI sign-in and sign-up page. At the top is the HCAI logo. Below the logo is a section titled "Sign in with your email address" with input fields for "Email Address" and "Password". There is a link for "Forgot your password?". Below these fields is a green "Sign in" button. To the left of the "Sign in" button is the text "Don't have an account". To the right of the "Sign in" button is a red "Sign up now" button. Below the "Sign in" section is a section titled "Sign in with your social account" with buttons for "HCAI", "Microsoft", and "Google".

Step 4: Enter your **business email address** and click on “**Send verification code**.”

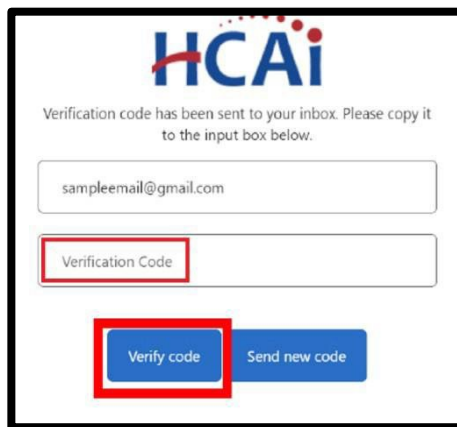
Note: Personal e-mail addresses are not accepted when creating an account when you are requesting to be a hospital representative. Examples of non-acceptable personal email domains include:

Gmail.com Mail.com AOL.com Comcast.net Yahoo.com
Hotmail.com Rocketmail.com Inbox.com icloud.com Mac.com



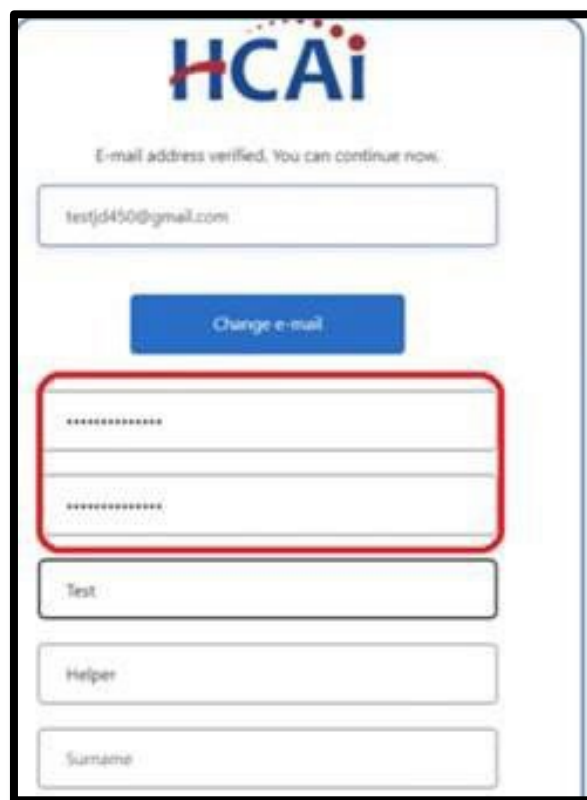
The screenshot shows a mobile app interface for HCAi account creation. At the top is a 'Cancel' button with a left arrow. Below it is the HCAi logo. The form contains several input fields: 'Email Address' (highlighted with a red border), 'Send verification code' (a green button, also highlighted with a red border), 'New Password', 'Confirm New Password', 'Display Name', 'Given Name', and 'Surname'. At the bottom is a green 'Create' button.

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



The screenshot shows the HCAi verification interface. At the top is the HCAi logo. Below it, a message states: "Verification code has been sent to your inbox. Please copy it to the input box below." There are two input fields: the first contains the email address "sampleemail@gmail.com", and the second is labeled "Verification Code" and is highlighted with a red border. Below the input fields are two buttons: "Verify code" (highlighted with a red border) and "Send new code".

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



The screenshot shows the HCAi password creation interface. At the top is the HCAi logo. Below it, a message states: "E-mail address verified. You can continue now:". There is an input field containing the email address "testjd450@gmail.com". Below this is a blue button labeled "Change e-mail". Further down, there are two password input fields, both containing masked characters (dots) and highlighted with a red border. Below the password fields are three more input fields labeled "Test", "Helper", and "Surname".

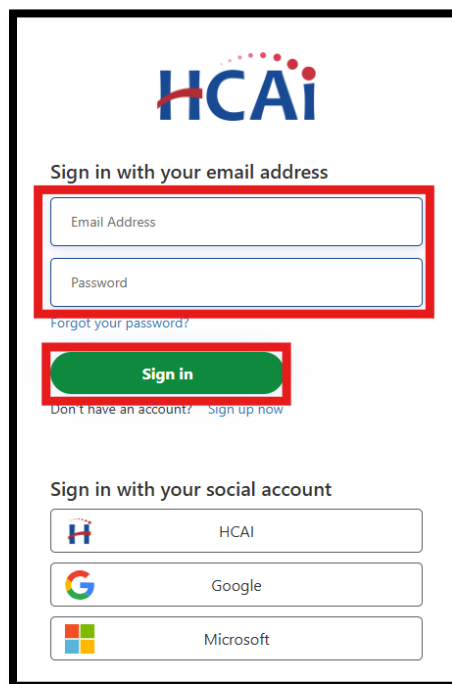
Step 7: Type your first name for the “**Display Name**” and “**Given Name**” fields then type your last name for the “**Surname**” field. Click “**Create**.”



A registration form with three text input fields labeled "Display Name", "Given Name", and "Surname". Below these fields is a green "Create" button, which is highlighted with a red rectangular border.

How to Log In

Step 1: Go to hbcip.hcai.ca.gov, and click “**Sign In**.”
Step 2: Type your email address and password in the corresponding fields.
Step 3: Click “**Sign in**.”

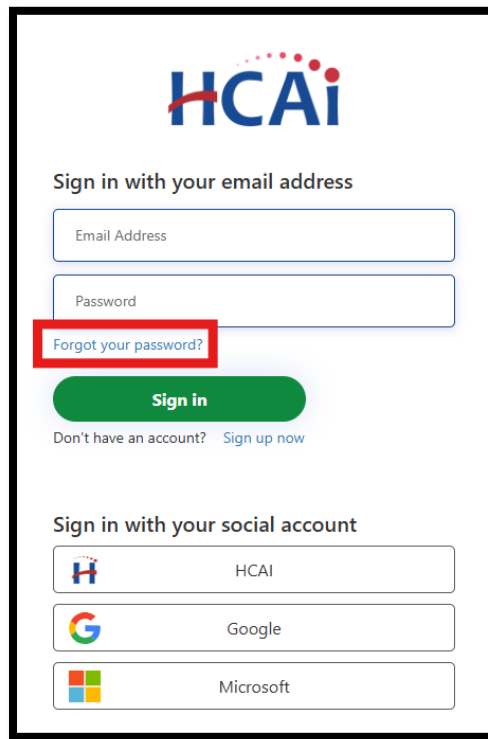


The HCAI login page features the HCAI logo at the top. Below it, the heading "Sign in with your email address" is followed by two input fields for "Email Address" and "Password", both highlighted with a red border. A "Forgot your password?" link is positioned below the password field. A green "Sign in" button, also highlighted with a red border, is located below the input fields. Below the button is a link that reads "Don't have an account? Sign up now". The section "Sign in with your social account" follows, containing three buttons for "HCAI", "Google", and "Microsoft", each with its respective logo.

How to Recover a Forgotten Password

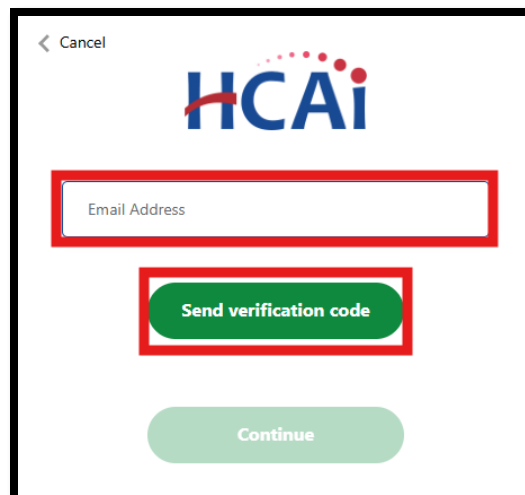
Step 1: Go to hbcip.hcai.ca.gov

Step 2: Click on “Forgot your password?”



