

**State of California
Office of Administrative Law**

In re:
Department of Health Care Access and
Information

Regulatory Action:

Title 22, California Code of Regulations

Amend sections: 95000, 95001, 95002,
95003, 95004, 95005,
95006, 95007 and 95008

NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1,
Section 100

OAL Matter Number: 2024-1011-04

OAL Matter Type: Nonsubstantive (N)

This action without regulatory effect makes changes to hospital supplier diversity reporting requirements to align with changes to Health and Safety Code section 1339.87 as amended by Assembly Bill 1392 (Stats. 2023, ch. 840).

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: November 25, 2024



Anna Thomas
Attorney

For: Kenneth J. Pogue
Director

Original: Elizabeth Landsberg, Director
Copy: Alma Lopez

NONSUBSTANTIVE

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2024-1011-04	EMERGENCY NUMBER N
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

NOV 25 2024
AB 3:20 PM

OFFICE OF ADMIN. LAW
2024 OCT 11 @ 4:59 pm

AGENCY WITH RULEMAKING AUTHORITY Department of Health Care Access and Information	AGENCY FILE NUMBER (If any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Hospital Supplier Diversity Reporting	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
TITLE(S)	REPEAL

22

95000, 95001, 95002, 95003, 95004, 95005, 95006, 95007 and 95008

PER AGENCY REQUEST
ALT 11/25/24

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State
<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) January 1, 2025

PER AGENCY REQUEST
ALT
11/25/24

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY		
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Alma Lopez	TELEPHONE NUMBER (916) 326-3908	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Alma.Lopez@hcai.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 25 2024

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE J. Scott Christman <small>Digitally signed by J. Scott Christman Date: 2024.10.11 09:18:57 -0700</small>	DATE 10/11/2024
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TYPED NAME AND TITLE OF SIGNATORY J. Scott Christman, <i>Chief Deputy Director</i>	PER AGENCY REQUEST ALT 11/25/24
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PROPOSED REGULATIONS

CALIFORNIA CODE OF REGULATIONS

Title 22, Division 7, *Chapter 8*. Hospital Community Reports

Legend - All revisions are shown with an underline for insertion and a ~~strike through~~ for deleted language.

Article 1. Hospital Supplier Diversity Reporting.

§ 95000. Definitions.

For the purposes of this chapter, the following definitions apply:

- (a) "Director" means the Director of the Department of Health Care Access and Information, as described in Health and Safety Code section 127005.
- (b) "Department" means the Department of Health Care Access and Information.
- (c) "Operating expenses" means total patient-related operating expenses for the most recent fiscal year reported to the Department on the Hospital Annual Financial Disclosure Report CHC 7041 d-1, column 1, line 200, submitted as specified in Title 22, California Code of Regulations, Section 97040.
- (d) "Disabled Veteran Business Enterprise" has the same meaning as defined in subparagraph (A) of paragraph (7) of subdivision (b) of Section 999 of the Military and Veterans Code or any successor provision. Disabled veteran business enterprise certification eligibility requirements shall be consistent with the requirements imposed by the Department of General Services, and this chapter shall only apply to a disabled veteran business enterprise certified by the Department of General Services.
- (e) "LGBT business enterprise" means (1) a business enterprise (a) that is at least 51 percent owned by a lesbian, gay, bisexual, or transgender person or persons or (b) if a publicly owned business, at least 51 percent of the stock of which is owned by one or more lesbian, gay, bisexual, or transgender persons; and (2) whose management and daily business operations are controlled by one or more of those individuals.
- (f) "Minority business enterprise" means (1) a business enterprise (a) that is at least 51 percent owned by a minority individual or group(s) or (b) that is, if a publicly owned business, physically located in the United States or its trust territories, at least 51 percent of the stock of which is owned by one or more minority groups, and (2) whose management and daily business operations are controlled by one or more of those individuals. The contracting hospital shall presume that minority includes, but is not limited to, African Americans, Hispanic Americans, Native Americans, and Asian Pacific Americans.
 - (1) African Americans: Black Americans-persons having origins in any black racial groups of Africa.
 - (2) Hispanic Americans: Hispanic Americans-all persons of Mexican, Puerto Rican, Cuban, South or Central American, Caribbean, and other Spanish culture or origin.
 - (3) Native Americans: Native Americans-persons having origin in any of the original peoples of North America or the Hawaiian Islands, in particular,

American Indians, Eskimos, Aleuts, and Native Hawaiians.

