

# Hospital Disclosures and Compliance System & Hospital Supplier Diversity Report Resource Manual



## **NOTICE**

This Hospital Disclosures and Compliance System & Hospital Supplier Diversity Report Resource Manual, Version 1.0, April 2022, consists of discussion and comments related to the Hospital Disclosures and Compliance System and Hospital Supplier Diversity Report. In the case of any perceived conflict between the non-regulatory material in this Manual and any regulations, the regulations shall prevail.

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## HDC System Navigation



Background Information: Starting in 2022 the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development, has changed from submitting reports via email to now utilizing the Hospital Disclosures and Compliance (HDC) System. The HDC System will collect Hospital Supplier Diversity Reports.

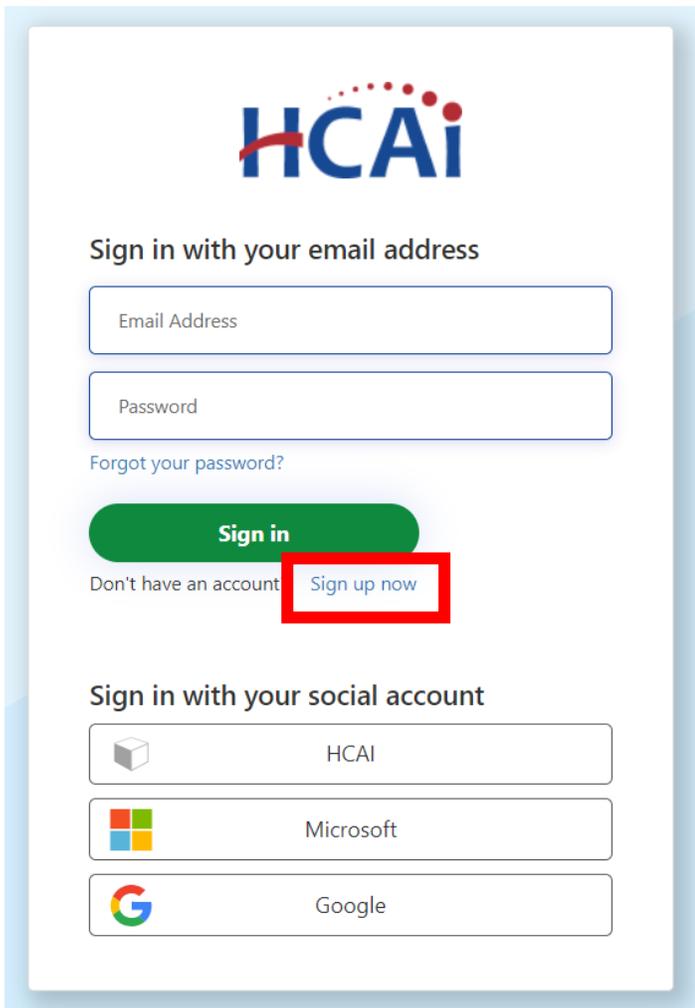
## How to Create an Account

Step 1: Go to [Hospital Report Submission Portal](#).

Step 2: Click “Login.”

Step 3: Click “Sign up now.”

**\*\*\*Please note: the system also allows users to create an account and sign in utilizing social media.\*\*\***



The screenshot shows the HCAi login and sign-up interface. At the top is the HCAi logo. Below it is the heading "Sign in with your email address". There are two input fields: "Email Address" and "Password". A link "Forgot your password?" is located below the password field. A green "Sign in" button is positioned below the "Forgot your password?" link. Below the "Sign in" button is the text "Don't have an account" followed by a blue "Sign up now" link, which is highlighted with a red rectangular box. Below this section is the heading "Sign in with your social account". There are three buttons for social login: "HCAi" (with a cube icon), "Microsoft" (with the Microsoft logo), and "Google" (with the Google logo).

Step 4: Type in your email address.

Step 5: Click “Send verification code.”

The screenshot shows the HCAi registration interface. At the top left is a back arrow and the word 'Cancel'. The HCAi logo is centered at the top. Below the logo is a text input field containing 'sample email@gmail.com'. A blue button labeled 'Send verification code' is highlighted with a red rectangular border. Below this button are two more text input fields: 'New Password' and 'Confirm New Password'.

Step 6: Check your email inbox or junk mail for the verification code and type it into the verification code field.

Step 7: Click “Verify code.”

The screenshot shows the HCAi verification screen. At the top left is a back arrow and the word 'Cancel'. The HCAi logo is centered at the top. Below the logo is a message: 'Verification code has been sent to your inbox. Please copy it to the input box below.' There are two text input fields: the first contains 'sampleemail@gmail.com' and the second is labeled 'Verification Code'. At the bottom, there are two blue buttons: 'Verify code' and 'Send new code'. The 'Verify code' button is highlighted with a red rectangular border.

Step 8: Create a password and confirm the password in the corresponding fields.

Step 9: Type your first name for the “Display Name” and “Given Name” fields then type your last name for the “Surname” field.

Step 10: Click “Create.”