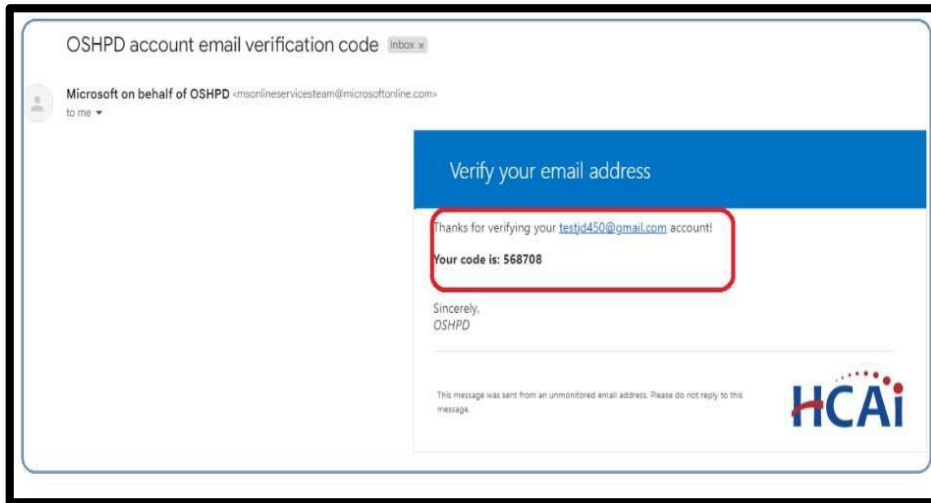
The screenshot shows the HCAi login interface. At the top is the HCAi logo. Below it, the text "Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". A link labeled "Forgot your password?" is located below the password field and is highlighted with a red rectangular box. Below this link is a green "Sign in" button. Underneath the button, it says "Don't have an account? Sign up now". Further down, the section "Sign in with your social account" is shown, with buttons for HCAi, Google, and Microsoft.

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

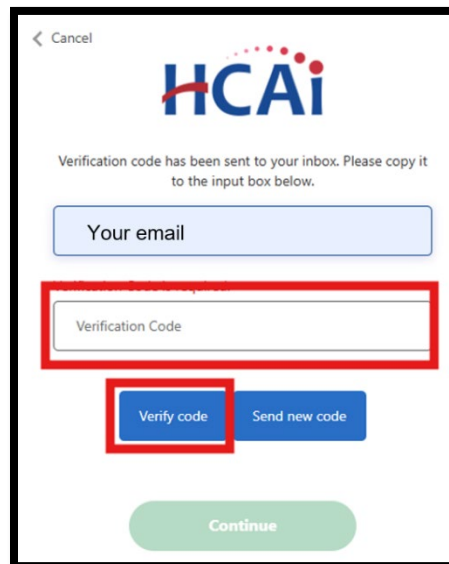


The screenshot shows the HCAi verification screen. At the top left is a back arrow and the word "Cancel". The HCAi logo is at the top center. Below the logo is an "Email Address" input field, which is highlighted with a red rectangular box. Below the input field is a green button labeled "Send verification code", also highlighted with a red rectangular box. At the bottom of the screen is a light green button labeled "Continue".

Step 4: Retrieve the verification code from your email.



Step 5: Enter the code you received via email and click on **“Verify code.”** Then click on **“Continue.”**



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

The image shows two screenshots of the HCAi user interface. The left screenshot is the account creation page, featuring the HCAi logo, a verified email address (testjd450@gmail.com), a 'Change e-mail' button, and two password fields (indicated by a red box). Below these are fields for 'Test', 'Helper', and 'Surname', and a green 'Create' button (also indicated by a red box). A red arrow points from the 'Create' button to the right screenshot, which is the login page. The login page also features the HCAi logo and a 'Sign in with your email address' section with 'Email Address' and 'Password' fields, a 'Forgot your password?' link, and a green 'Sign in' button. Below this is a 'Sign in with your social account' section with buttons for Microsoft, Google, and HCAi.

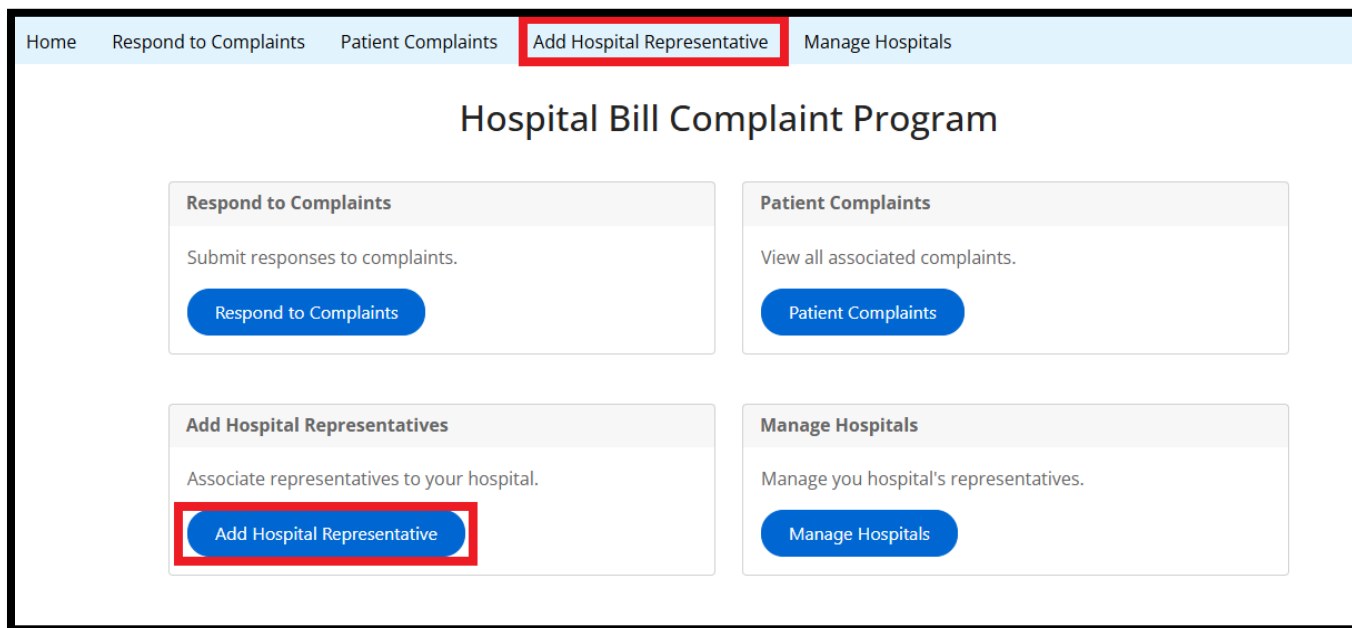
Step 7: Review and update your profile information. Start by **“Selecting Your Role”** as a **“Hospital representative.”** Then fill in the rest of the information with your work contact Information (title, email, phone). Select **“Update”** when done.

The image shows two screenshots of the HCAi profile update page. The top screenshot is the 'Profile' section, featuring a profile picture placeholder, a 'Profile' label, and a 'Select Your Role' section with three radio buttons: 'Patient submitting complaint', 'Authorized representative of patient', and 'Hospital representative' (selected). Below this are fields for 'First Name *', 'Middle Name/Initial', 'Last Name *', 'Suffix' (a dropdown menu), 'Preferred Name', and 'Email'. The bottom screenshot is the 'Hospital Representative Information' section, featuring a 'Title *' field, 'Business Email *' and 'Business Phone *' fields, and a blue 'Update' button (indicated by a red box).

How to Request to Become a Hospital Primary Representative

Step 1: Click on “**Add Hospital Representative**” located on the blue ribbon at the top of the page or down below.

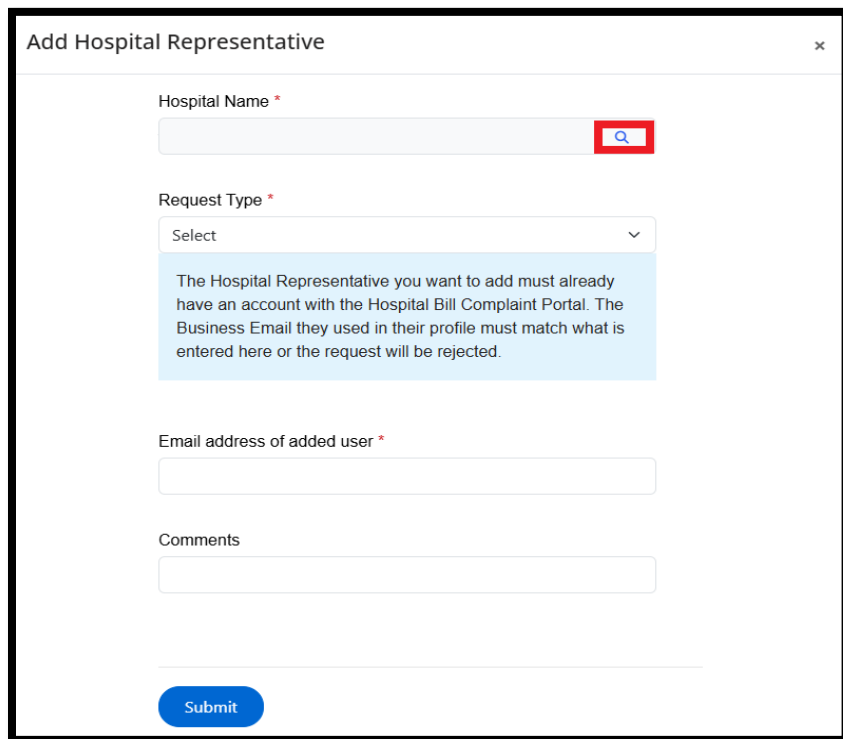
Note: Changes to hospital representative information must be submitted to the Department within **10 working days**, in accordance with **Title 22 CCR § 96051.5**.



