

**e-Services
Portal
User
Guide**

**HOSPITAL
SERVICES
REPORTING**

VERSION 1.0

**Section
25**

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1 Introduction

Welcome to HCAI Electronic Services Portal (eSP) User Guide

This guide details the step-by-step instructions for creating and submitting an application for Hospital Services Reporting using the HCAI eServices Portal.

Prerequisites:

- You must have an active eSP user account to create and submit a Compliance Plan application. For instruction on creating an eSP user account, refer to user guide [2. Account Registration](#).
- In order to submit the application, you will need the Facility Authorization (PIN) number. For further information refer to user guide [3. Facility Authorization](#).
- After the application is submitted to HCAI, your eSP user account must be associated to the application in order to interact with it. To learn more, refer to user guide [4. Account Management, Association and Delegation](#).

Who to Contact:

- For eSP technical support, contact eserv@hcai.ca.gov or (916) 440-8400.
- For eSP User Registration and Account Management, contact eCA.AccessManager@hcai.ca.gov or call (916) 440-8400.
- For questions regarding Hospital Services Reporting applications, contact SeismicComplianceUnit@hcai.ca.gov.

2 Application Overview

- Only General Acute Care (GAC) facilities are required to submit a Hospital Services Report.
- The application includes all of the buildings at a facility. Only one application is required per facility.
- After submittal, the facility representative may receive an email from HCAI stating that the application has been returned or remarked. If this occurs, the facility representative will need to edit the application and re-submit it. For step-by-step instructions, see [Section 4 – Editing a Returned or Remarked Hospital Services Report](#).
- After review and approval, a copy of the report should be printed and provided to each of the entities mandated to receive an annual status update. For step-by-step instructions, see [Section 5 – Printing the Hospital Services Report](#).

2.1 Page Flow Overview

The steps to create and submit a Hospital Services Reporting application are detailed in this section. The table below lists the page flow steps.

Table 1: eCA Pageflow

Page No.	Page Title	Description
Hospital Services Reporting		
1	Record Type	Enforcement → Create an Application → Hospital Services Reporting
2	Select Facility	Look up and select the facility from HCAI’s facility database. eSP auto-populates the facility, address, and facility owner information.
3	Contact(s)	(Required) Enter the Authorized Agent. This individual will be the primary contact and will receive HCAI communication related to the project.
4	Building Services	Select the services that apply to each hospital building. Visit the Facility Details page for detailed facility and building information.
5	Facility Authorization	User enters a valid Facility PIN code.
6	Review	Final review of the application; edits can still be made if necessary.
7	Confirmation	Application submitted to HCAI. eSP issues a project ID number.

2.2 Basic Rules and Tips

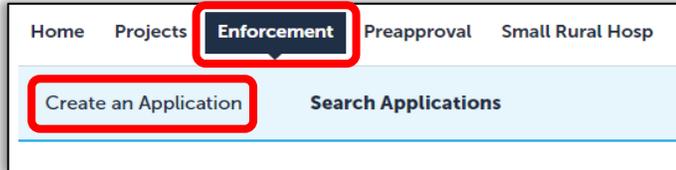
Below are some basic rules of submitting an application using the eSP page flow:

- ✓ When creating an application, follow the page flow to avoid errors or missed data.
- ✓ You must click the **Continue Application** button at the bottom of each page to save your entries and move to the next page.
- ✓ You can navigate back and forth between saved pages.
- ✓ If you must exit the application for any reason, click **Save and resume later** to save your progress. A temporary project number will be created, and an email with the project number and creation date will be sent to the email address associated with your eSP User Account.
- ✓ Once a temporary project number is created, you will have 30 days to submit the application or it will be automatically deleted. Once deleted, temporary projects cannot be restored.
- ✓ To resume an application, select the **Enforcement** tab and find the project in your **Records** list. Click the temporary project number and **choose “Start from the Beginning”**.
- ✓ It is recommended that you click the **Save and resume later** button as needed to prevent data loss due to system time-out.
- ✓ If any required data is missing from a page, an error message will be displayed at the top of the page when you click the **Continue Application** button. You must correct any errors before continuing to the next page.

3 Creating a Hospital Services Report

The following information will guide users through the steps necessary to create a Hospital Services Report application.