(4) Asian Pacific Americans: Asian Pacific Americans—persons having origins in Asia or the Indian subcontinent, including, but not limited to, persons from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan, and Bangladesh.

- (g) “Women business enterprise” means a business enterprise physically located in the United States or its trust territories, that is at least 51 percent owned by a woman or women, or, in the case of any publicly owned business at least 51 percent of the stock of which is owned by one or more women.
- (h) “WMDVLGBTBE” means a women-owned, minority-owned, disabled veteran-owned and/or LGBT-owned business enterprise.
- (i) “Procurement” means the purchase or lease of supplies, services, equipment, and capital expenditures related to buildings and fixed equipment during the previous calendar year. Procurement does not include items such as employee salaries and wages, fixed asset depreciation, amortization, or taxes.
- (j) “Tier I procurement” means the procurement by direct contract between a hospital and a supplier directly to provide goods and services that support the operations of the hospital.
- (k) “Tier II procurement” means procurement by any agreement or arrangement between a contractor and any third party.
- (l) “Hospital” means any facility that is required to be licensed under subdivision (a), (b), or (f) of Health and Safety Code section 1250, with operating expenses of fifty million dollars (\$50,000,000) or more, and each licensed hospital with operating expenses of twenty-five million dollars (\$25,000,000) or more that is part of either a hospital system or regional network.
- (m) “Hospital system/regional network” means two or more hospitals owned, sponsored, or managed by the same organization.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95001. Contact Registration.

- (a) Each hospital or hospital system/regional network must designate a primary contact person and must register with the Department for the purpose of receiving advanced notice of ~~report~~ due dates and to submit the required ~~report~~ plan.
- (b) A primary contact person must register on the Department’s website using the registration portal at hdc.hcai.ca.gov. ~~<https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>~~. A contact person must provide the following information:
 - (1) The legal name of the hospital or hospital system.
 - (2) The name of a contact person designated to receive notices.
 - (3) The business title of the designated contact person.
 - (4) A business address.
 - (5) A business email address.
 - (6) A business phone number.
- (c) Each hospital shall update, through the online portal, within 15 days after any change in

the person designated as the primary contact person, or in the primary contact person's name, mailing address, business phone number, or email address.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95002. Individual Hospital Supplier Diversity Plan Report.

- (a) A hospital as defined in Section 95000 shall file a ~~report plan~~ with the Department.
- (b) Data elements for individual hospital-level plans reports shall include:
- (1) Hospital name
 - (2) Hospital HCAI ID
 - (3) Reporting organization
 - (4) Report period start date [January 1 of prior calendar year]
 - (5) Report period end date [December 31 of prior calendar year]
 - (6) The hospital's Supplier Diversity Policy Statement
 - (7) The hospital's outreach and communications to WMDVLGBTBE enterprises. The hospital's short-term and long-term goals and timetables, but not quotas, for increasing procurement from WMDVLGBTBE.
 - (8) Does the hospital require certification?
 - (9) Does the hospital accept self-certification?
 - (10) Other relevant information.
 - (11) The hospital's outreach and communications to WMDVLGBTBE ~~WMDVLGBTBE~~ to become potential suppliers, including:
 - (A) ~~How the~~ The methods in which the hospital encourages and seeks out both prime and subcontract suppliers from WMDVLGBTBE ~~WMDVLGBTBE~~ to become potential suppliers.
 - (B) ~~How the~~ The methods in which the hospital encourages its employees involved in procurement to seek out WMDVLGBTBE ~~WMDVLGBTBE~~ to become potential suppliers.
 - (C) ~~How the~~ The methods in which the hospital conducts outreach and communication to WMDVLGBTBE. ~~WMDVLGBTBE.~~
 - (D) The methods in which the hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with WMDVLGBTBE.
 - (E) The methods in which the hospital resolves any issues that may limit or impede an enterprise from becoming a supplier.
 - (12) ~~How the hospital supports organizations that promote or certify WMDVLGBTBE.~~ The planned and past implementation of relevant recommendations made by the hospital diversity commission.
 - (13) The hospital's Tier I procurements that are made from WMDVLGBTBE ~~WMDVLGBTBE~~ with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, ~~reports plans~~ shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
 - (A) Tier I Total Minority Business Enterprises

- (B) Tier I African American Business Enterprise
- (C) Tier I Hispanic American Business Enterprise
- (D) Tier I Native American Business Enterprise
- (E) Tier I Asian Pacific American Business Enterprise
- (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
- (G) Tier I Women Business Enterprises
- (H) Tier I LGBT Business Enterprises
- (I) Tier I Disabled Veteran Business Enterprises
- (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
- (K) Combined Tier I total

(14) The hospital's Tier II procurements that are made from WMDVLGBTBE ~~WMDVLGBTBE~~ with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.