Step 2: The add hospital representative page will open. Select “**Add Hospital Representative**” located at the bottom of the page.

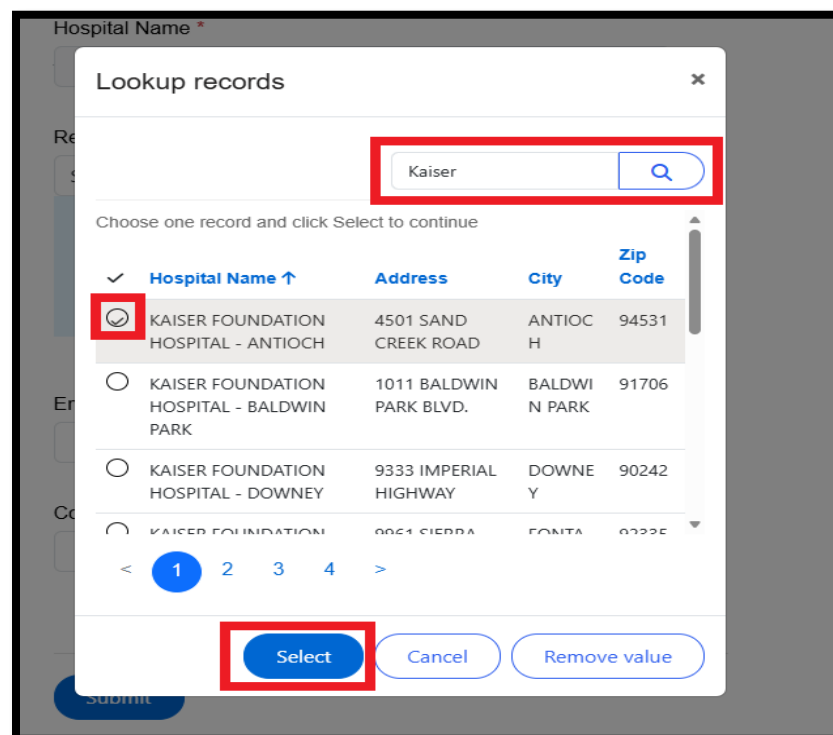


Step 3: A new window will open where you can perform a search by entering the hospital's name and clicking on the search icon on the right-hand side. All available locations will be displayed. Select your desired location by checking the box to the left-hand side of it and then click **"Select."**



The screenshot shows a web form titled "Add Hospital Representative". It contains the following fields and elements:

- Hospital Name ***: A text input field with a search icon (magnifying glass) on the right, which is highlighted with a red box.
- Request Type ***: A dropdown menu currently showing "Select". Below it is a blue informational message: "The Hospital Representative you want to add must already have an account with the Hospital Bill Complaint Portal. The Business Email they used in their profile must match what is entered here or the request will be rejected."
- Email address of added user ***: A text input field.
- Comments**: A text input field.
- Submit**: A blue button at the bottom.

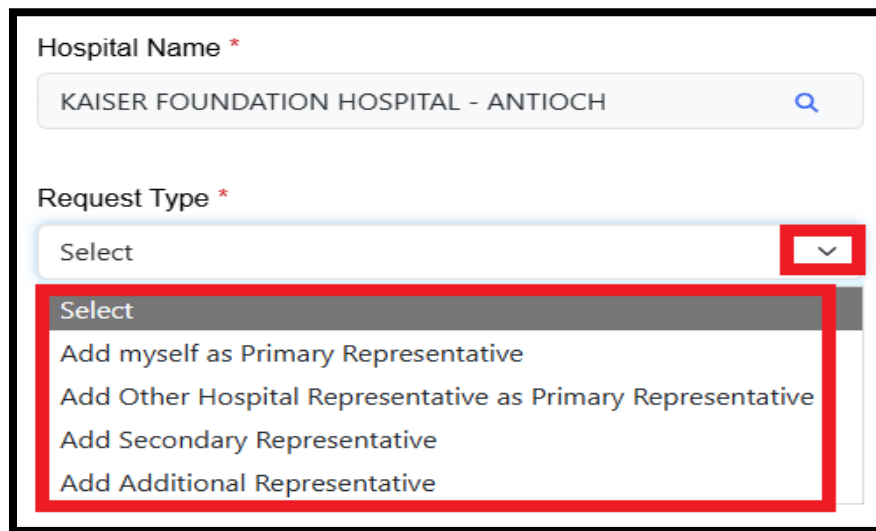


The screenshot shows a "Lookup records" dialog box overlaid on the form. It contains the following elements:

- Search Bar**: A text input field containing "Kaiser" with a search icon on the right, highlighted with a red box.
- Instructions**: "Choose one record and click Select to continue".
- Table**: A table with 5 columns: Hospital Name, Address, City, and Zip Code. The first row is selected, indicated by a checked radio button in a red box.
- Buttons**: "Select", "Cancel", and "Remove value" buttons at the bottom. The "Select" button is highlighted with a red box.

	Hospital Name ↑	Address	City	Zip Code
☒	KAISER FOUNDATION HOSPITAL - ANTIOCH	4501 SAND CREEK ROAD	ANTIOCH	94531
☐	KAISER FOUNDATION HOSPITAL - BALDWIN PARK	1011 BALDWIN PARK BLVD.	BALDWIN PARK	91706
☐	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL HIGHWAY	DOWNEY	90242
☐	KAISER FOUNDATION HOSPITAL - FONTANA	8061 SIERRA	FONTANA	92325

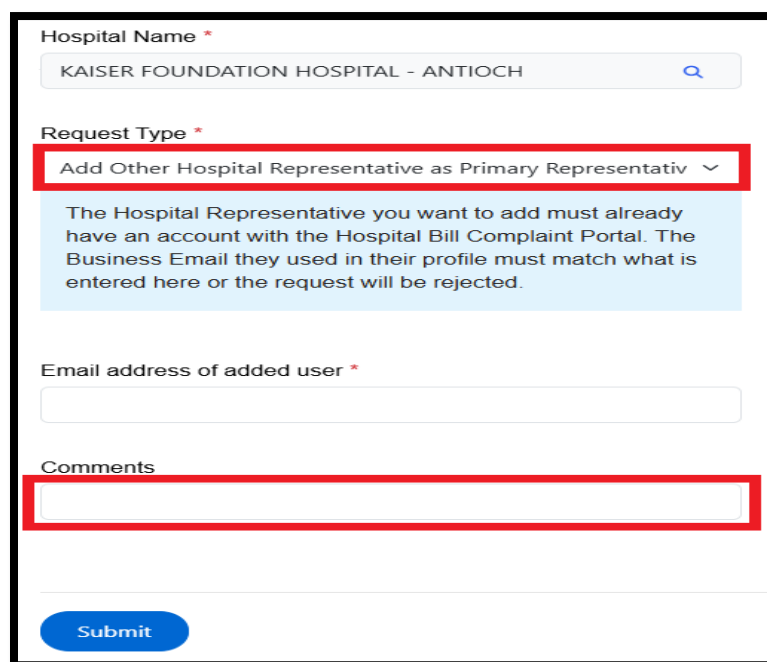
Step 4: To add the “**Request type**,” click on the drop-down arrow and select “**Add myself as Primary Representative**.”



This screenshot shows a web form with two main sections. The first section, 'Hospital Name *', contains a text input field with 'KAISER FOUNDATION HOSPITAL - ANTIOCH' and a magnifying glass icon. The second section, 'Request Type *', features a dropdown menu. The dropdown is open, showing a list of options: 'Select', 'Add myself as Primary Representative', 'Add Other Hospital Representative as Primary Representative', 'Add Secondary Representative', and 'Add Additional Representative'. A red rectangular box highlights the dropdown menu and its options. Another red box highlights the downward-pointing arrow on the dropdown menu.

Note: If you select “**Add Myself as Primary Representative**,” the system will show “**an active primary representative already in place**,” you will still be required to provide a comment explaining why you are requesting to replace the current primary representative.