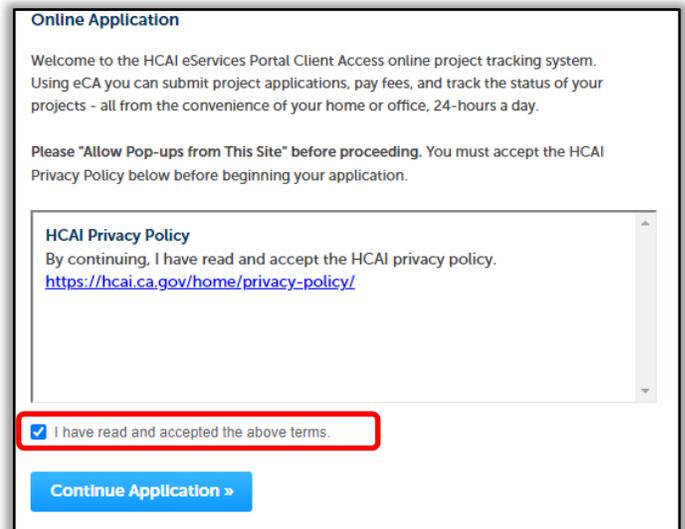
3.1 Create an Application



Select the **Enforcement** tab and then click **Create an Application**.

Accept HCAI Privacy Policy

Click on the link in the window to review the privacy policy. Check “I have read and accepted the above terms” then click on **Continue Application** button.



Select a Record Type

Under Hospital Reporting, select the **Hospital Services Reporting** option.

Click on **Continue Application** to proceed.

3.2 Enter Facility Information

Step 1: Facility Information > Facility Details

Facility

Enter the HCAI Facility ID for this Project (or select 'Auto-fill' if available) and facility from the returned list. Both the Address and Owner sections will be auto-populated with information from our database. **Please verify that this information is correct.** If the facility information is incorrect or to add a new facility.

* Facility ID: Facility Name:

Type of Facility:

County Code:

Enter the five-digit HCAI Facility ID or Facility Name, then click the **Search** button. If the facility is found, the Facility, Address, and Owner sections will automatically populate and become read-only. Notify HCAI of any errors.

If you make a mistake and need to search again, click the **Clear** button in the Facility, Address and Owner sections. This clears all previously entered data and allows you to start over.

Once the correct facility is entered, click **Continue Application**.

Step 1: Select Facility > SNF or ICF * indicates a required field.

Facility

Enter the HCAI Facility ID of the Skilled Nursing Facility / Intermediate Care Facility for this application and then click on the Search button (or select 'Auto-fill' if available). Select the correct facility from the returned list. Both the Address and Owner sections will be automatically completed with the current information from our database. **Please verify that this information is correct.** Contact HCAI at eserv@hcai.ca.gov if the current facility information is incorrect or to add a new facility.

Only Skilled Nursing and Intermediate Care Facilities are required to submit an assessment. If your facility is not a Skilled Nursing or Intermediate Care Facility, you will not be permitted to continue.

* Facility ID: Facility Name:

Responsible Region: Type of Facility:

Geographic Region: County Code:

RCO: ACO: DSE: Field FLSO:

Senior Architect: Plan Review PT: Closure PT:

Address

* Street No.: * Street Name: City: State: * Zip:

Owner

Auto-fill with

Owner Name:

Address Line 1: City: State: Zip:

Phone: E-mail:

3.3 Add Contacts

The Authorized Agent is the individual representing the facility to whom HCAI communications will be delivered. The Authorized Agent should be the facility representative, such as the administrator or PIN holder.

There are two options for adding contacts, **Select from Account** or **Add New**.

Step 1: Select Facility > Contact

Authorized Agent

The contact entered on this page should be the facility representative such as the a

Select from Account
Add New

Continue Application »

Select Contact from Account

Select a contact to attach to this application.
If the contact has multiple addresses, you can select which to use in the next step.
Showing 1-2 of 2

Category	Type	Name
<input checked="" type="radio"/> Associated Contact	Individual	Robert D Fisher
<input type="radio"/> Associated Owner		00000 - NO FACILITY - SYSTEM USE ONLY

Continue
Discard Changes

If choosing **Select from Account**, you will be able to choose a contact associated with your eSP user account. Select the contact and click **Continue** to save.