New Password

Confirm New Password

Display Name

Given Name

Surname

Create

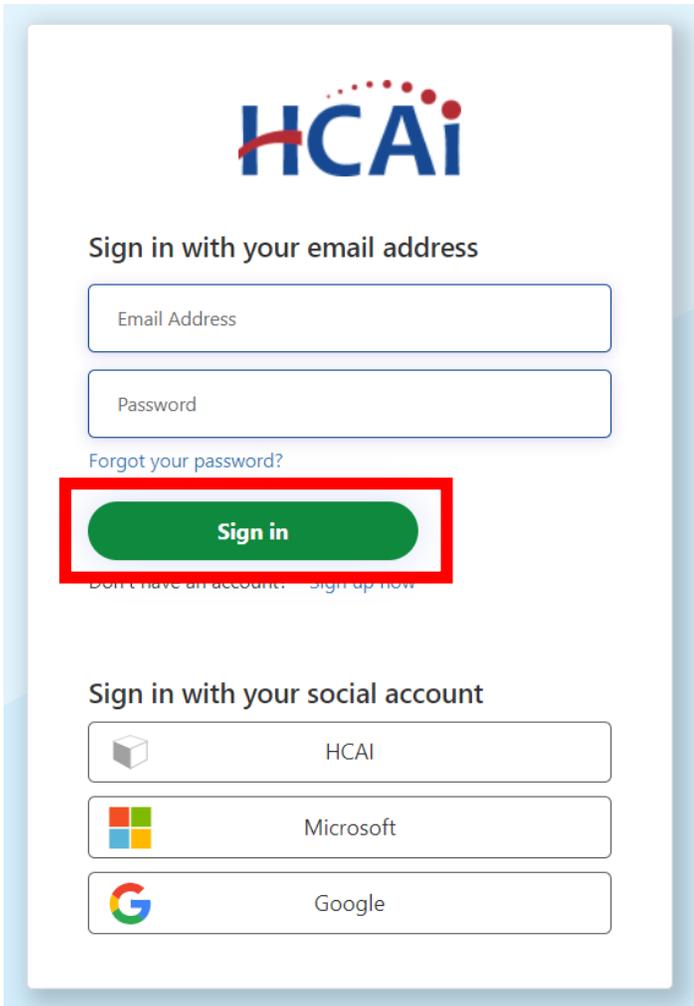
## How to Login

Step 1: Go to [Hospital Report Submission Portal](#) and click “Login.”

Step 2: Type your email address and password in the corresponding fields.

Step 3: Click “Sign in.”

**\*\*\*Please note: the system also allows users to create an account and sign in utilizing social media.\*\*\***



**HCAI**

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

**Sign in**

[Don't have an account? Sign up now.](#)

Sign in with your social account

HCAI

Microsoft

Google

## How to Recover a Forgotten Password

Step 1: Go to [Hospital Report Submission Portal](#) and click “Login.”

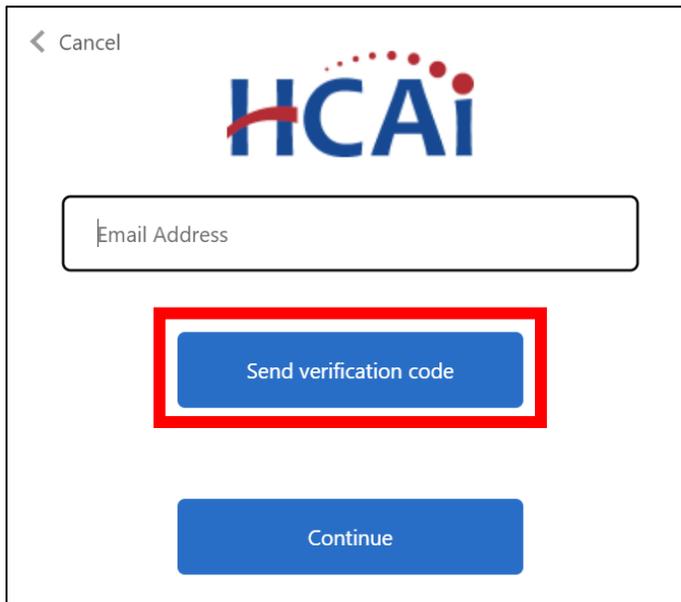
Step 2: Click “Forgot your password?”



The screenshot shows the HCAi login interface. At the top is the HCAi logo. Below it is the text "Sign in with your email address". There are two input fields: "Email Address" and "Password". A red rectangular box highlights the "Forgot your password?" link located below the password field. Below the input fields is a green "Sign in" button. At the bottom left, there is a link that says "Don't have an account? Sign up now".

Step 3: Type the email address you used to create your account.

Step 4: Click “Send verification code.”



The screenshot shows the HCAi verification code screen. At the top left is a back arrow and the word "Cancel". In the center is the HCAi logo. Below the logo is an "Email Address" input field. A red rectangular box highlights the "Send verification code" button, which is blue with white text. Below this button is another blue button with white text that says "Continue".

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

Step 6: Click “Verify code.”

< Cancel

**HCAi**

Verification code has been sent to your inbox. Please copy it to the input box below.

sampleemail@gmail.com

Verification Code

Verify code Send new code

Continue

Step 7: After your email address is verified click “Continue.”

Step 8: Create a password and confirm the password.

Step 9: Click “Continue” you will be signed into your account and redirected to the reporting homepage.