The option “**Add Other Hospital Representative as Primary Representative**” should be used when a primary representative is already listed but is no longer active. This option *replaces the inactive primary representative*. When submitting this request, *you must* include an explanation in the “**Comments**” section stating why the replacement is needed (for example, the current primary representative has left the organization).



This screenshot shows the same web form as the previous one, but with the 'Request Type *' dropdown menu set to 'Add Other Hospital Representative as Primary Representative'. A red rectangular box highlights this selected option. Below the dropdown, a light blue informational message states: 'The Hospital Representative you want to add must already have an account with the Hospital Bill Complaint Portal. The Business Email they used in their profile must match what is entered here or the request will be rejected.' Below this message is an empty text input field labeled 'Email address of added user *'. Further down is another empty text input field labeled 'Comments', which is also highlighted by a red rectangular box. At the bottom of the form is a blue 'Submit' button.

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

Email address of added user *

Comments

Submit

Step 6: Your account should now display a pending request under the “**Request status**” column and the “**Request Type**” column should display the type of request.

Add Hospital Representative

How to add a Primary Hospital Representative

How to add Additional Hospital Representatives

How to manage or remove Hospital Representatives

Add Hospital Representative

Hospital Name	Request Type	Request Status	Status Note	Requested By	Email Address of Added User	Modified On ↓
	Add myself as Primary Representative	Pending				5/27/2026 3:42 PM

How to Add Additional Representatives

Step 1: As the primary representative, you can add other representatives to the account. Click **“Add Hospital Representative”** in the blue bar at the top of the page.

Note: Before adding an additional representative, the *individual must first create a profile* in the system in the same manner as the primary representative. Once the profile has been created, the primary representative can submit a request to add the additional representative, and the request will be automatically approved.



Step 2: Click on **“Add Hospital Representative”** located at the bottom of the page.



Step 3: A new window will open where you can perform a search by entering the hospital's name and clicking on the search icon on the right-hand side. All available locations will be displayed. Select your desired location by checking the box to the left-hand side of it and then click **"Select."**

The screenshot shows a web form titled "Add Hospital Representative". It contains the following fields: "Hospital Name" with a search icon, "Request Type" with a dropdown menu, "Email address of added user", and "Comments". A blue "Submit" button is at the bottom. A light blue informational message is displayed below the "Request Type" dropdown.

Hospital Name *

Request Type *

Select

The Hospital Representative you want to add must already have an account with the Hospital Bill Complaint Portal. The Business Email they used in their profile must match what is entered here or the request will be rejected.

Email address of added user *

Comments

Submit

The screenshot shows a "Lookup records" dialog box. At the top, there is a search bar containing the text "Kaiser" and a search icon. Below the search bar, it says "Choose one record and click Select to continue". There is a table with four columns: "Hospital Name", "Address", "City", and "Zip Code". The first row is selected, indicated by a checked checkbox and a blue highlight. Below the table, there are navigation buttons: "< 1 2 3 4 >". At the bottom, there are three buttons: "Select", "Cancel", and "Remove value".

Lookup records

Kaiser

Choose one record and click Select to continue

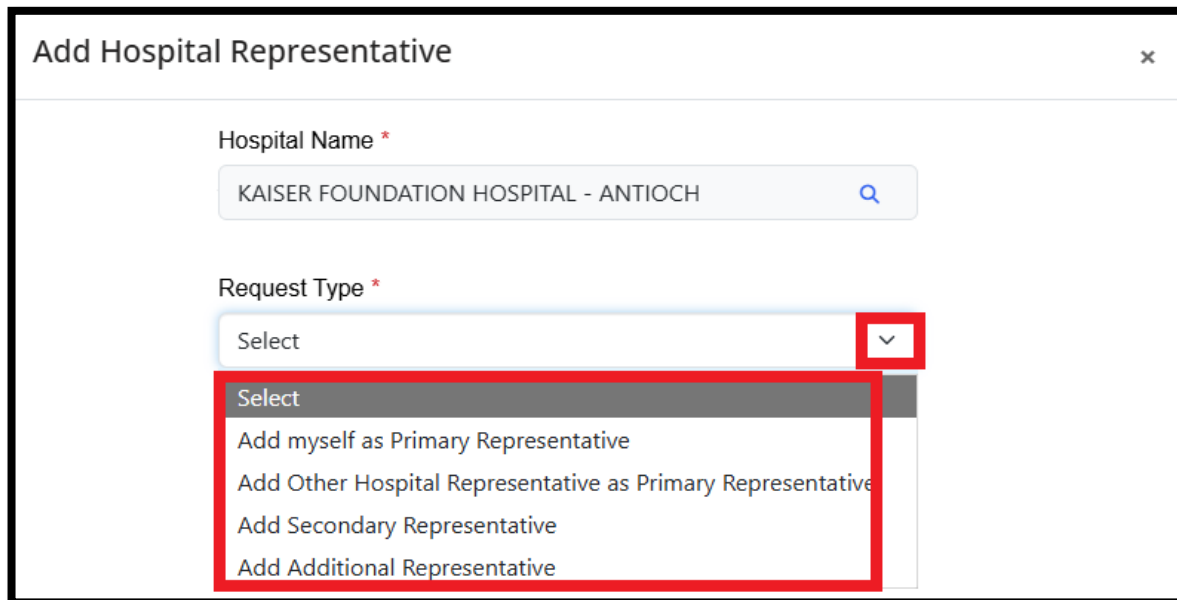
	Hospital Name ↑	Address	City	Zip Code
☒	KAISER FOUNDATION HOSPITAL - ANTIOCH	4501 SAND CREEK ROAD	ANTIOCH	94531
☐	KAISER FOUNDATION HOSPITAL - BALDWIN PARK	1011 BALDWIN PARK BLVD.	BALDWIN PARK	91706
☐	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL HIGHWAY	DOWNEY	90242
☐	KAISER FOUNDATION HOSPITAL - FONTANA	8061 SIERRA	FONTANA	92325

< 1 2 3 4 >

Select Cancel Remove value

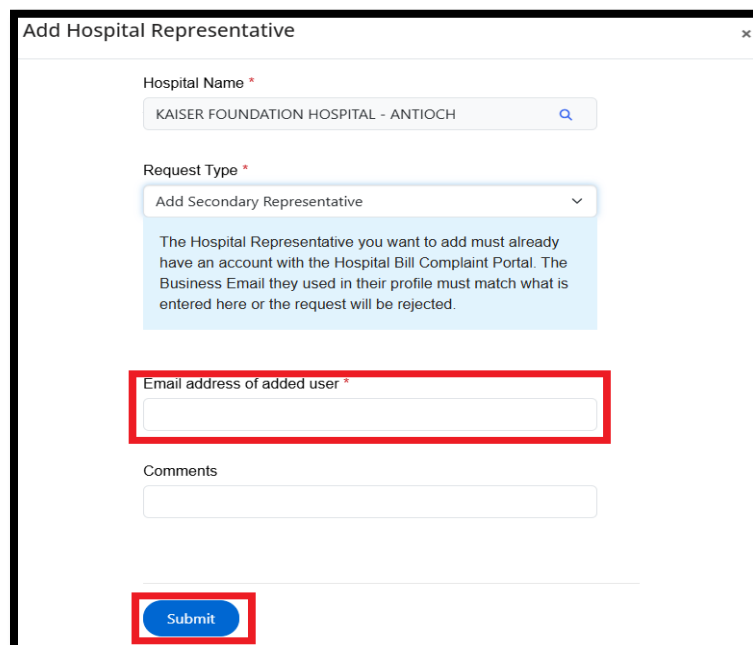
Step 4: To add the “**Request type**,” click on the **drop-down arrow** and then choose between the following options:

- “**Add Secondary Representative**” (this request will add a second user and keep the Primary Representative).
- “**Add Additional Representative**” (to facilitate the addition of multiple representatives).



The screenshot shows the 'Add Hospital Representative' form. The 'Hospital Name' field is filled with 'KAISER FOUNDATION HOSPITAL - ANTIOCH'. The 'Request Type' dropdown menu is open, showing the following options: 'Select', 'Add myself as Primary Representative', 'Add Other Hospital Representative as Primary Representative', 'Add Secondary Representative', and 'Add Additional Representative'. The dropdown menu is highlighted with a red border.

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



The screenshot shows the 'Add Hospital Representative' form. The 'Hospital Name' field is filled with 'KAISER FOUNDATION HOSPITAL - ANTIOCH'. The 'Request Type' dropdown menu is set to 'Add Secondary Representative'. A blue informational message states: 'The Hospital Representative you want to add must already have an account with the Hospital Bill Complaint Portal. The Business Email they used in their profile must match what is entered here or the request will be rejected.' The 'Email address of added user' field is highlighted with a red border. The 'Comments' field is empty. The 'Submit' button is highlighted with a red border.