- (A) Tier II Total Minority Business Enterprise
- (B) Tier II African American Business Enterprise
- (C) Tier II Hispanic American Business Enterprise
- (D) Tier II Native American Business Enterprise
- (E) Tier II Asian Pacific American Business Enterprise
- (F) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
- (G) Tier II Women Business Enterprises
- (H) Tier II LGBT Business Enterprises
- (I) Tier II Disabled Veteran Business Enterprises
- (J) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
- (K) Combined Tier II total

(15) The hospital's combined Tier I and Tier II procurements that are made from WMDVLGBTBE ~~WMDVLGBTBE~~ with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. ~~If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.~~

- (A) Combined Total Minority Business Enterprise
- (B) Combined African American Business Enterprise
- (C) Combined Hispanic American Business Enterprise

- (D) Combined Native American Business Enterprise
 - (E) Combined Asian Pacific American Business Enterprise
 - (F) Combined Unknown Minority Business Enterprise (if unable to identify which qualified minority category)
 - (G) Combined Women Business Enterprises
 - (H) Combined LGBT Business Enterprises
 - (I) Combined Disabled Veteran Business Enterprises
 - (J) Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I and Tier II total
- (16) How much your hospital has spent on procurement in total during the reporting period (prior calendar year).
- (17) Indicate if your hospital also has procurement through a hospital system or regional network within a hospital system, which was reported by the health system.
- (A) If yes, please list the entity(s) this procurement is reported by.
- (18) Information regarding appropriate contacts at the hospital for interested business enterprises. Include relevant information as it pertains to your facility.
- (A) Name of contact person(s) who will be involved with hospital procurement.
 - (B) Email of contact person(s) or general email where hospital procurement questions/inquiries may be answered.
 - (C) Phone number of contact person(s) or general phone number where hospital procurement questions/inquiries may be answered.
 - (D) If different from subdivision (18)(A), provide the name, email address and phone number of the contact person(s) of the diverse business outreach liaison of the hospital.
 - ~~(D)~~ (E) Website for hospital procurement where information, instructions, requirements, and/or other information will be available.
 - (F) Description of hospital's procurement process.
 - ~~(E)~~ (G) Third party procurement organization information.
 - ~~(F)~~ (H) Other helpful website links.
 - ~~(G)~~ (I) Other relevant information.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95003. System/Regional-Level Hospital Supplier Diversity Plan Report (optional).

- (a) A hospital that is part of a hospital system or is organized within a regional network within a hospital system may report the diversity of its procurement in compliance with this subparagraph from a systemwide or regional network level if there are suppliers that provide services or goods to all hospitals within the hospital system or regional network. A hospital shall report the diversity of the remainder of its procurement, including the suppliers that do not resource the entire hospital system or regional network, as an individual hospital.

- (1) When submitting a system/regional-level plan report, the plan report will only apply to the procurements purchased at a system/regional-level. A hospital system may use diverse suppliers for the hospitals within their own networks that would apply in this plan report.
 - (2) Individual hospital-level plan reports will highlight procurement data purchased on an individual hospital-level.
- (b) The submission of a system/regional-level plan report is optional to submit in addition to the individual hospital-level plan(s) report, ~~not as a substitution~~. The system/regional-level plan shall not serve as a substitute for the individual hospital-level plan(s), ~~as defined above described in Section 95002~~, must be submitted.
- (c) A hospital that is part of a hospital system or is organized within a regional network within a hospital system may report the diversity of its procurement from a systemwide or regional network level if there are suppliers that provide services or goods to all hospitals within the hospital system or regional network. Data elements for system/regional-level ~~reports~~ plans include:
- (1) Reporting organization
 - (2) System or regional network description
 - (3) Report period start date [January 1 of prior calendar year]
 - (4) Report period end date [December 31 of prior calendar year]
 - (5) The hospital system or regional network Tier I procurements that are made from ~~WMDVLGBTBE~~ WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, ~~reports~~ plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
 - (A) Tier I Total Minority Business Enterprises
 - (B) Tier I African American Business Enterprise
 - (C) Tier I Hispanic American Business Enterprise
 - (D) Tier I Native American Business Enterprise
 - (E) Tier I Asian Pacific American Business Enterprise
 - (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
 - (G) Tier I Women Business Enterprises
 - (H) Tier I LGBT Business Enterprises
 - (I) Tier I Disabled Veteran Business Enterprises
 - (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I total
 - (6) The hospital system or regional network Tier II procurements that are made
 - (A) from ~~WMDVLGBTBE~~ WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, ~~reports~~

plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.