< Cancel

**HCAi**

New Password

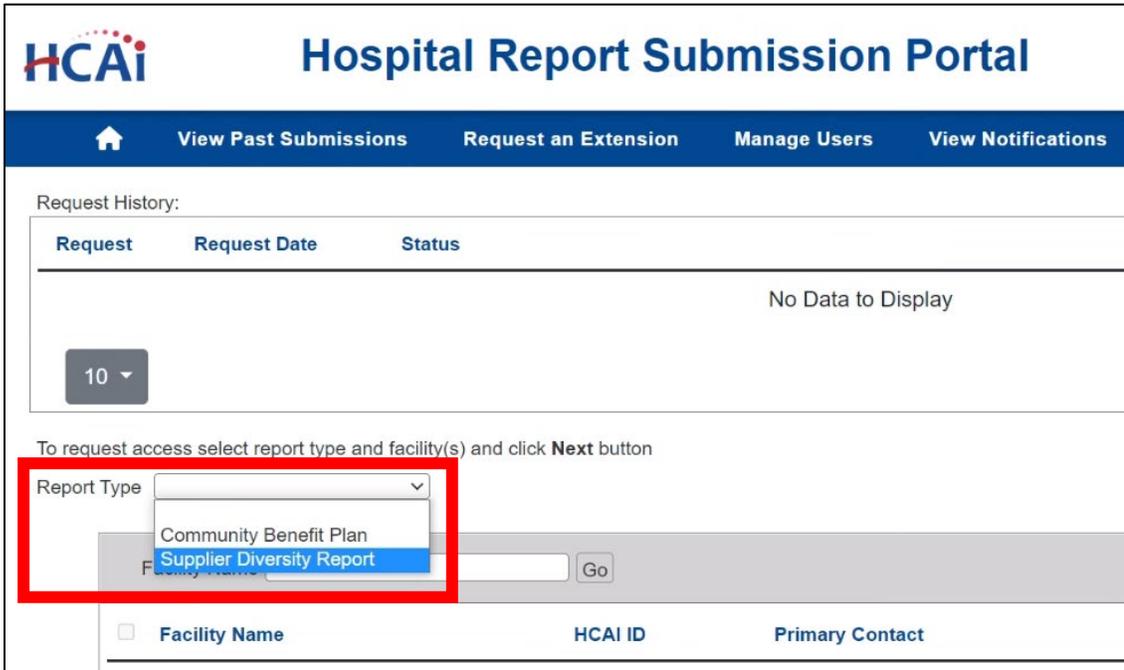
Confirm New Password

Continue

## How to Associate to a Facility

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

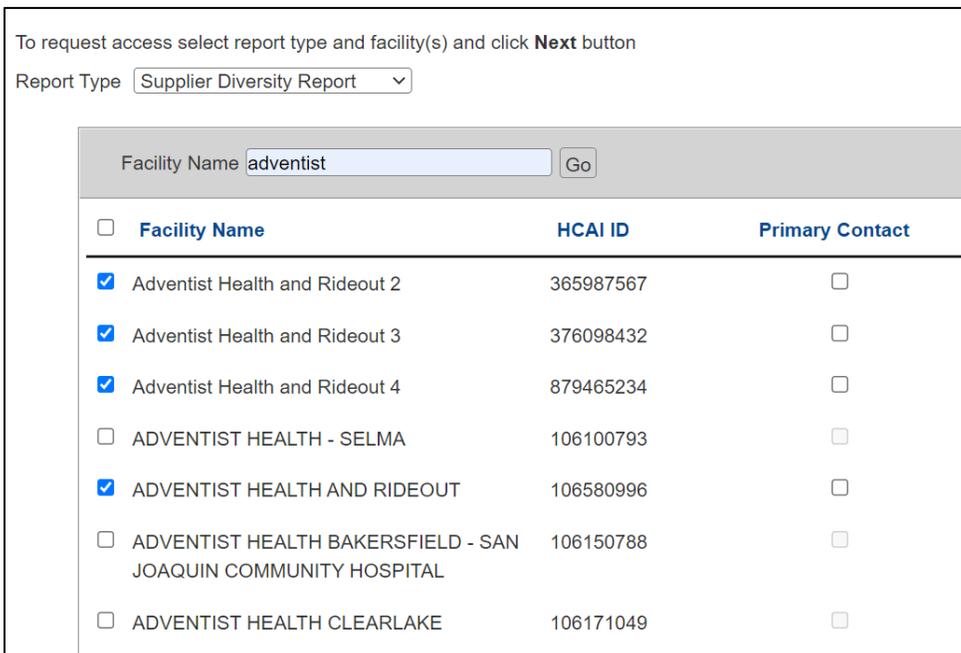
Step 2: Choose a report type from the drop-down menu.



The screenshot shows the 'Hospital Report Submission Portal' interface. At the top, there is a navigation bar with a home icon and links for 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this is a 'Request History' section with a table that currently displays 'No Data to Display'. A dropdown menu for 'Report Type' is open, showing options for 'Community Benefit Plan' and 'Supplier Diversity Report'. The 'Supplier Diversity Report' option is highlighted. Below the dropdown is a 'Go' button. At the bottom, there is a table with columns for 'Facility Name', 'HCAI ID', and 'Primary Contact'.

Step 3: Type the name of the facility you would like to be associate to in the facility name field.

Step 4: Click "Go."



The screenshot shows the 'Hospital Report Submission Portal' interface after the 'Go' button was clicked. The 'Report Type' dropdown is now set to 'Supplier Diversity Report'. The 'Facility Name' field contains the text 'adventist'. Below this is a table with columns for 'Facility Name', 'HCAI ID', and 'Primary Contact'. The table lists several facilities, with the first four having checkmarks in the 'Facility Name' column.

| <input type="checkbox"/>            | Facility Name   | HCAI ID   | Primary Contact          |
|-------------------------------------|---|-----------|--------------------------|
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 2                                | 365987567 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 3                                | 376098432 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 4                                | 879465234 | <input type="checkbox"/> |
| <input type="checkbox"/>            | ADVENTIST HEALTH - SELMA                                      | 106100793 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | ADVENTIST HEALTH AND RIDEOUT                                  | 106580996 | <input type="checkbox"/> |
| <input type="checkbox"/>            | ADVENTIST HEALTH BAKERSFIELD - SAN JOAQUIN COMMUNITY HOSPITAL | 106150788 | <input type="checkbox"/> |
| <input type="checkbox"/>            | ADVENTIST HEALTH CLEARLAKE                                    | 106171049 | <input type="checkbox"/> |

Step 5: Select the box to the left of any facilities you would like to be associated with (when selected a checkmark will appear in the box).