Contact Information

* First Name: Middle: * Last Name: Title:

Name of Business:

* Address Line 1: * City: * State: * Zip:

Work Phone: Mobile Phone: Fax: E-mail:

Continue
Clear
Discard Changes

If choosing **Add New** you will be prompted to enter new contact information. When all required fields are entered, click **Continue** to save the contact.

To advance to the next page, click **Continue Application**.

3.4 Building Services

The **Building Services** table will auto-populate with a list of buildings located at the facility.

BUILDING SERVICES
To edit the building services, check the box next to list of building and click Edit Selected Buildings

Showing 1-5 of 5

<input type="checkbox"/>	Building No.	Building Name
<input checked="" type="checkbox"/>	BLD-00090	Main Hospital Building & Additions
<input checked="" type="checkbox"/>	BLD-00093	Medical Records/Maintenance Bldg
<input checked="" type="checkbox"/>	BLD-00094	Boiler Building
<input type="checkbox"/>	BLD-02933	Bulk Oxygen Yard
<input type="checkbox"/>	BLD-00100	ICU Addition

Edit Selected Building

To enter services for a building, check the box next to the desired building number and click **Edit Selected Building**.

Checking multiple boxes will allow you to edit several buildings at once.

If a Hospital Services Report was submitted for a previous year, those services will auto-populate in the Building Services table. You can add or remove existing services by checking the box next to the desired building number and click **Edit Selected Building**.

A separate window will open listing the selected building(s), along with a list of potential services. Check the box next to each service that applies.

If a building contains no General Acute Care (GAC) services, describe the buildings **Non-GAC Uses** in the text box.

Click **Submit** to save your entries.

BUILDING SERVICES
Select the services at each building. To add a building not already shown, click Add a Building.

Building No.: BLD-03629 Building Name: Foot Bridge

Nursing

Intensive Care Pediatric/Adolescent Psychiatric Nursing

Obstetrical Ante/Postpartum Intermediate Care Skilled Nursing

Surgical Anesthesia Clinical Lab

Radiological/Imaging Pharmaceutical Dietetic

Administration Support Services

Obstetrical Recovery Newborn/Well Baby

Nuclear Medicine Rehabilitation Therapy

Non-GAC Uses:

You must select at least one service, or Non-GAC Use, for **each building** in order to proceed with the application.

When finished entering services for each building, click **Continue Application**.

BUILDING SERVICES

To edit the building services, check the box next to the building number/name and click Edit Selected Building. To edit all buildings, select the box at top of the list of building and click Edit Selected Buildings

Showing 1-5 of 5

<input type="checkbox"/>	Building No.	Building Name	Nursing - General Medical / Surgical	Surgical	Anesthesia, Post-Anesthesia Care Unit	Clinical Lab	Imaging, Radiological / Diagnostic Imaging	Pharmacy	Dietetic	Administrative	S F
<input type="checkbox"/>	BLD-00090	Main Hospital Building & Additions	No	No	No	No	No	No	Yes	No	N
<input type="checkbox"/>	BLD-00093	Medical Records/Maintenance Bldg	No	No	Yes	No	No	Yes	No	No	Y
<input type="checkbox"/>	BLD-00094	Boiler Building	No	Yes	Yes	No	No	Yes	No	No	N
<input type="checkbox"/>	BLD-02933	Bulk Oxygen Yard	No	No	No	No	No	No	No	No	N
<input type="checkbox"/>	BLD-00100	ICU Addition	No	No	No	No	No	Yes	No	No	N

Edit Selected Building

Save and resume later **Continue Application »**

3.5 Facility Authorization – PIN

Before entering the Facility PIN Code, it is recommended that you have clicked on “Save and Resume Later” at least once!

If you are authorized by the facility and have obtained a valid Facility PIN, enter it on this screen, then click **Continue Application** to proceed to the next page.

Enter PIN

SECURITY
Please enter your Facility's six digit PIN below. **You will not be able to complete this project without a valid PIN.** If you do not know your Facility's PIN, click "Save pending submittal" now. This will save your record and issue a temporary project number (e.g. 17TMP-00014); a confirmation email will be sent to you.