- (B) Tier II Total Minority Business Enterprise
- (C) Tier II African American Business Enterprise
- (D) Tier II Hispanic American Business Enterprise
- (E) Tier II Native American Business Enterprise
- (F) Tier II Asian Pacific American Business Enterprise
- (G) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
- (H) Tier II Women Business Enterprises
- (I) Tier II LGBT Business Enterprises
- (J) Tier II Disabled Veteran Business Enterprises
- (K) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
- (L) Combined Tier II total

(7) The hospital system or regional network combined Tier I and Tier II procurements that are made from WMDVLGBTBE ~~WMDVLGBTBE~~ with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, ~~reports~~ plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network.

- (A) Combined Total Minority Business Enterprise
- (B) Combined African American
- (C) Combined Hispanic American
- (D) Combined Native American
- (E) Combined Asian Pacific American
- (F) Combined Unknown Minority (if unable to identify which qualified minority category)
- (G) Combined Women Business Enterprises
- (H) Combined LGBT Business Enterprises
- (I) Combined Disabled Veteran Business Enterprises
- (J) Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
- (K) Combined Tier I and Tier II total

(8) How much your hospital system/regional network has spent on procurement in total during the reporting period (prior calendar year)?

(9) Does the hospital system/regional network require certification?

(10) Does the hospital system/regional network accept self-certification?

(11) Other relevant information.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95004. ~~Report~~ Due Dates.

- (a) Each hospital shall annually update its supplier diversity ~~report~~ plan and submit the new ~~report~~ plan to the ~~office~~ Department no later than July 1 of that year.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95005. Extension Request.

- (a) A hospital may request, and the Department may grant, a 30-day extension to file the ~~report~~ plan if needed due to unintended or unforeseen delays.
- (b) The registered contact person(s) of the hospital may file with the Department a request for an extension of time to file for this required ~~report~~ plan. A request for extension shall be filed on or before the required due date, prescribed in Section 95004, by using the extension request screen available through the Department's website using the ~~report~~ plan submission portal at [hdc.hcai.ca.gov](https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/), ~~<https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>~~. Notices regarding the use of extension days, and new due dates, as well as notices of approval and rejection, will be e-mailed to the registered contact person(s) provided.
- (c) The Department shall respond to an extension request with an email confirmation to the requestor that their sole 30-day extension has been granted.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95006. Method of Submission.

- (a) A ~~report~~ plan required under Section 95002 shall be submitted to the Department through the Department's website using the report submission portal at [hdc.hcai.ca.gov](https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/), ~~<https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>~~.
- (b) ~~Reports~~ Supplier Diversity plans shall ~~must~~ be submitted using one of the following methods:
- (1) Uploading comma separated value (.csv) files including all of the required information for one or more ~~reports~~ plans. Such files shall comply with the Department's Format and File Specifications for Submission of Hospital Supplier Diversity Plans Reports Version 2.0 4.0, dated ~~December 31, 2024~~ September 1, 2024, and hereby incorporated by reference; or
 - (2) Entering the required information for plans ~~reports~~ online.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95007. Penalties for Late Filing of Plans Reports.

- (a) A hospital that fails to file a required report plan by the due date established by Section 95004, except as specified in Section 95005, is liable for a civil penalty of one hundred dollars (\$100) for each day after the due date that the required report plan is not filed.
- (b) If the report plan is delinquent at the time the next report plan is due, the Department, on an annual basis, shall determine a maximum civil penalty of no more than thirty-six thousand, five hundred dollars (\$36,500) for failure to file a required report plan.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95008. Penalty Assessment.

(a) When a report plan required by Section 95002 is filed after the due date specified in Section 95004, the Department will notify the hospital of the accrued penalty. The notice shall be provided by email to the authorized individual identified by the hospital under subdivision (b)(2) of Section 95001.