**\*\*\*Please Note: Only check the “Primary Contact” box if you are the designated primary contact for this facility. The primary contact is who HCAI would reach out to in the event of an issue with a facility’s report. An associated user is anyone within a facility who has authorization to submit a report.\*\*\***

Step 6: Click “Next.”

Step 7: Review the facilities in the pop-up window.

Step 8: Click “Confirm” if facilities listed are correct.

| Facility Name                  | HCAI ID   | Primary Contact          |
|--------------------------------|-----------|--------------------------|
| Adventist Health and Rideout 2 | 365987567 | <input type="checkbox"/> |
| Adventist Health and Rideout 3 | 376098432 | <input type="checkbox"/> |
| Adventist Health and Rideout 4 | 879465234 | <input type="checkbox"/> |
| ADVENTIST HEALTH AND RIDEOUT   | 106580996 | <input type="checkbox"/> |

Previous **Confirm**

Step 9: A pop-up window will appear that states “Your request has been submitted!”

Step 10: Click “OK.”

Step 11: Your facility request will appear on the table at the top of the page.


[View Past Submissions](#)
[Request an Extension](#)

Request History:

| Request             | Request Date | Status |
|---------------------|--------------|--------|
| <a href="#">110</a> | 04/07/2022   | Open   |

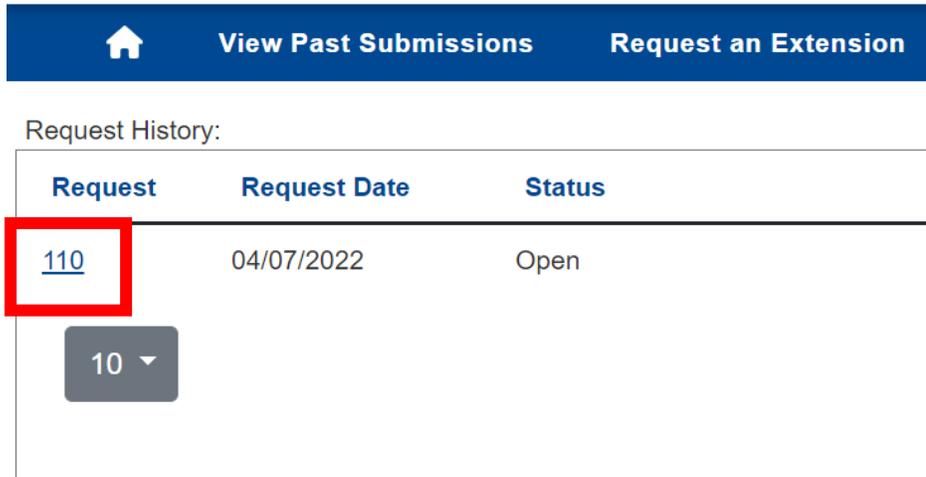
10 ▾

## How to Cancel a Request to Associate to a Facility

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click on the request number that you would like to cancel.

**\*\*\*Please Note: You can only cancel requests with an open status.\*\*\***



Request History:

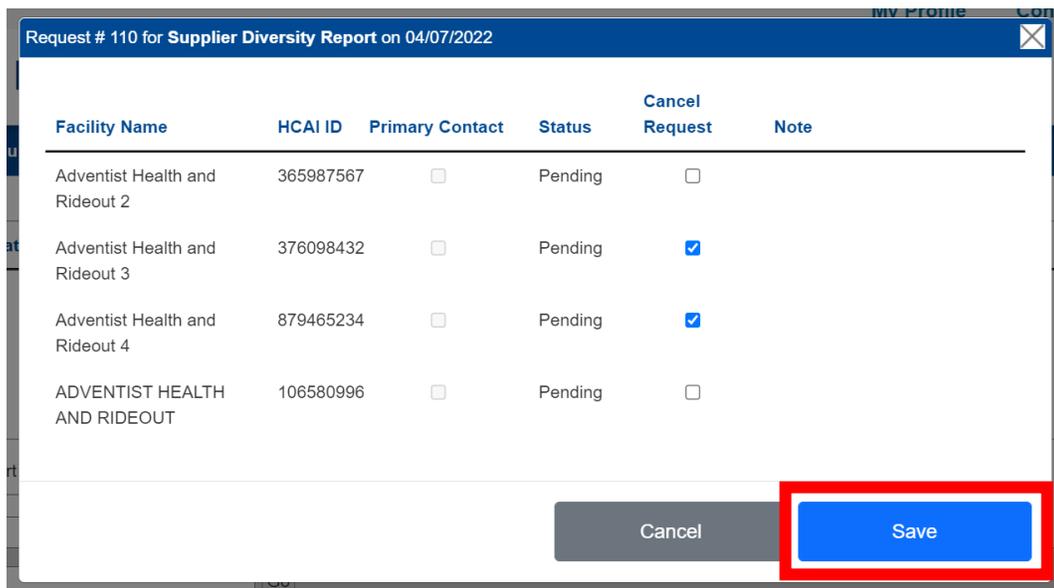
| Request             | Request Date | Status |
|---------------------|--------------|--------|
| <a href="#">110</a> | 04/07/2022   | Open   |

10 ▾

Step 3: A pop-up window will appear with the facility(s) that were included in the original association request.