If you do not know the PIN but a PIN has been issued, forward the confirmation email to the PIN holder.

If your facility has not been issued a PIN, or you having other access issues, please contact the eCA Access Manager at eCA.Access.Manager@hcai.ca.gov or call (916) 440-8400.

Facility PIN Code:

Save and resume later **Continue Application »**

If you do not have a valid Facility PIN code, click the **Save and resume later** button to save the record. eSP issues a temporary record number (25TMP-GAC-XXXXXX) which will be displayed in the Records list. You will also receive an email message with the temporary record number. You, or another authorized user, can click the **Resume Application** link to finish the application at a later time.

✔ **Your partial application (25TMP-GAC-02604) has been successfully saved.**
 To resume the application(s), go to the Records section and click the Resume Application link.

Records

To pay invoices, click the [Pay Fees](#) link, or click [Shopping Cart Payment Portal](#). You must be logged in to eCA to access the payment portal. See eCA Online Payment Instructions for more information.

Showing 1-10 of 22 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	06/05/2025	25TMP-GAC-02604	Hospital Services Reporting			Resume Application

3.6 Review

Review the data entered and make edits as needed.

Click the **Edit** button in any section to make changes, then click **Continue Application** to save your changes and return to the Review page.

Once all data is verified, click **Continue Application** to submit the application.

Hospital Services Reporting

1
2 Hospital Services Reporting
3 Security
4 Review
5 Pay Fees
6 Record Issuance

Step 4: Review

Save and resume later
Continue Application >

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Hospital Services Reporting

Facility Edit

Facility ID 10006
 Facility Name Orchard Hospital
 Facility State: Opened
 Type of Facility: General Acute Care
 County Code: 04 - Butte

Address Edit

240 Spruce St
 Gridley CA 95948

Owner Edit

Department of Health Care Access and Information
 Section 25 - Hospital Services Reporting

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If you entered an invalid Facility PIN an error message will prevent you from submitting the application. If this happens, click **Save and resume later**. On the Enforcement tab, locate your application in the Records list. Click **Resume Application** and choose **Start from the beginning**. Navigate through the pages to the *Facility Authorization* page and re-enter the correct PIN. The application will be locked after entering an incorrect PIN three (3) times.

An error has occurred.
 ACA52439-Action Cancelled

You must correctly enter your facility's PIN code to create this project. Please select *Save Pending Submittal* to save your work, then go back into your temp record and proceed to the PIN entry screen.

3.7 Project Submittal Confirmation

On the final screen, eSP will display an application submission confirmation.

Email confirmation is automatically sent to the user that started the application and to the user that approved the application by entering the PIN.

Congratulations! You have successfully submitted an application to HCAI!

Hospital Services Reporting

1 Applicant Information	2 Hospital Services Reporting	3 Security	4 Review	5 Record Issuance
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Your application has been successfully submitted. Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is GACSERV-2025-00002.

You will need this number to check the status of your application. Please print a copy of your record and post it in the work area.

Select "View Record Details" to below to view the application status, or make other updates.