(b) The Department will calculate the accrued penalty pursuant to Section 95007.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

FORMAT AND FILE SPECIFICATIONS
FOR SUBMISSION OF
HOSPITAL SUPPLIER DIVERSITY ~~REPORTS~~ PLANS

Version ~~1.0~~ 2.0

September 1, 2024

FORMAT AND FILE SPECIFICATIONS FOR
SUBMISSION OF
HOSPITAL SUPPLIER DIVERSITY REPORTS PLANS
GENERAL INFORMATION

This document specifies requirements for electronic files submitted to the Department of Health Care Access and Information (HCAI) in accordance with California Code of Regulations, Title 22, Section 95006. For plan submissions due on or after January 1, 2025, if a hospital chooses to submit the reports plans specified in Section 95006 by uploading comma separated value (.csv) files, the files must meet the following technical format and file specifications.

All files must begin with a header record with the data element labels as specified below, in .csv format. All of the data element labels must be included in the file.

While each report plan is not required to include all of the data elements outlined in the specifications below, if a data element is not included, the file must include a blank column, delimited by commas, in its place.

Dates shall be in a numeric format with month, day, and year (four digit) separated by slashes ("/"). For example, 3/12/2021 (also commonly referred to as "m/d/yyyy").

Any currency amounts shall be reported in United States dollars, in numeric format as a whole dollar amount, with no commas or dollar symbols.

An itemization of program/procurement expenses provided will include direct procurement (Tier I) and subcontractor procurement (Tier II).

Any data element which contains a comma within the value must be placed within quotation marks (" "). Alternatively, all alphanumeric fields may be placed within quotation marks, whether they contain a comma within the value or not.

The Department may reject any report plan that does not comply with these specifications.

FORMAT AND FILE SPECIFICATIONS FOR
SUBMISSION OF
HOSPITAL SUPPLIER DIVERSITY REPORTS PLANS
STANDARD RECORD FORMAT

Individual Report Plan

Data Element	Label	Format	Size
Hospital Name	Hospital_Name	Alphanumeric	200
Hospital HCAI ID	HCAI_ID	Numeric	9
Reporting Organization	Reporting_Organization	Alphanumeric	100
Report Period Start Date	Report_Start_Date	Date	10
Report Period End Date	Report_End_Date	Date	10
Supplier Diversity Statement	Supplier_Diversity_Statement	Alphanumeric	5000
<u>Short-Term Goals and Timetables</u>	<u>Short-Term Goals and Timetables</u>	<u>Alphanumeric</u>	<u>5000</u>
<u>Long-Term Goals and Timetables</u>	<u>Long-Term Goals and Timetables</u>	<u>Alphanumeric</u>	<u>5000</u>
Encourage diverse enterprises	Encourage_Suppliers	Alphanumeric	5000
Encourage employees to seek diverse suppliers	Encourage_Employees	Alphanumeric	5000
Conduct outreach and communication	Conduct_Outreach_Comm	Alphanumeric	5000
Support, partners, or interacts with organizations that certify	Certification_Support_and/or_Interactions	Alphanumeric	5000
<u>Methods in which the hospital resolves any issues</u>	<u>Methods Resolve Issues</u>	<u>Alphanumeric</u>	<u>5000</u>
<u>Past implementation of relevant recommendations</u>	<u>Past Implementation Relevant Recommendations</u>	<u>Alphanumeric</u>	<u>5000</u>
<u>Planned Implementation of relevant recommendations</u>	<u>Planned Implementation Relevant Recommendations</u>	<u>Alphanumeric</u>	<u>5000</u>
<u>Description of Hospital Procurement Process</u>	<u>Hospital Procurement Process</u>	<u>Alphanumeric</u>	<u>5000</u>
<u>Website Link</u>	<u>Website Link</u>	<u>Alphanumeric</u>	<u>200</u>

FORMAT AND FILE SPECIFICATIONS FOR
SUBMISSION OF

HOSPITAL SUPPLIER DIVERSITY REPORTS PLANS

Require Certification	Require_Certification	Alphanumeric (yes/no)	3
Accept Self-Certification	Self_Certification	Alphanumeric (yes/no)	3
Tier I: African American	Tier_I_African_American	Numeric	12
Tier I: Hispanic American	Tier_I_Hispanic_American	Numeric	12
Tier I: Native American	Tier_I_Native_American	Numeric	12
Tier I: Asian Pacific American	Tier_I_Asian_Pacific_American	Numeric	12
Tier I: Unknown Minority	Tier_I_Unknown_Minority	Numeric	12
Tier I: Women Owned	Tier_I_Women	Numeric	12
Tier I: LGBT Owned	Tier_I_LGBT	Numeric	12
Tier I: Disabled Veteran Owned	Tier_I_Disabled_Veteran	Numeric	12
Tier I: Less Duplicated Amount	Tier_I_Less_Duplicated_Amount	Numeric	12