Step 6: Your account should now display a pending request under the “**Request Status**” column and the “**Request Type**” column should display the type of request.

The screenshot shows the 'Add Hospital Representative' page. It has three expandable sections: 'How to add a Primary Hospital Representative', 'How to add Additional Hospital Representatives', and 'How to manage or remove Hospital Representatives'. Below these is an 'Add Hospital Representative' button. At the bottom is a table with the following columns: Hospital Name, Request Type, Request Status, Status Note, Requested By, Email Address of Added User, and Modified On. The table contains one row with the following data: Hospital Name (blank), Request Type (Add Secondary Representative), Request Status (Pending), Status Note (blank), Requested By (blank), Email Address of Added User (blank), and Modified On (5/28/2026 10:01 AM). The 'Request Type' and 'Request Status' columns are highlighted with red boxes.

Hospital Name	Request Type	Request Status	Status Note	Requested By	Email Address of Added User	Modified On ↓
	Add Secondary Representative	Pending				5/28/2026 10:01 AM

How to Remove Representatives

Step 1: Got to: hbcip.hcai.ca.gov

Step 2: Select “**Manage Hospitals**” in the blue bar at the top of the page.

The screenshot shows the 'Hospital Bill Complaint Program' dashboard. It has a top navigation bar with links: Home, Respond to Complaints, Patient Complaints, Add Hospital Representative, and Manage Hospitals. The 'Manage Hospitals' link is highlighted with a red box. Below the navigation bar is a grid of four cards: 'Respond to Complaints' (Submit responses to complaints, Respond to Complaints button), 'Patient Complaints' (View all associated complaints, Patient Complaints button), 'Add Hospital Representatives' (Associate representatives to your hospital, Add Hospital Representative button), and 'Manage Hospitals' (Manage your hospital's representatives, Manage Hospitals button). The 'Manage Hospitals' button is highlighted with a red box.

Step 3: Find the correct hospital from the list and click on the drop-down arrow at the far-right corner and select “**Edit Hospital Associations.**”

Manage Hospitals

How to request a Hospital Name Change

How to manage Hospital Representatives

How to add new Hospital Representatives

Search

Q

Request Hospital Name Change

Hospital Name	Primary Hospital Representative
Hospital Name	Hospital Representative Name

Manage Hospitals

How to request a Hospital Name Change

How to manage Hospital Representatives

How to add new Hospital Representatives

Search

Q

Request Hospital Name Change

Hospital Name	Primary Hospital Representative
Hospital Name	Hospital Representative Name

Step 4: Under the “**Associated Representatives**” section find the name of the representative you wish to remove and click on the drop-down arrow and then click “**Remove**.”

Note: As the Primary Representative, you hold exclusive authority to remove any additional representatives associated with your organization.

Edit Hospital Association

Hospital information
Hospital Name *
OROVILLE HOSPITAL

Primary Hospital Representative
Hospital Representative Name

Related Hospital Facilities

HCAI Id	License number	Hospital ID	Hospital name	Facility type	Facility level
106040937	230000022	OROVILLE HOSPITAL	OROVILLE HOSPITAL	HSC 1250 (a)	Parent Facility

Associated Representatives

Name ↑

Hospital Representative Name

⌵

Edit Hospital Association

Hospital information
Hospital Name *
OROVILLE HOSPITAL

Primary Hospital Representative
Hospital Representative Name

Related Hospital Facilities

HCAI Id	License number	Hospital ID	Hospital name	Facility type	Facility level
106040937	230000022	OROVILLE HOSPITAL	OROVILLE HOSPITAL	HSC 1250 (a)	Parent Facility

Associated Representatives

Name ↑

Hospital Representative Name

⌵

Remove

How to Notify of Hospital Name Change

Step 1: Go to “**Manage Hospital**” and then click “**Request Hospital Name Change**.”

The screenshot shows the top navigation bar of the 'Hospital Bill Complaint Program' with a 'Sign Out' link. The 'Manage Hospitals' menu item is highlighted with a red box. Below, the 'Manage Hospitals' page is shown with three expandable sections: 'How to request a Hospital Name Change', 'How to manage Hospital Representatives', and 'How to add new Hospital Representatives'. At the bottom right of this page, a button labeled 'Request Hospital Name Change' is highlighted with a red box.

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.

The screenshot shows the 'Request Hospital Name Change' form. It contains three main input fields: 'Hospital name *' (with a search icon button to its right, highlighted with a red box), 'Requested hospital name *', and 'Description *'. A blue 'Submit' button is located at the bottom left of the form.

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

Lookup records ×

Search 🔍

Choose one record and click Select to continue

☒ Hospital name	HCAI ID	Facility Level	Facility Type
☐ BARTON MEMORIAL HOSPITAL	106090793	Parent Facility	HSC 1250 (a)
☐ DOCTORS MEDICAL CENTER	106500852	Parent Facility	HSC 1250 (a)
☐ EMANUEL MEDICAL CENTER	106500867	Parent Facility	HSC 1250 (a)
☐ MEMORIAL MEDICAL CENTER - MODESTO	106500939	Parent Facility	HSC 1250 (a)
☐ AURORA SAN DIEGO	106374024	Parent Facility	HSC 1250 (b)
☐ ADVENTIST HEALTH UKIAH VALLEY	106231396	Parent Facility	HSC 1250 (a)

< 1 2 >

Select Cancel Remove value

Lookup records ×

Search 🔍

Choose one record and click Select to continue

☒ Hospital name	HCAI ID	Facility Level	Facility Type
☒ BARTON MEMORIAL HOSPITAL	106090793	Parent Facility	HSC 1250 (a)
☐ DOCTORS MEDICAL CENTER	106500852	Parent Facility	HSC 1250 (a)
☐ EMANUEL MEDICAL CENTER	106500867	Parent Facility	HSC 1250 (a)
☐ MEMORIAL MEDICAL CENTER - MODESTO	106500939	Parent Facility	HSC 1250 (a)
☐ AURORA SAN DIEGO	106374024	Parent Facility	HSC 1250 (b)
☐ ADVENTIST HEALTH UKIAH VALLEY	106231396	Parent Facility	HSC 1250 (a)

< 1 2 >

Select Cancel Remove value

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

Request Hospital Name Change

Hospital name *

BARTON MEMORIAL HOSPITAL

Requested hospital name *

Description *

Submit

How to Review New Patient Complaints

Step 1: Go to hbcip.hcai.ca.gov.

Step 2: Click on “**Patient Complaints**” located at the top blue ribbon. A list of patient complaints will show up. Find the complaint number on the first column. Then click the drop-down arrow on the right to see the menu. Select “**View details**” to check the complaint sections.

Hospital Bill Complaint Program

Home Respond to Complaints Patient Complaints Add Hospital Representative Manage Hospitals

Patient Complaints						
Active Complaints						
Patient Complaint	Hospital Name	Service Period	Preferred Name of Patient	Authorized Representative First Name	Status	Created on
2023-CAS-001060-LON6N8	EMANUEL MEDICAL CENTER	10/06/2023 - 10/06/2023			Pending Hospital Response	10/2/2023 10:46 AM
2024-CAS-001139-K1F3G7	ADVENTIST HEALTH DELANO	10/04/2023 - 10/18/2023			Pending Hospital Response	4/5/2024 8:08 AM

Patient Complaints

Active Complaints ▾

Search



Patient Complaint ↑	Hospital Name	Service Period	Preferred Name of Patient	Authorized Representative First Name	Status	Created on	
2023-CAS-001060-L0N6N8	EMANUEL MEDICAL CENTER	10/06/2023 - 10/06/2023			Pending Hospital Response	10/2/2023 10:46 AM	⌵
2024-CAS-001139-K1F3G7	ADVENTIST HEALTH DELANO	10/04/2023 - 10/18/2023			Pending Hospital Response	4/5/2024 8:08 AM	⌵

View details

View HCAI documents

Step 3: The patient complaint is divided into 11 sections. You will be able to view all sections, but editing is not permitted. You may also view attachments submitted by the patient by clicking on the drop-down arrow and selecting **“View HCAI documents”** or by accessing Section 10 of the complaint, which is the **“Attach Documents”** page.