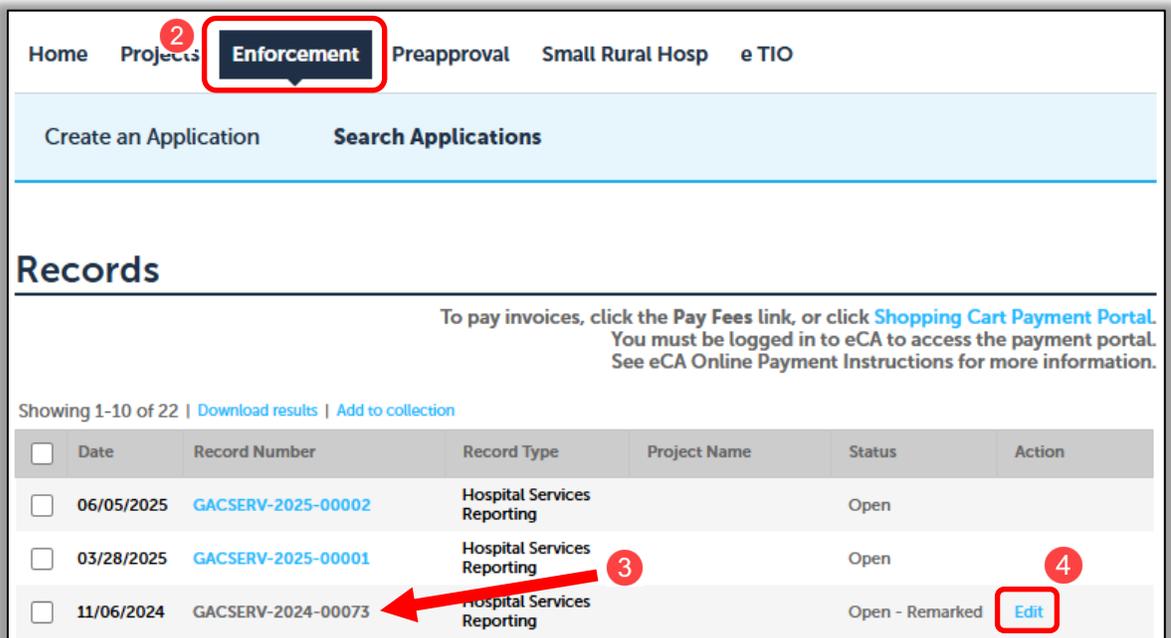
[View Record Details »](#) (You must post the record in the work area.)

4 Editing a Returned or Remarked Hospital Services Report

During the review process, HCAI staff may notify the applicant that the submittal requires additional information or that remarks exist. The applicant will receive an email notification from HCAI which includes reviewer remarks and instructions to log into the eServices Portal to resolve any outstanding issues.

To respond to reviewer remarks, applicants should edit the application by following these steps.

- 1 The applicant should log into the eServicesPortal at <https://esp.hcai.ca.gov/citizenaccess>.
- 2 Click the **Enforcement** tab.
- 3 Locate the Hospital Services Report project number in the **Records** table.
 - If you do not see the project listed in the **Records** table, your account may not be associated with the project. Please contact SeismicComplianceUnit@hcai.ca.gov to associate your eSP user account to the project that you are attempting to edit.
- 4 Click the **Edit** link in the Action column.
 - For the Edit link to be visible, the project must have a status of **Out to Applicant**. If you do not see the edit link, please contact SeismicComplianceUnit@hcai.ca.gov.



This will open the application for editing.

On the **Review** screen, scroll down to the Building Services section and click the **Edit** button.

Services at Building

BUILDING SERVICES **Edit**

Building No.	Building Name	Nursing - General Medical / Surgical	Surgical	Anesthesia, Post-Anesthesia Care Unit	Clinical Lab	Imaging, Radiological / Diagnostic Imaging	Pharmacy	Dietetic	Administrative	Sterile Processing	Ge St
BLD-00654	Original Building & Additions	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
BLD-03779	1st and 2nd Story Addition	Yes	No	No	Yes	No	No	No	No	Yes	No
BLD-00655	Dietary Addition	No	No	No	No	No	No	Yes	No	No	Yes

<input checked="" type="checkbox"/>	BLD-01447	Central Plant
<input checked="" type="checkbox"/>	BLD-03629	Foot Bridge
<input checked="" type="checkbox"/>	BLD-03264	Radiation Oncology Center - Structurally connected to BLD-05216

Edit Selected Building

Continue Application >

Check the box next to the desired building number and click **Edit Selected Building**. Checking multiple boxes will allow you to edit several buildings at once.

A separate window will open listing the selected building(s), along with a list of potential services. Check or uncheck the box next to each service to add or remove that service.

BUILDING SERVICES

Select the services at each building. To add a building not already shown, click Add a Building.

Building No.: Building Name:

<input checked="" type="checkbox"/> Intensive Care	<input checked="" type="checkbox"/> Pediatric/Adolescent	<input checked="" type="checkbox"/> Nursing
<input type="checkbox"/> Obstetrical Ante/Postpartum	<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Psychiatric Nursing
<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Clinical Lab
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Dietetic
<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Newborn/Well Baby	<input type="checkbox"/> Obstetrical Cesarean/Delivery
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Rehabilitation Therapy	<input checked="" type="checkbox"/> Emergency
		<input type="checkbox"/> Renal Dialysis

Non-GAC Uses:

If a building contains no General Acute Care (GAC) services, describe the buildings **Non-GAC Uses** in the text box.