Data Element	Label	Format	Size
Tier II: African American	Tier_II_African_American	Numeric	12
Tier II: Hispanic American	Tier_II_Hispanic_American	Numeric	12
Tier II: Native American	Tier_II_Native_American	Numeric	12
Tier II: Asian Pacific American	Tier_II_Asian_American	Numeric	12
Tier II: Unknown Minority	Tier_II_Unknown_Minority	Numeric	12
Tier II: Women Owned	Tier_II_Women	Numeric	12
Tier II: LGBT Owned	Tier_II_LGBT	Numeric	12
Tier II: Disabled Veteran Owned	Tier_II_Disabled_Veteran	Numeric	12
Tier II: Less Duplicated Amount	Tier_II_Less_Duplicated_Amount	Numeric	12
Total Hospital Procurement	Total_Hospital_Procurement	Numeric	12
Contact Name	Contact_Name	Alphanumeric	200
Contact Email	Contact_Email	Alphanumeric	200
Contact Phone Number	Contact_Phone_Number	Numeric	10
<u>Hospital Diverse Business Outreach Liaison Contact Name</u>	<u>Outreach Liaison Contact Name</u>	<u>Alphanumeric</u>	<u>200</u>
<u>Hospital Diverse Business Outreach Liaison Contact Phone Number</u>	<u>Outreach Liaison Contact Phone Number</u>	<u>Numeric</u>	<u>10</u>
<u>Hospital Diverse Business Outreach Liaison Contact Email</u>	<u>Outreach Liaison Email</u>	<u>Alphanumeric</u>	<u>200</u>
<u>Website Link</u>	<u>Website_Link</u>	<u>Alphanumeric</u>	<u>200</u>
Third Party Procurement	Third_Party	Alphanumeric (yes/no)	3
Third Party Name	Third_Party_Name	Alphanumeric	200
Third Party Procurement Website	Third_Party_Website	Alphanumeric	200
Other Relevant Info	Other_Relevant_Info	Alphanumeric	5000

System/Regional-Level Report Plan

Data Element	Label	Format	Size
System Reporting Organization	System_Reporting_Organization	Alphanumeric	200
System Description	System_Description	Alphanumeric	5000
System Report Period Start Date	System_Report_Start_Date	Date	10
System Report Period End Date	System_Report_End_Date	Date	10
Require Certification	System_Require_Certification	Alphanumeric (yes/no)	3
Accept Self-Certification	System_Self_Certification	Alphanumeric (yes/no)	3

Data Element	Label	Format	Size
System Tier I African American	System_Tier_I_African_American	Numeric	12
System Tier I Hispanic American	System_Tier_I_Hispanic_American	Numeric	12
System Tier I Native American	System_Tier_I_Native_American	Numeric	12
System Tier I Asian Pacific American	System_Tier_I_Asian_American	Numeric	12
System Tier I Unknown Minority	System_Tier_I_Unknown_Minority	Numeric	12
System Tier I Women Owned	System_Tier_I_Women	Numeric	12
System Tier I LGBT Owned	System_Tier_I_LGBT	Numeric	12
System Tier I Disabled Veteran Owned	System_Tier_I_Disabled_Veteran	Numeric	12
System Tier I Less Duplicated Amount	System_Tier_I_Less_Duplicated_Amount	Numeric	12
System Tier II African American	System_Tier_II_African_American	Numeric	12
System Tier II Hispanic American	System_Tier_II_Hispanic_American	Numeric	12
System Tier II Native American	System_Tier_II_Native_American	Numeric	12
System Tier II Asian Pacific American	System_Tier_II_Asian_American	Numeric	12
System Tier II Unknown Minority	System_Tier_II_Unknown_Minority	Numeric	12
System Tier II Women Owned	System_Tier_II_Women	Numeric	12
System Tier II LGBT Owned	System_Tier_II_LGBT	Numeric	12
System Tier II Disabled Veteran Owned	System_Tier_II_Disabled_Veteran	Numeric	12
System Tier II Less Duplicated Amount	System_Tier_II_Less_Duplicated_Amount	Numeric	12
System Total Procurement	System_Total_Procurement	Numeric	12
Other Relevant Info	System_Other_Relevant_Info	Alphanumeric	5000