Complaint

2023-CAS-001060-L0N6N8 - EMANUEL MEDICAL CENTER

1 Release of Information

2 Patient Information

3 Description

4 Authorized Representative Information

5 Family Information

6 Hospital Information

7 Health Plan Information

8 Debt Collection Information

9 Demographic Information

10 Attach Documents

11 Submit Complaint

Patient Complaints

Active Complaints ▾

Search



Patient Complaint ↑	Hospital Name	Service Period	Preferred Name of Patient	Authorized Representative First Name	Status	Created on	
2023-CAS-001060-L0N6N8	EMANUEL MEDICAL CENTER	10/06/2023 - 10/06/2023			Pending Hospital Response	10/2/2023 10:46 AM	⌵
2024-CAS-001139-K1F3G7	ADVENTIST HEALTH DELANO	10/04/2023 - 10/18/2023			Pending Hospital Response	4/5/2024 8:08 AM	⌵

Patient Complaints

Active Complaints ▾

Search



Patient Complaint ↑	Hospital Name	Service Period	Preferred Name of Patient	Authorized Representative First Name	Status	Created on	
2023-CAS-001060-L0N6N8	EMANUEL MEDICAL CENTER	10/06/2023 - 10/06/2023			Pending Hospital Response	10/2/2023 10:46 AM	⌵
2024-CAS-001139-K1F3G7	ADVENTIST HEALTH DELANO	10/04/2023 - 10/18/2023			Pending Hospital Response	4/5/2024 8:08 AM	⌵

View details

View HCAI documents

Note: To view a document, find the case number on the first column and under “**File**” click on the document to open it.

My HCAI Documents - Hospital			
Patient complaint ↓	Hospital - Document Type	File	Date of submission ↓
2026-CAS-001290-Y2B3B5 - BARTON MEMORIAL HOSPITAL	Goodbye Letter	Test Doc 1.docx	2/12/2026 10:37 AM
2026-CAS-001290-Y2B3B5 - BARTON MEMORIAL HOSPITAL	Closing Letter	Closing Letter_test.docx	1/22/2026 9:00 AM

How to Locate and Respond to the Department’s Requests for Hospital Information

Step 1: Click on “**Respond to Complaints**” located on the blue ribbon.

Hospital Bill Complaint Program					Sign Out
Home	Respond to Complaints	Patient Complaints	Add Hospital Representative	Manage Hospitals	

Request for Hospital Information- This is the initial request notifying the hospital of a new complaint. Notifications are sent via email to all hospital representatives. Click on the “**RHI Form Link**” under the “**Request for hospital information**” to respond to the request.

Respond to Complaints						
Active Requests ▾				Search		
Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date ↑
2026-RFCI-001332-R6X4N6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		⌵
2024-RFCI-001094-T5P0H0	ADVENTIST HEALTH AND RIDEOUT	2024-CAS-001139-K1F3G7	RHI Form Link	Open	Approved	8/14/2024 ⌵
2024-RFCI-001146-G7G0Z7	BARTON MEMORIAL HOSPITAL	2024-CAS-001211-T5C5M5		Open	Rejected	11/28/2024 ⌵

Step 2: The form is divided into seven sections. Beginning with “**General Information**” and ending with “**Submit Request.**”

Request for Hospital Information

2024-CAS-001211-T5C5M5 - BARTON MEMORIAL HOSPITAL

Patient Name : |

Service Period : 10/20/2024 - 10/23/2024

[General Information](#) [Financial Assistance](#) [Communication](#) [Services](#) [Payment Plan](#) [Debt Collection](#) [Submit Request](#)

Step 3: To submit and close the request, ensure you sign it to certify.

Note: Once a request has been closed, no additional modifications are permitted.

Request for Hospital Information

2024-CAS-001211-T5C5M5 - BARTON MEMORIAL HOSPITAL

Patient Name : |

Service Period : 10/20/2024 - 10/23/2024

[General Information ✓](#) [Financial Assistance ✓](#) [Communication ✓](#) [Services ✓](#) [Payment Plan ✓](#) [Debt Collection ✓](#) [Submit Request](#)

Submit Request

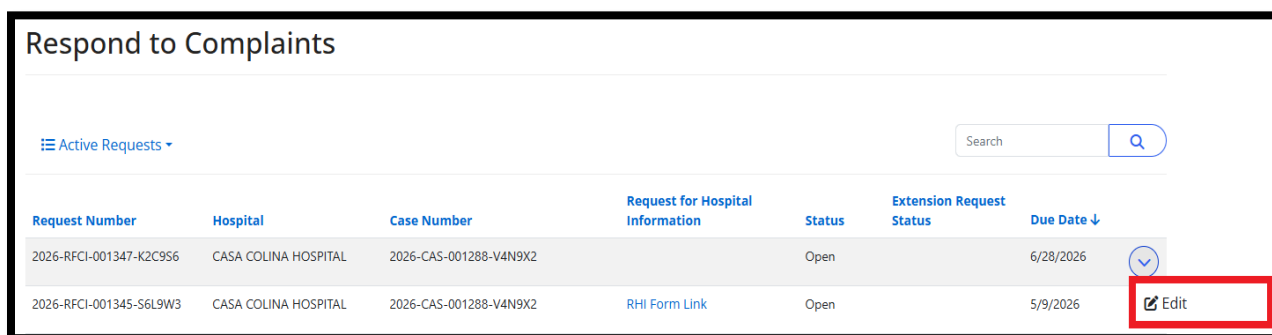
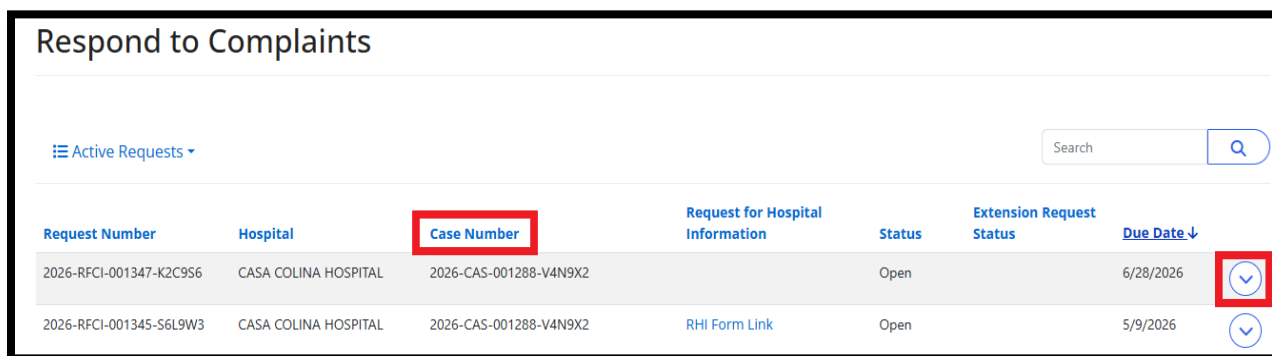
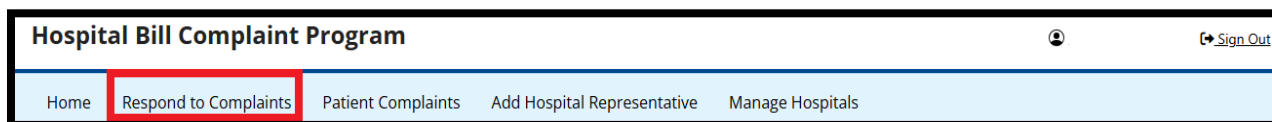
I certify that I am allowed to submit all documents and information required under section 96051.17 (c)(1) through (d)(1), and that the submitted response, including the hospital's records, data, documents, and information, are true and correct.

Signature: *

[Previous](#) [Submit](#)

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 hbcip.hcai.ca.gov.
- Step 2:** Click on “**Respond to Complaints**” located on the blue ribbon and search for the “**Case Number**” for which you received an email notification. Click the drop-down arrow and select “**Edit**” to open and edit the request.



Step 3: After the “**Request for Case Information**” page opens, you have the option to review the “**Request Letter**” document to respond to the Department, you may “**Upload Documents**” and submit or “**Extension Request**.”

Requested Information/Documents Hospital

Patient Complaint *	Request Number	Due Date *
2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL	2026-RFCI-001347-K2C9S6	6/28/2026

Requested Information

Please respond to the request for information letter attached.

Request Letter

[Request for Information.pdf](#)

Related documents (Upload a document with your response)

Upload documents

Patient complaint	Document type	File	Date of submission
-------------------	---------------	------	--------------------

Extension Request

Submit extension request

☒ No ☐ Yes

Certify and Submit Information

☐ I, , on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

☐ If you are done uploading supporting documents, check the box to close the request and notify the Department.

*A file attachment is required before submitting your information.

Save

Note: To ensure the request is closed after you provide a response, make sure the “**Certify and Submit Information**” boxes are selected. You will have to upload a document to be able to select the “**If you are done uploading documents, check the box to close the request and notify the Department.**” Finish by clicking “**Submit.**”

Certify and Submit Information

☐ I, _____, on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

☐ If you are done uploading supporting documents, check the box to close the request and notify the Department.

*A file attachment is required before submitting your information.

[Save](#)

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 hbcg.hcai.ca.gov and click on “**Respond to Complaints**” on the top blue ribbon.