Click **Submit** to save your entries.

On the Building Services screen, click **Continue Application**.

BUILDING SERVICES

To edit the building services, check the box next to the building number/name and click Edit Selected Building. To edit all buildings, select the box at top of the list of building and click Edit Selected Buildings

Showing 1-3 of 3

<input type="checkbox"/>	Building No.	Building Name	Nursing - General Medical / Surgical	Surgical	Anesthesia, Post-Anesthesia Care Unit	Clinical Lab	Imaging, Radiological / Diagnostic Imaging	Pharmacy	Dietetic	Administrative	Sterile Processing
<input type="checkbox"/>	BLD-00654	Original Building & Additions	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
<input type="checkbox"/>	BLD-03779	1st and 2nd Story Addition	Yes	No	No	Yes	No	No	No	No	Yes
<input type="checkbox"/>	BLD-00655	Dietary Addition	No	No	No	No	No	No	Yes	No	No

[Edit Selected Building](#)

[Continue Application »](#)

On the Review screen, click **Submit Updated Information** to submit your edits to HCAI.

Hospital Services Reporting

1 Hospital Services Reporting 2 Hospital Services Reporting 3 Security **4 Review** 5 Pay Fees 6 Record Issuance

Step 4: Review

[Submit Updated Information](#)

Please review all information below. Click the "Edit" buttons to make changes to sections or "Submit Updated Information" to submit.

Record Type

Hospital Services Reporting

Facility

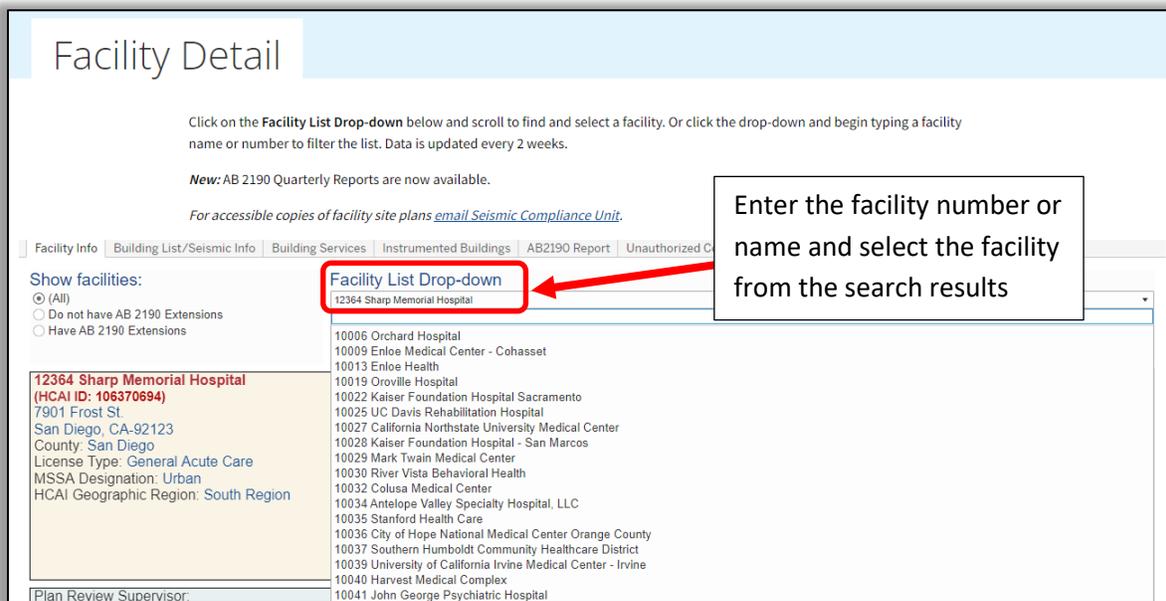
Facility ID 11545
 Facility Name Los Angeles Community Hospital
 Facility State: Opened
 Type of Facility: General Acute Care
 County Code: 19 - Los Angeles

5 Printing the Hospital Services Report

Once the Hospital Service Report has been reviewed and approved by HCAI, print and submit a copy of the report to the following entities to satisfy the annual status update requirement:

- The county board of supervisors in whose jurisdiction the hospital building is located
- The city council in whose jurisdiction the hospital building is located, if applicable
- Any labor union representing workers who work in a general acute care building that is not SPC 3/NPC 5, SPC 4D/NPC 5, SPC 4/NPC 5, or SPC 5/NPC 5
- The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable
- The department (**This is HCAI. The approved submittal of the Hospital Services Report satisfies the requirement for submittal to “the department”**)
- The board of directors of the hospital
- The local office of emergency services or the equivalent agency
- The Office of Emergency Services
- The medical health operational area coordinator

- 1 To print the Hospital Services Report, go the Facility Detail dashboard located on our website <https://hcai.ca.gov/facilities/building-safety/facility-detail/>.
- 2 Search for the facility number or name in the **Facility List Drop-down** search box and select the facility from the search results.



SAMPLE – Hospital Services Report

2023 Hospital Seismic Performance Report

AB 1882

AB 1882 Purpose – Services and Performance Ratings

Assembly Bill 1882 requires each general acute care hospital operator to annually report the structural and non-structural performance ratings for each individual hospital building used for providing care, and services housed in each. Hospital operators are responsible to provide their report to specific public entities and hospital stakeholders until seismic compliance is achieved for all buildings.

This document includes a brief explanation of Structural and Non-structural Performance Ratings, along with details about services offered by the hospital. Additionally, it outlines the specific entities and stakeholders to whom the facility is required to submit the report. Furthermore, the document contains the facilities' site plan, building numbers and names, and a comprehensive table detailing the ratings of acute care services housed within each building.

Structural and Non-structural Performance Ratings The Structural Performance Category (SPC) of a hospital building, akin to bones and muscles in the human body, signifies its physical strength and stability, ranging from the strongest SPC-5 to the weakest SPC-1. The Non-structural Performance Category (NPC), like organs in the human body, includes system critical equipment essential for daily operations, rated from functional NPC-5 to system risk to life NPC-1. Both SPC and NPC are crucial, collectively defining a hospital's effectiveness and quality of care.

Acute Care Services: General acute care services are grouped into four categories:

- Required clinical services – Nursing, Anesthesia, Imaging, Laboratory, Pharmacy, Dietetic
- Required support services – Administrative, Environmental Services, General Stores, Linen, Morgue
- Supplemental services – optional services requiring special licensure: Critical Care, Emergency, Pediatric, Psychiatric, Obstetric, Rehabilitation, Skilled Nursing, others
- Infrastructure – buildings that provide utilities and support circulation: Central Plants, canopies, corridor buildings, tunnels, skybridges

Reporting Requirements: Hospitals are required to issue reports to the following organizations and stakeholders:

- Local county board of supervisors
- City council, if applicable
- Any labor union representing employees working in buildings not fully conforming
- Special district or joint power agencies providing fire and emergency medical services district, if applicable
- Department of Health Care Access and Information
- Board of directors of the hospital
- Local office of emergency services or equivalent
- Office of Emergency Services
- Medical health operational area coordinator

SAMPLE – Hospital Services Report (Continued)

General Acute Care Hospital Building Services - Glossary

Service Category	Description
<u>Basic Clinical Services</u>	<u>Required for hospital licensure</u>
Nursing - General Medical/Surgical	General inpatient nursing bed units. <ul style="list-style-type: none"> • Includes post-intensive care or transitional care/telemetry units • Excludes specialty nursing units
Surgical	Surgery Department <ul style="list-style-type: none"> • Includes patient preparation unit and operating rooms • Hybrid operating rooms (in-room CT, MRI, other intraoperative surgery modalities)
Anesthesia, Post Anesthesia Care Unit	Post-surgery recovery unit
Clinical Laboratory	Laboratory services
Imaging, Radiological/Diagnostic Imaging	X-Ray, Fluoroscopy, CT, MRI, Ultrasound, Mammography
Pharmacy	Main Pharmacy <ul style="list-style-type: none"> • Excludes in-unit medication rooms
Caterer	Patient meal preparation kitchen, servery & dining <ul style="list-style-type: none"> • Includes emergency food storage location • Excludes snack bars, unit food storage & break rooms