Step 4: Select the box, under the cancel request column of any facilities you would like to cancel your association request (when selected a checkmark will appear in the box).

Step 5: Click “Save.”



Request # 110 for Supplier Diversity Report on 04/07/2022

| Facility Name                  | HCAI ID   | Primary Contact          | Status  | Cancel Request                      | Note |
|--------------------------------|-----------|--------------------------|---------|-------------------------------------|------|
| Adventist Health and Rideout 2 | 365987567 | <input type="checkbox"/> | Pending | <input type="checkbox"/>            |      |
| Adventist Health and Rideout 3 | 376098432 | <input type="checkbox"/> | Pending | <input checked="" type="checkbox"/> |      |
| Adventist Health and Rideout 4 | 879465234 | <input type="checkbox"/> | Pending | <input checked="" type="checkbox"/> |      |
| ADVENTIST HEALTH AND RIDEOUT   | 106580996 | <input type="checkbox"/> | Pending | <input type="checkbox"/>            |      |

Cancel Save

Step 6: A pop-up window will appear that states “Do you want to save the changes?”

Step 7: Click “Save.”

Step 8: A pop-up window will appear that states “Selected Items are Canceled Successfully!”

Step 9: Click “OK.”

**\*\*\*Please Note: When you click on the request number, the facilities you canceled will show their status as “Canceled” and no longer “Pending.”\*\*\***

Request # 110 for Supplier Diversity Report on 04/07/2022



| Facility Name                  | HCAI ID   | Primary Contact          | Status   | Cancel Request                      | Note |
|--------------------------------|-----------|--------------------------|----------|-------------------------------------|------|
| Adventist Health and Rideout 2 | 365987567 | <input type="checkbox"/> | Pending  | <input type="checkbox"/>            |      |
| Adventist Health and Rideout 3 | 376098432 | <input type="checkbox"/> | Canceled | <input checked="" type="checkbox"/> |      |
| Adventist Health and Rideout 4 | 879465234 | <input type="checkbox"/> | Canceled | <input checked="" type="checkbox"/> |      |
| ADVENTIST HEALTH AND RIDEOUT   | 106580996 | <input type="checkbox"/> | Pending  | <input type="checkbox"/>            |      |

Cancel

Save

## How to Approve Another User for a Facility

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

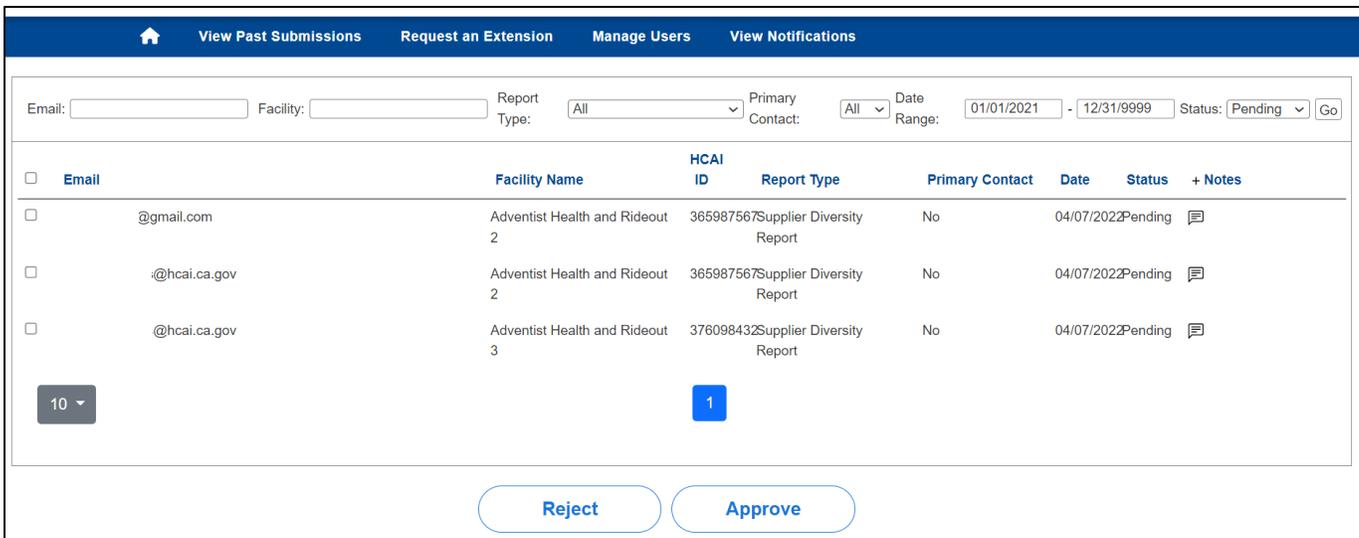
Step 2: Click “Manage Users” then click “Review User Requests” from the drop-down menu.



Step 3: Search by typing either the email of the person who’s request you want to approve or the facility name.

Step 4: Click “Go.”

**\*\*\*Please Note: emails have been redacted for privacy. You can only see requests for the facilities you are associated with. If your account is not associated to a facility, you will not see any requests for that facility.\*\*\***



Step 5: Select the box to the left of any user’s email you would like to approve (when selected a checkmark will appear in the box).

Step 6: Click “Approve.”

