

**e-Services  
Portal  
User  
Guide**

**HOSPITAL  
SERVICES  
REPORTING**

**VERSION 1.0**

**Section  
25**

## 1 Introduction

### Welcome to HCAI Electronic Services Portal Client Access (eCA) User Guide

This section provides users with step-by-step instructions for creating and submitting a Hospital Services Reporting using eCA.



**Remember:** This user guide provides step-by-step help to submit the application. For help with submitting an application, user account, or other, contact us at [eserv@hcai.ca.gov](mailto:eserv@hcai.ca.gov) or 916-440-8400.

#### What should you know about submitting a Hospital Services Reporting application.

- A Hospital Services Reporting application is for all buildings at a facility. Submit one application for all buildings.
- If after initial submission, the applicant is requested to edit submitted information, see Appendix A for instructions.

## 2 Hospital Services Report

### 2.1 Page Flow Overview

Users must follow the predefined steps to create and submit Hospital Services Report. Below is an illustration of the page flow steps.

Table 1: eCA Pageflow

Page No.	Page Title	Description
<b>Hospital Services Reporting</b>		
1	Record Type	User must select <b>Hospital Services Reporting</b> on this step.
2	Select Facility	User selects the facility from HCAI's facility database. eCA auto-populates the facility, address, and facility owner information. Only General Acute Care facilities are required to submit Services reporting.
3	Contact(s)	User enters facility authorized agent that HCAI/OSHPD will communicate with while reviewing the submittal.
4	Building Services	User identifies the services for each building at the facility. Visit the <a href="#">Facility Details</a> web page for detailed information of the buildings being reported.
5	Facility Authorization	User enters a valid Facility PIN code. Usually entered by Facility Representative but may be entered by any user with the valid PIN.
6	Review	User reviews the data entered on the application for accuracy; edits can still be made if necessary.
7	Confirmation	Application submitted to HCAI. eCA issues a record ID number. User prints summary sheet.
8	Post Submittal Edits	If services at a facility require editing, you will be prompted to Edit the record post submission. See Appendix A.

## 2.2 Basic rules of page flow

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

- ✓ To start creating an application for a new services reporting, or to resume an existing in-progress application, user must start from the first page flow step.
- ✓ User can navigate back and forth within the completed pages.
- ✓ User must click on “Continue Application” or “Save and Resume Later” button to save the data entered on the page.
- ✓ It is recommended that user clicks the “Save and Resume Later” button as needed to prevent data loss due to data entry errors.
- ✓ If any required data is missing from the page, when the “Continue Application” button is clicked, an error message is displayed on the top of the page. User must correct any errors before continuing to the next page flow screen.

## 2.3 Create and Submit a Hospital Services Reporting

The following information will guide users through the steps necessary to create an application for an Hospital Services Reporting application.

If you do not have an eClient Access login, click the “**Register for an Account**” link on the eClient Access site at <https://esp.oshpd.ca.gov>.

### Step 1. Start Create a Hospital Services Reporting

Only registered users may create an Application for Hospital Services Reporting. Begin under **Enforcement** module by clicking on the “**Create an Application**” link.

The screenshot shows the HCAI eServices Portal interface. At the top, there is a navigation bar with links: Home, Projects, **Enforcement** (highlighted with a red box), Preapproval, and Small Rural Hosp. Below the navigation bar, there is a section with two buttons: **Create an Application** (highlighted with a red box) and **Search Applications**. Below this, there is a section titled 'Online Application' with a welcome message and a privacy policy notice. The privacy policy notice includes a link to the HCAI Privacy Policy: <https://hcai.ca.gov/home/privacy-policy/>. At the bottom of the privacy policy notice, there is a checkbox labeled 'I have read and accepted the above terms.' which is checked (highlighted with a red box). Below the checkbox is a blue button labeled 'Continue Application »'.

### Step 2. 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.

- ▶ Compliance Enforcement Applications
  - ☐ Re-Open Closed Project
- ▶ Hospital Reporting
  - ☒ Hospital Services Reporting
  - ☐ Hospital Signage Reporting
- ▶ SNF/ICF Assessments
  - ☐ SNF Backup Power Assessment

### Step 3. Select Record Type

Select the “Hospital Services Reporting” then click on “Continue Application” button.