Hospital Bill Complaint Program [Sign Out](#)

[Home](#) [Respond to Complaints](#) [Patient Complaints](#) [Add Hospital Representative](#) [Manage Hospitals](#)

Step 2: Search for the complaint number you would like to communicate with the department about by entering the complaint number in the search box. This action will bring up all open requests regarding that complaint. Then click on the drop-down arrow to open the “**Edit**” menu.

Respond to Complaints

Active Requests ▾

2026-CAS-001288-V4N9X2 🔍

Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date ↑
2026-RFCI-001332-R6X4N6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		⌵
2024-RFCI-001094-T5P0H0	ADVENTIST HEALTH AND RIDEOUT	2024-CAS-001139-K1F3G7	RHI Form Link	Open	Approved	8/14/2024 ⌵

Respond to Complaints

Active Requests ▾

2026-CAS-001288-V4N9X2 🔍

Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date ↑
2026-RFCI-001332-R6X4N6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		⌵
2024-RFCI-001094-T5P0H0	ADVENTIST HEALTH AND RIDEOUT	2024-CAS-001139-K1F3G7	RHI Form Link	Open	Approved	8/14/2024 

Note: Once you click on the edit menu, it will open the request. Look for the request that shows “**Communicate with the Department.**”

Requested Information/Documents Hospital

Patient Complaint * Request Number Due Date *

2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL 2026-RFCI-001332-R6X4N6 —

Requested Information

To Communicate with the Department
(Note: No action required. This item was opened solely for communication purposes via the “Response” box.)

Request Letter

No file selected

Step 3: You will be able to send the Department a message/question in the **“Comments”** box. When done click the Certify and Submit Information box and then click **“Save.”**

Requested Information/Documents Hospital

Patient Complaint * 2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL	Request Number 2026-RFCI-001332-R6X4N6	Due Date * —
---	--	------------------------

Requested Information

To Communicate with the Department
(Note: No action required. This item was opened solely for communication purposes via the “Response” box.)

Request Letter

No file selected

Comments

Certify and Submit Information

☒ I, _____ on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

How to View Documents Uploaded by the Hospital Representative for Open or Closed Complaints

Step 1: Select **“Respond to Complaints”** on the top blue ribbon.

Hospital Bill Complaint Program

[Sign Out](#)

[Home](#) **[Respond to Complaints](#)** [Patient Complaints](#) [Add Hospital Representative](#) [Manage Hospitals](#)

Step 2: Click the drop-down arrow next to “**Active Requests**” and select “**Closed Requests.**”

The screenshot shows the 'Respond to Complaints' page. At the top left, there is a dropdown menu labeled 'Active Requests' with a red box around it. Below it, a sub-menu is open, showing 'Closed Requests' with a red box around it. The main table below has columns: Hospital, Case Number, Request for Hospital Information, Status, Extension Request Status, and Due Date. The first row shows 'CASA COLINA HOSPITAL' with case number '2026-CAS-001288-V4N9X2' and status 'Open'. The second row shows 'ADVENTIST HEALTH AND RIDEOUT' with case number '2024-CAS-001139-K1F3G7' and status 'Open'.

Step 3: Either search or scroll through to find the case number you want to review. Then click the drop-down arrow and select “**View Details.**”

The screenshot shows the 'Respond to Complaints' page with the dropdown menu set to 'Closed Requests'. A search bar is highlighted with a red box. The table below has columns: Request Number, Hospital, Case Number, Request for Hospital Information, Status, Extension Request Status, and Due Date. The first row shows 'BARTON MEMORIAL HOSPITAL' with case number '2026-CAS-001290-Y2B3B5' and status 'Closed'. The second row shows 'BARTON MEMORIAL HOSPITAL' with case number '2024-CAS-001153-T9J7S6' and status 'Closed'. The third row shows 'BARTON MEMORIAL HOSPITAL' with case number '2024-CAS-001153-T9J7S6' and status 'Closed'. A red box highlights the 'View Details' button next to the third row.

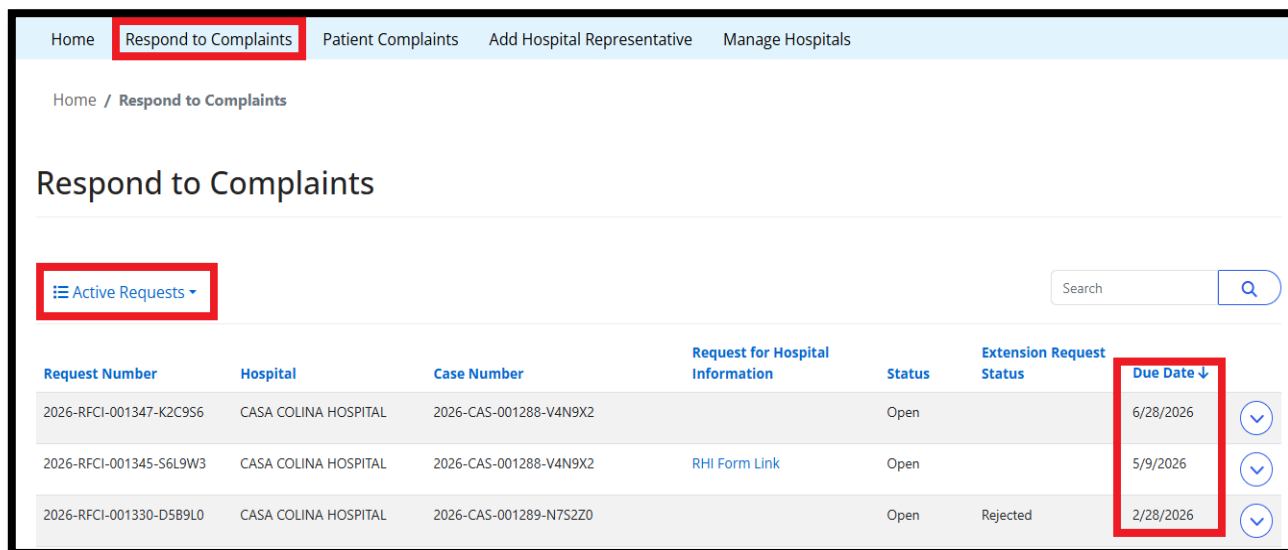
Step 4: Once you are on the “**View Information/Documents page,**” scroll down to “**Related documents**” to view documents previously submitted to the Department. You can view attachments that were previously submitted, but editing is not available.

The screenshot shows the 'View Information/Documents page'. At the top, there is a section labeled 'Related documents' with a red box around it. Below it, there is a table with columns: Patient complaint, Document type, File, and Date of submission. The first row shows '2024-CAS-001153-T9J7S6 - BARTON MEMORIAL HOSPITAL' as the patient complaint, 'Goodbye Letter' as the document type, '560 - Legal - HBCP Hospital Bill Complaint Form (Japanese).pdf' as the file, and '7/3/2025 9:29 AM' as the date of submission. A red box highlights the 'File' column.

How to Locate Due Dates

Step 1: Go to hbcg.hcai.ca.gov

Step 2: Click on “**Respond to Complaints**” to view the due date.



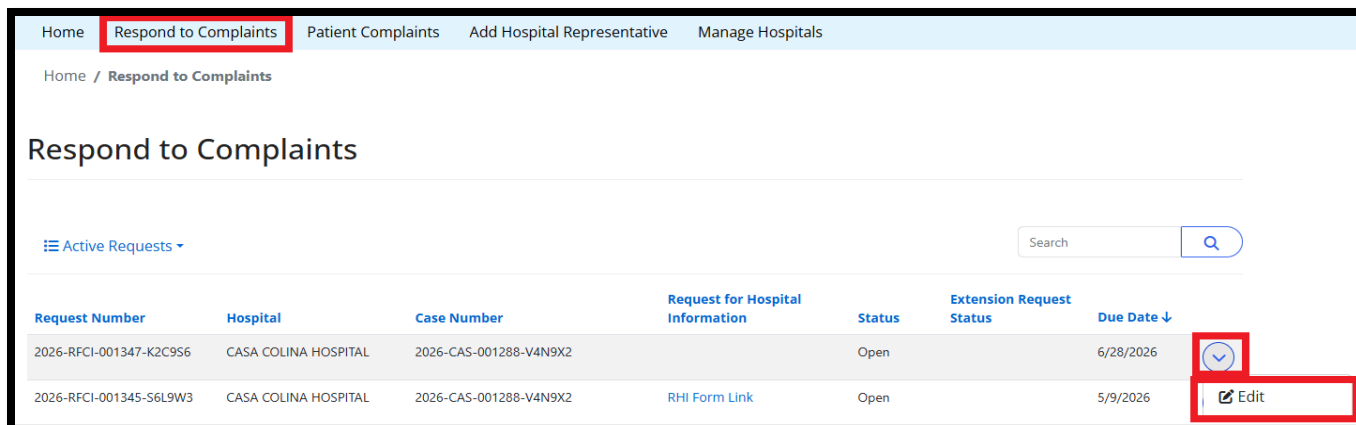
The screenshot shows the 'Respond to Complaints' page. The 'Respond to Complaints' tab is selected in the top navigation bar. Below the navigation bar, the page title 'Respond to Complaints' is displayed. A search bar is located on the right. Below the search bar, there is a table with the following columns: Request Number, Hospital, Case Number, Request for Hospital Information, Status, Extension Request Status, and Due Date. The 'Due Date' column is highlighted with a red box. The table contains three rows of data.

Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date
2026-RFCI-001347-K2C9S6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		6/28/2026
2026-RFCI-001345-S6L9W3	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2	RHI Form Link	Open		5/9/2026
2026-RFCI-001330-D5B9L0	CASA COLINA HOSPITAL	2026-CAS-001289-N7S2Z0		Open	Rejected	2/28/2026

How to Request an Extension

Step 1: Go to hbcg.hcai.ca.gov

Step 2: Click “**Respond to Complaints**,” find the open case under “**Case Number**”



The screenshot shows the 'Respond to Complaints' page. The 'Respond to Complaints' tab is selected in the top navigation bar. Below the navigation bar, the page title 'Respond to Complaints' is displayed. A search bar is located on the right. Below the search bar, there is a table with the following columns: Request Number, Hospital, Case Number, Request for Hospital Information, Status, Extension Request Status, and Due Date. The 'Due Date' column is highlighted with a red box. The table contains three rows of data. The 'Edit' button is highlighted with a red box for the first row.

Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date
2026-RFCI-001347-K2C9S6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		6/28/2026
2026-RFCI-001345-S6L9W3	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2	RHI Form Link	Open		5/9/2026

Step 3: Once the “**Requested Information/Documents**” window is open, you can request an extension, enter a new proposed due date, input comments explaining why an extension is needed, and save the request. You can still upload documents.

Requested Information/Documents Hospital

Patient Complaint *

2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL

Request Number

2026-RFCI-001347-K2C9S6

Due Date *

6/28/2026

Requested Information

Please respond to the request for information letter attached.

Request Letter

[Request for Information.pdf](#)

Related documents (Upload a document with your response)

Upload documents

Patient complaint	Document type	File	Date of submission
There are no records to display.			

Extension Request

Submit extension request

☐ No ☒ Yes

Proposed new due date *

M/D/YYYY

Extension request comments *

Extension request status

—

Certify and Submit Information

☒ I, , on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

☐ If you are done uploading supporting documents, check the box to close the request and notify the Department.

*A file attachment is required before submitting your information.

Save

Note: An extension request must be submitted before the Request for Case Information due date to avoid a penalty violation.

How to View an Extension Request Status to See Whether it has Been Approved, Denied, or Modified

Step 1: Go to hbcip.hcai.ca.gov

Step 2: Click on “**Respond to Complaints**” and review the “**Extension request status**” column.

Respond to Complaints						
Active Requests ▾			Search			
Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date ↑
2026-RFCI-001332-R6X4N6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		v
2024-RFCI-001094-T5P0H0	ADVENTIST HEALTH AND RIDEOUT	2024-CAS-001139-K1F3G7	RHI Form Link	Open	Approved	8/14/2024 v
2024-RFCI-001146-G7G0Z7	BARTON MEMORIAL HOSPITAL	2024-CAS-001211-T5C5M5		Open	Rejected	11/28/2024 v

How to Upload Documents Through a Request for Case Information

Step 1: Go to hbcip.hcai.ca.gov.

Step 2: Click on “**Respond to Complaints**,” choose the open case number under the “**Case Number**” column, for which you received an email notification and then click “**Edit**.” You can upload documents here.

Requested Information/Documents Hospital		
Patient Complaint *	Request Number	Due Date *
2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL	2026-RFCI-001347-K2C9S6	6/28/2026
Requested Information		
Please respond to the request for information letter attached.		
Request Letter		
Request for Information.pdf		
Related documents (Upload a document with your response)		
Upload documents		

Step 3: Click the down arrow to select the “**Document Type**,” upload the document and hit “**Next**.”

Upload Documents

Back to Request

Document Details Upload Documents

Document Type

Select

Next

Step 4: Once you finish uploading your documents, check the box to certify that the information you provided is true and correct. Then, check the box that says, “**If you are done uploading supporting documents, check the box to close the request and notify the Department**” then hit

Certify and Submit Information

☒ I, , on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

☒ If you are done uploading supporting documents, check the box to close the request and notify the Department.

*A file attachment is required before submitting your information.

Submit

How to Communicate With the Department After a “Request for Case Information” is Closed

Once a Request for Case Information is closed, hospital representatives cannot submit further responses through that request. To continue communication, the Department will issue a separate Request Number for communication purposes only. This type of request will not have a due date, and extensions or document uploads are not allowed. To access a communication request, follow the steps below:

Step 1: Go to hbcip.hcai.ca.gov.

Step 2: Click on “**Respond to Complaints**,” then select the open case number in the “**Case Number**” column and click “**Edit**.”

Respond to Complaints

Active Requests ▾

2026-CAS-001288-V4N9X2 🔍

Request Number	Hospital	Case Number	Request for Hospital Information	Status	Extension Request Status	Due Date ↑
2026-RFCI-001332-R6X4N6	CASA COLINA HOSPITAL	2026-CAS-001288-V4N9X2		Open		⌵
2024-RFCI-001094-T5P0H0	ADVENTIST HEALTH AND RIDEOUT	2024-CAS-001139-K1F3G7	RHI Form Link	Open	Approved	8/14/2024 ⌵

Step 3: After selecting “**Edit**,” a page will open showing that the request is for communication purposes only. Enter your message in the “**Comments**” section and select “**Save**.” An email notification will then be sent to the reviewer assigned to the case.

Requested Information/Documents Hospital

Patient Complaint * Request Number Due Date *

2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL 2026-RFCI-001332-R6X4N6 —

Requested Information

To Communicate with the Department
(Note: No action required. This item was opened solely for communication purposes via the “Response” box.)

Request Letter

No file selected

Comments

Certify and Submit Information

☐ I, , on behalf of CASA COLINA HOSPITAL, certify under penalty of perjury under the laws of the State of California that the submitted documents and information are true and correct.

Save

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.

Requested Information/Documents Hospital

Patient Complaint *

2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL

Request Number

2026-RFCI-001347-K2C9S6

Due Date *

6/28/2026

Requested Information

Please respond to the request for information letter attached.

Request Letter

[Request for Information.pdf](#)

Related documents (Upload a document with your response)

Upload documents

Patient complaint	Document type	File	Date of submission	
2026-CAS-001288-V4N9X2 - CASA COLINA HOSPITAL	Goodbye Letter	Document.docx	5/28/2026 3:22 PM	⌵ Edit Delete

How to View Patient Complaint Statuses

Step 1: Go to hbcip.hcai.ca.gov.

Step 2: Click on **“Patient Complaints”** and review the **“Status”** column.

Home	Respond to Complaints	Patient Complaints	Add Hospital Representative	Manage Hospitals
------	-----------------------	--------------------	-----------------------------	------------------

Home / Patient Complaints

Patient Complaints

⋮ Active Complaints ▾

Search

Patient Complaint ↑	Hospital Name	Service Period	Preferred Name of Patient	Authorized Representative First Name	Status	Created on	
2023-CAS-001060-LON6N8	EMANUEL MEDICAL CENTER	10/06/2023 - 10/06/2023	Maksim Holland		Pending Hospital Response	10/2/2023 10:46 AM	⌵

How to Check the Status of a Hospital Representative Request to Verify it is Pending, Approved, or Rejected

Step 1: Go to hbcpr.hcai.ca.gov.

Step 2: Click on “Add Hospital Representative,” scroll down the “Request Status” column to verify the status of your request.

Hospital Name	Request Type	Request Status	Status Note	Requested By	Email Address of Added User	Modified On
ST. ROSE HOSPITAL	Add Secondary Representative	Auto-Approved				5/30/2024 8:03 AM

Note: If your request is rejected and you need assistance, you can reach out to hfbp@hcai.ca.gov.

Email Notifications After the Response due Date has Expired

As a courtesy, you will receive six 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.
- Day 14 of being past due.
- Day 21 of being past due.
- Day 28 of being past due.

Initial Compliance Notice

If the Department identifies violations, the hospital will receive a new request containing the initial compliance notice. You will have 30 days to respond to the Department. Extension requests are not permitted for initial compliance notices.

Final Compliance Notice

Upon receiving the hospital's final response to the initial compliance notice, the Department will issue a final compliance notice with the penalty assessment. The hospital will have 30 days to file an appeal.

Appeals

Appeals are handled separately from the patient complaint portal.

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