**Review Approval:**

The following user(s) will be associated to the facility(s), report types and assigned as primary contact:

| Email      | Facility Name                  | HCAI ID   | Report Type               | Primary Contact |
|------------|--------------------------------|-----------|---------------------------|-----------------|
| @gmail.com | Adventist Health and Rideout 2 | 365987567 | Supplier Diversity Report | No              |

The following user(s) will be replaced the current primary contact for the facility(s) and report type(s):

| Email              | Facility Name | HCAI ID | Report Type | Primary Contact |
|--------------------|---------------|---------|-------------|-----------------|
| No Data to Display |               |         |             |                 |

Step 7: A pop-up window will appear for you to review your approval.

Step 8: Click "Confirm."

Step 9: A pop-up window will appear that states "Do you want to approve these requests?"

Step 10: Click "Save."

Step 11: A pop-up window will appear that states "All Selected Items Approved Successfully!"

Step 12: Click "OK."

# How to Review Facility Status and Submission Due Date

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click “Request and Extension.”

The screenshot shows the top navigation bar of the Hospital Report Submission Portal. The HCAI logo is on the left, and the title 'Hospital Report Submission Portal' is in the center. The navigation bar contains five items: a home icon, 'View Past Submissions', 'Request an Extension' (highlighted with a red box), 'Manage Users', and 'View Notifications'. Below the navigation bar is the 'My Reports' section, which includes a heading, a paragraph of instructions, radio buttons for report types, and a dropdown menu for report range.

Step 3: Choose a report type from the drop-down menu.

The screenshot shows the 'Request an Extension' page. The navigation bar is the same as in the previous screenshot. Below the navigation bar is the 'Request an Extension' section, which includes a heading, a paragraph of instructions, a 'Select Report Type' dropdown menu (highlighted with a red box), and a 'Create Request' button. Below the dropdown menu is a table with columns for Report Type, Year, Facility, HCAI ID, Status, Due Date, Last Updated, and Username.

| <input type="checkbox"/> | Report Type | Year | Facility | HCAI ID | Status | Due Date | Last Updated | Username |
|--------------------------|-------------|------|----------|---------|--------|----------|--------------|----------|
|--------------------------|-------------|------|----------|---------|--------|----------|--------------|----------|

Step 4: All facilities you are associated with for the report type selected will appear. The status and due dates are visible under the status and due date columns.



## Request an Extension

Only one extension is allowed for each report as follows: Supplier Diversity Reports = 30-day extension and Community Benefit Plans = 60-day extension. Click on the checkbox to the left of the report(s) for which you would like to request an extension. To request extensions for all reports, check the **Select All** checkbox. Once you have selected reports, click on the **Create Request** button.

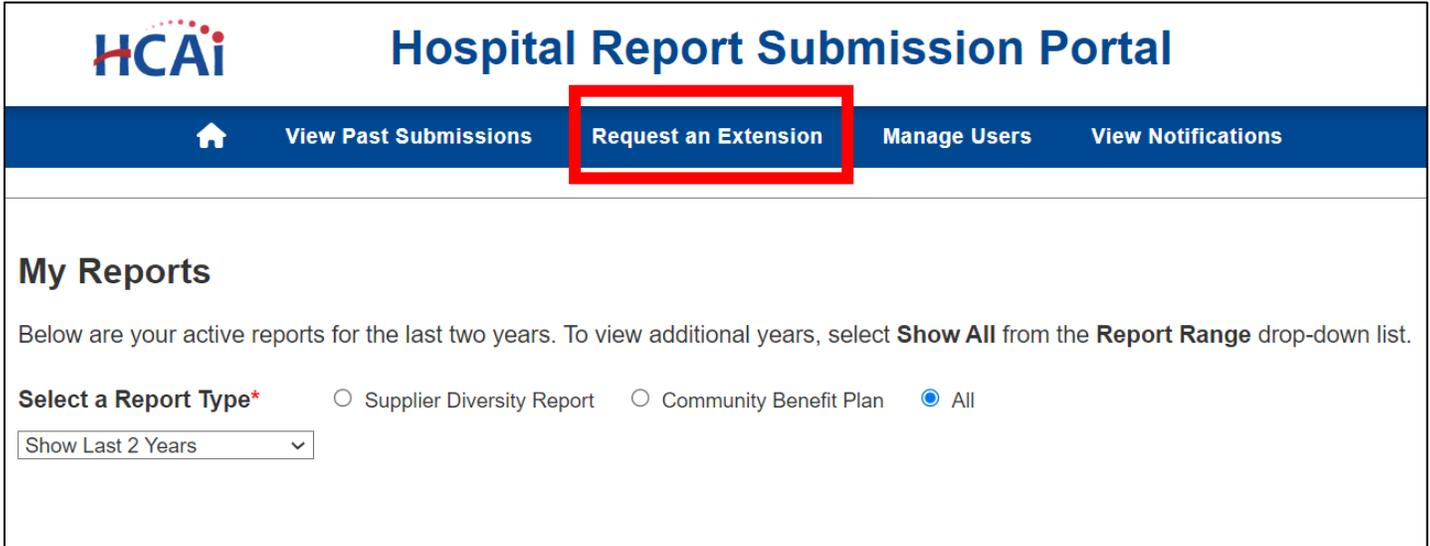
Select Report Type

| <input type="checkbox"/>            | Report Type               | Year | Facility                       | HCAI ID   | Status      | Due Date   |
|-------------------------------------|---------------------------|------|--------------------------------|-----------|-------------|------------|
| <input type="checkbox"/>            | Supplier Diversity Report | 2021 | Adventist Health and Rideout 2 | 365987567 | Extension   | 07/31/2022 |
| <input type="checkbox"/>            | Supplier Diversity Report | 2021 | Adventist Health and Rideout 3 | 376098432 | Extension   | 07/31/2022 |
| <input type="checkbox"/>            | Supplier Diversity Report | 2021 | Adventist Health and Rideout 4 | 879465234 | Extension   | 07/31/2022 |
| <input type="checkbox"/>            | Supplier Diversity Report | 2021 | ADVENTIST HEALTH - SELMA       | 106100793 | Extension   | 09/29/2022 |
| <input checked="" type="checkbox"/> | Supplier Diversity Report | 2021 | ADVENTIST HEALTH AND RIDEOUT   | 106580996 | In Progress | 08/31/2022 |