### Step 1: Facility Information > Facility Details

#### Facility

Enter the HCAI Facility ID for this Project (or select 'Auto-fill' if available) and select a 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

12345

Facility Name

Type of Facility:

--Select--

County Code:

--Select--

Search

Clear

### Step 4. Enter Facility Information

Enter the HCAI Facility ID or Facility Name then click on “Search” button. If the facility is found, the facility information, address, and owner fields will be automatically populated and become read-only.

To search for another facility or reset and start over, click on “**Clear**” button in Facility, Address and Owner section (shown below). This clears the previous entered facility. Once the correct facility is selected, to advance to the next page flow step, click on “**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](mailto: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  
20005

Facility Name  
Windsor Chico Care Center

Responsible Region:  
North Region

Type of Facility:  
Skilled Nursing and Interm. Care Fac

Geographic Region:  
North Region

County Code:  
04 - Butte

RCO:  
JLABRIE

ACO:  
CCERVANTES

DSE:  
NSTEPT

Field FLSO:  
JTRUMBAUER

Senior Architect:  
DHARRIS

Plan Review PT:  
SACPT1

Closure PT:  
SACPT2

Search

Clear

Address

\* Street No.:  
188

\* Street Name:  
Cohasset Ln

City:  
Chico

State:  
CA

\* Zip:  
95926

Search

Clear

Owner

☐ Auto-fill with  
10039 - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Owner Name:  
20005 - WINDSOR CHICO CARE CENT

Address Line 1:  
9200 W SUNSET BLVD., SUITE 725

City:  
WEST HOLLYWOOD

State:  
CA

Zip:  
90069-

Phone:

E-mail:

Search

Clear

Continue Application »

Save and resume later

Clearing Searched Results

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

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**Step 5. Enter Contact**

A Contact is the individual representing the Facility to whom correspondence will be copied.

- If the logged in user is the contact, click **“Select from Account”** to add the contact.
- If the logged in user is not the contact, click **“Add New”** to enter the information. Click **Continue** to return to application.

Missing data from required fields must be completed to continue the application.

When entered, click on **“Continue Application”**.

**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 »](#)
**Step 6. Services**

To enter services at a building listed on the page, check the box next to the building number and click **Edit Selected Building**.

**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 Cesarean/Delivery

☐ Obstetrical Recovery

☐ Newborn/Well Baby

☒ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☐ No General Acute Care services

Comment:

[Submit](#)
[Cancel](#)

<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 »](#)

The building with all potential services is listed. Check the box next to each service at the building.

When complete, click **Submit**.

**Note:** If a building has no General Acute Care Services, check the box for

No General Acute Care Services and submit. Also, if you cannot submit when you select Canopy or other non-service containing building, enter a response in the Non- GAC Uses Comments field.

### BUILDING SERVICES

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

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<input type="checkbox"/>	Building No.	Building Name	Nursing	Intensive Care	Pediatric/Adolescent	Psychiatric Nursing	Obstetrical Ante/Postpartum	Intermediate Care
<input type="checkbox"/>	BLD-01447	Central Plant	No	Yes	Yes	No	No	No
<input type="checkbox"/>	BLD-03629	Foot Bridge	Yes	Yes	Yes	No	No	No
<input type="checkbox"/>	BLD-03264	Radiation Oncology Center - Structurally connected to BLD-05216	No	No	No	No	No	No

Edit Selected Building

Repeat for each building listed until all buildings have services selected.

When finished entering services for all buildings, click “Continue Application”.

#### Step 7. Enter Facility PIN code

**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 the screen, then click on “Continue Application” button to proceed to the next page flow screen.

#### Step 3: Security and Payment > PIN Security

\* indicates a required field.

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@oshpd.ca.gov](mailto:eCA.Access.Manager@oshpd.ca.gov) or call (916) 440-8400.

Continue Application »

Save and resume later

If user enters an invalid Facility PIN, eCA displays an error message and prevents user from proceeding to the next screen. The application will be locked. Click **“Save and Resume Later”** and when resumed, select **“Start from Beginning”**

If you do not have a valid Facility PIN code, click on **“Save and Resume Later”** button to save the record.

If you click the **“Save and Resume Later”** button, the application process stops, and user is redirected to the record List page. eCA issues a temporary Record ID and displays the application in user’s record list.



**Your partial application (23TMP-GAC-00005) has been successfully saved.**  
To resume the application(s), go to the Records section and click the Resume Application link.

Showing 1-10 of 25 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	01/23/2023	23TMP-GAC-00005	Hospital Services Reporting			<a href="#">Resume Application</a>

Users can **“Resume Application”** at a later time.