## How to Request an Extension

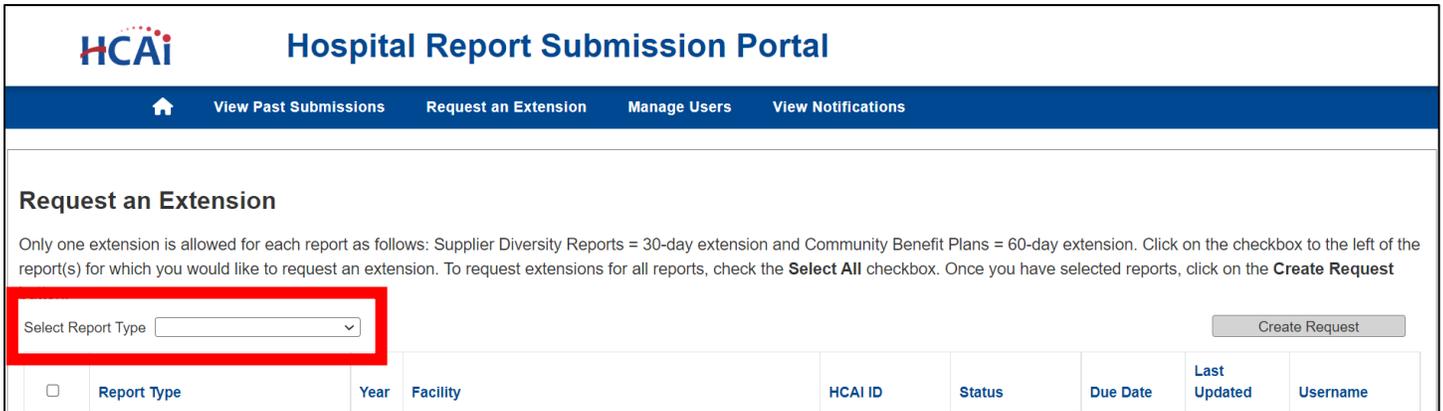
Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click “Request and Extension.”



The screenshot shows the top navigation bar of the Hospital Report Submission Portal. The 'Request an Extension' button is highlighted with a red box. Below the navigation bar, the 'My Reports' section is visible, including a heading, a paragraph of instructions, and radio button options for report types: 'Supplier Diversity Report', 'Community Benefit Plan', and 'All'. A dropdown menu for 'Show Last 2 Years' is also present.

Step 3: Choose a report type from the drop-down menu.



The screenshot shows the 'Request an Extension' page. A dropdown menu for 'Select Report Type' is highlighted with a red box. Below the dropdown, there is a 'Create Request' button and a table with columns: Report Type, Year, Facility, HCAI ID, Status, Due Date, Last Updated, and Username. The 'Report Type' column has a checkbox next to it.

Step 4: Select the box to the left of the facility you would like to request an extension for (when selected a checkmark will appear in the box).

Step 5: Click “Create Request.”

Request an Extension

Only one extension is allowed for each report as follows: Supplier Diversity Reports = 30-day extension and Community Benefit Plans = 60-day extension. Click on the checkbox to the left of the report(s) for which you would like to request an extension. To request extensions for all reports, check the **Select All** checkbox. Once you have selected reports, click on the **Create Request** button.

Select Report Type

| Report Type               | Year | Facility                       | HCAI ID   | Status      | Due Date   |
|---------------------------|------|--------------------------------|-----------|-------------|------------|
| Supplier Diversity Report | 2021 | Adventist Health and Rideout 2 | 365987567 | Extension   | 07/31/2022 |
| Supplier Diversity Report | 2021 | Adventist Health and Rideout 3 | 376098432 | Extension   | 07/31/2022 |
| Supplier Diversity Report | 2021 | Adventist Health and Rideout 4 | 879465234 | Extension   | 07/31/2022 |
| Supplier Diversity Report | 2021 | ADVENTIST HEALTH - SELMA       | 106100793 | Extension   | 09/29/2022 |
| Supplier Diversity Report | 2021 | ADVENTIST HEALTH AND RIDEOUT   | 106580996 | In Progress | 08/31/2022 |

Create Request

Step 6: Review request information and click "Submit."