#### Step 8. User reviews the data entered and makes edits if needed.

On this screen, user can click on **“Edit”** button in each application step to make necessary changes.

**Hospital Services Reporting**

1 Hospital Services Reporting

Apply use PIN code

4 Review

5 Pay Fees

6 Record Issuance

**Step 4: Review**

[Continue Application »](#)[Save and resume later](#)

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**

---

Facility ID 10625  
Facility Name Sutter Medical Center, Sacramento  
Responsible Region: North Region  
Type of Facility: General Acute Care  
Geographic Region: North Region  
County Code: 34 - Sacramento  
RCO: PMOHAN  
ACO: CCERVANTES  
DSE: ABASHARK  
Field FLSO: JTRUMBAUER  
Closure PT: SACPT2  
Senior Architect: DHARRIS  
Plan Review PT: SACPT1

Once all data is verified, click on **“Continue Application”** to proceed to the next page flow screen.



**Step 9. Submission confirmation.**

On this final screen, eCA displays a project submission confirmation including the record number. User can print a record summary from this screen. The document is in PDF format and may be saved or emailed. User can view the detailed information about the application by clicking on “**View Record Details**” button.

**Hospital Services Reporting**

1	2 Hospital Services Reporting	IN	4 Review	5 Pay Fees	6 Record Issuance
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**Step 6: Record Issuance**

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-2023-00001**

[View Record Details »](#)

Email confirmation is automatically sent to the public user that started the application and to the public user that approved the application (Owner Representative).

**Congratulations! You have successfully submitted an application for Hospital Services Reporting to HCAI!**



If corrections are required, the applicant will be notified and a prompt to edit the services report will be visible in your project list in eCA. See Appendix A for more.

## Appendix A – Post Submission Edits

During review of the submittal, it is determined that remarks need correction, the application will be made editable to record creator.

As the following image shows, the **Edit** link will open the record for editing.

### 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 39 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	02/07/2023	GACSERV-2023-00004	Hospital Services Reporting		Open - Remarkd	<a href="#">Edit</a>

Click the Edit link shown above and you will be taken to the record. Click the Edit button on the section you wish to edit shown below. This will take you to another page where you can edit the individual rows.

BUILDING SERVICES

Edit

Building No.	Building Name	Nursing	Intensive Care	Pediatric/Adolescent	Psychiatric Nursing	Obstetrical Ante/Postpartum	Intermediate Care	Skilled Nursing	Surgical	Any
BLD-03622	Sutter Capital Pavilion	No	No	Yes	No	No	No	No	No	No
BLD-05908	Main Hospital Utility Tunnel	No	No	Yes	No	No	No	No	No	No

Custom Fields

SECURITY

Submit Updated Information

The next image shows the list of buildings with a check box next to each one. Check the box next to the buildings you want to edit and click **'Edit selected buildings'** button.

The image below shows the rows checked and the Edit Selected Buildings button.

Showing 1-6 of 6

<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 checked="" type="checkbox"/>	BLD-03622	Sutter Capital Pavilion	No	No	No	No	No	No	No	No	No
<input checked="" type="checkbox"/>	BLD-05216	Women's & Children's Center	No	No	No	No	Yes	No	No	No	No
<input checked="" type="checkbox"/>	BLD-01446	Main Hospital	No	No	No	No	No	No	No	Yes	No
<input type="checkbox"/>	BLD-03629	Foot Bridge	No	No	No	No	No	No	No	No	No
<input type="checkbox"/>	BLD-05907	Sutter Capital Pavilion Utility Tunnel	No	No	No	No	No	No	No	No	No
<input type="checkbox"/>	BLD-05908	Main Hospital Utility Tunnel	No	No	No	No	No	Yes	No	No	No

[Edit Selected Building](#)

[Continue Application »](#)

Click the Edit Selected Buildings button to open the Edit page with the select buildings. All selected buildings are in a long page. Edit each building and click Submit when complete.

**Note:** If a building has no General Acute Care Services, check the box for No General Acute Care Services and submit. Also, if you cannot submit when you select Canopy or other non-service containing building, enter a response in the Non- GAC Uses field.

### 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

<b>Building No.:</b> BLD-03622	<b>Building Name:</b> Sutter Capital Pavilion	<input type="checkbox"/> Nursing - General Medical / Surgical
<input type="checkbox"/> Surgical	<input type="checkbox"/> Anesthesia, Post-Anesthesia Care Unit	<input type="checkbox"/> Clinical Lab
<input type="checkbox"/> Imaging, Radiological / Diagnostic Imaging	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Dietetic
<input type="checkbox"/> Administrative	<input type="checkbox"/> Sterile Processing	<input type="checkbox"/> General Storage
<input type="checkbox"/> Morgue	<input type="checkbox"/> Employee Dressing	<input type="checkbox"/> Housekeeping
<input checked="" type="checkbox"/> Laundry	<input type="checkbox"/> Special Procedures	<input type="checkbox"/> Intensive Care / Coronary Care / Pediatric ICU
<input type="checkbox"/> Burn Unit	<input type="checkbox"/> Neonatal Intensive Care Unit	<input type="checkbox"/> Pediatric / Adolescent Nursing Unit
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Obstetrics / Perinatal Unit	<input type="checkbox"/> Emergency
<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Rehabilitation Therapy	<input type="checkbox"/> Physical Rehabilitation

<b>Building No.:</b> BLD-05216	<b>Building Name:</b> Women's & Children's Center	<input type="checkbox"/> Nursing - General Medical / Surgical
<input type="checkbox"/> Surgical	<input type="checkbox"/> Anesthesia, Post-Anesthesia Care Unit	<input type="checkbox"/> Clinical Lab
<input checked="" type="checkbox"/> Imaging, Radiological / Diagnostic Imaging	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Dietetic
<input type="checkbox"/> Administrative	<input type="checkbox"/> Sterile Processing	<input type="checkbox"/> General Storage
<input type="checkbox"/> Morgue	<input type="checkbox"/> Employee Dressing	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Laundry	<input type="checkbox"/> Special Procedures	<input type="checkbox"/> Intensive Care / Coronary Care / Pediatric ICU
<input type="checkbox"/> Burn Unit	<input type="checkbox"/> Neonatal Intensive Care Unit	<input type="checkbox"/> Pediatric / Adolescent Nursing Unit
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Obstetrics / Perinatal Unit	<input type="checkbox"/> Emergency

<input type="checkbox"/> Morgue	<input type="checkbox"/> Employee Dressing	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Laundry	<input type="checkbox"/> Special Procedures	<input type="checkbox"/> Intensive Care / Coronary Care / Pediatric ICU
<input type="checkbox"/> Burn Unit	<input type="checkbox"/> Neonatal Intensive Care Unit	<input type="checkbox"/> Pediatric / Adolescent Nursing Unit
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Obstetrics / Perinatal Unit	<input type="checkbox"/> Emergency
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Rehabilitation Therapy	<input type="checkbox"/> Physical Rehabilitation Nursing Unit
<input type="checkbox"/> Renal Dialysis	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Intermediate Care
<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Skilled Nursing Unit	<input type="checkbox"/> Central Plant / Utility Building

Non-GAC Uses:

xx

Submit

Cancel

Clicking Submit will take you back to the previous page on the record.

Services at Building

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 1-6 of 6

	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-03622	Sutter Capital Pavilion	No	No	No	No	No	No	No	No	No
<input type="checkbox"/>	BLD-05216	Women's & Children's Center	No	No	No	No	Yes	No	No	No	No
<input type="checkbox"/>	BLD-01446	Main Hospital	No	No	No	No	No	No	No	Yes	No
<input type="checkbox"/>	BLD-03629	Foot Bridge	No	No	No	No	No	No	No	No	No
<input type="checkbox"/>	BLD-05907	Sutter Capital Pavilion Utility Tunnel	No	No	No	No	No	No	No	No	No
<input type="checkbox"/>	BLD-05908	Main Hospital Utility Tunnel	No	No	No	No	No	Yes	No	No	No

Edit Selected Building

Continue Application »

Click Continue Application to go back to the Record. Now, just click Submit Updated Information to complete the Edits.

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 Stc
BLD-03622	Sutter Capital Pavilion	No	No	No	No	No	No	No	No	No	No
BLD-05216	Women's & Children's Center	No	No	No	No	Yes	No	No	No	No	No
BLD-01446	Main Hospital	No	No	No	No	No	No	No	Yes	No	No
BLD-03629	Foot Bridge	No	No	No	No	No	No	No	No	No	No
BLD-05907	Sutter Capital Pavilion Utility Tunnel	No	No	No	No	No	No	No	No	No	No
BLD-05908	Main Hospital Utility Tunnel	No	No	No	No	No	Yes	No	No	No	No

Enter PIN

SECURITY

Submit Updated Information

You should be back at the record list in eCA and your revision of the GACServ record is complete.