Past Submissions Request an Extension Manage Users View Notifications

Request an Extension

I hereby request a 30-day extension for Hospital Supplier Diversity Report for unintended and unforeseen delays for the following facilities.

| Facilities                   | HCAI ID   | New Due Date |
|------------------------------|-----------|--------------|
| ADVENTIST HEALTH AND RIDEOUT | 106580996 | 9/30/2022    |

Cancel Submit

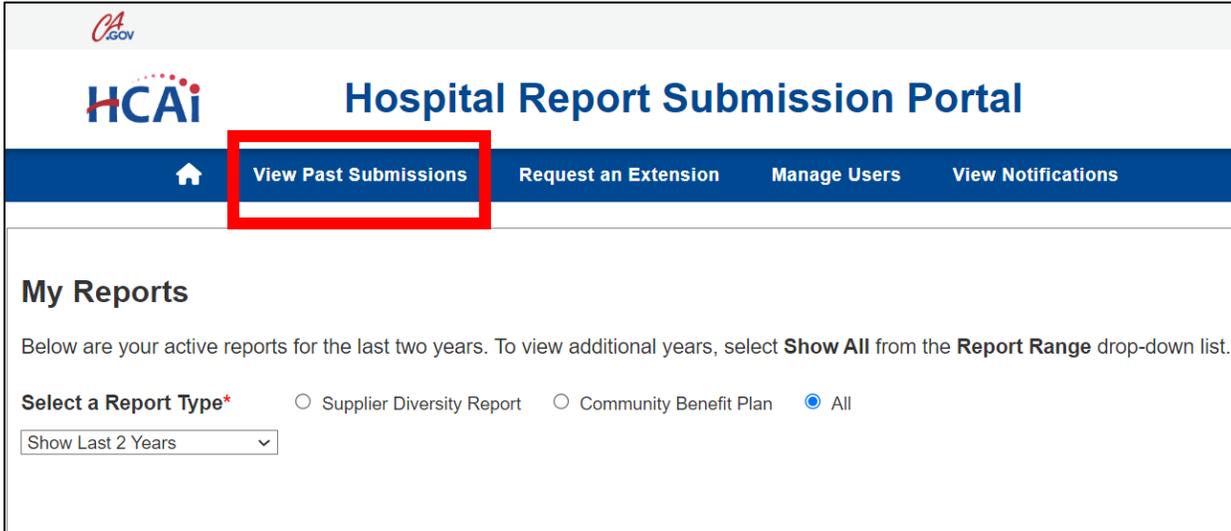
Step 7: A pop-up window will appear that states "Your extension request has been approved."

Step 8: Click "OK."

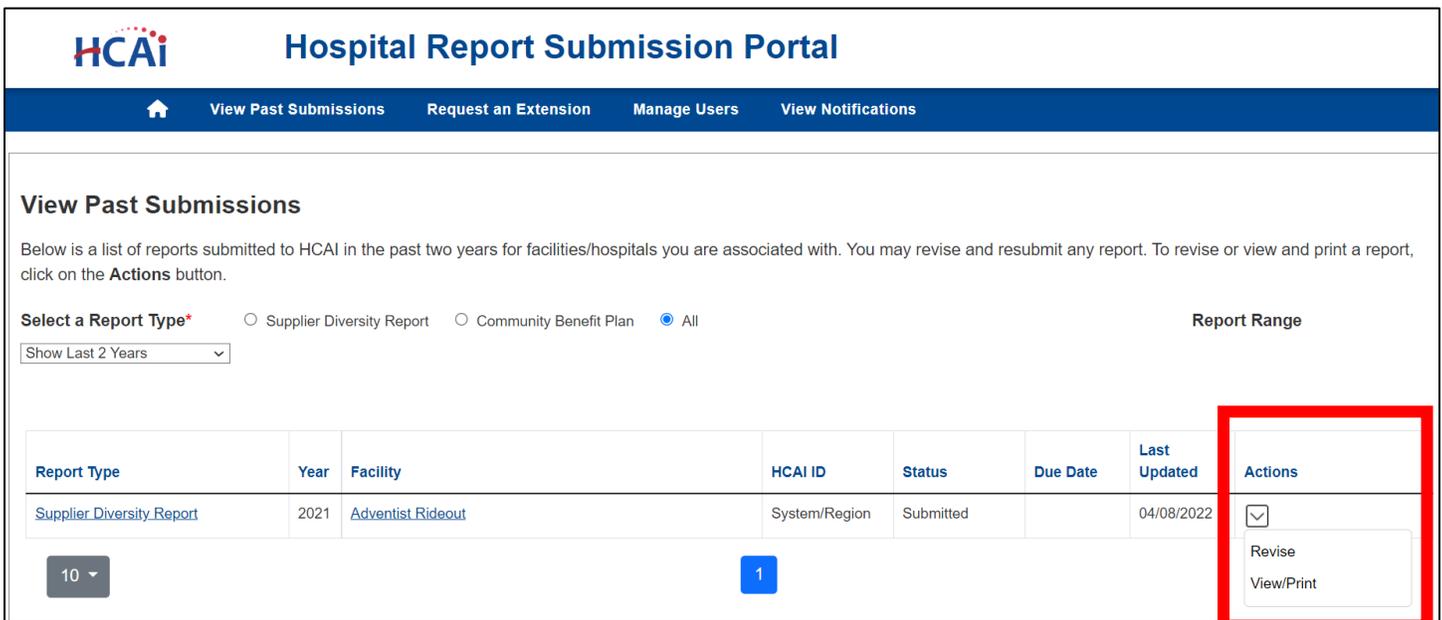
# How to View Past Submissions

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click "View Past Submissions."



Step 3: Any reports that have been submitted for facilities you are associated to will be listed.  
Step 4: Click on the drop-down under the actions column next to the individual facility report you would like to view.



## Hospital Supplier Diversity Reporting



Background Information: [Health and Safety Code Section 1339.85-1339.87](#) requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Supplier Diversity Reporting program to collect and post hospital supplier diversity reports explaining the hospital's supplier diversity statement and procurement efforts regarding certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises.

Hospitals, with operating expenses over \$50M or \$25M if part of a hospital system, are required to annually submit a report to HCAI on their minority, women, LGBT, and disabled veteran business enterprise procurement efforts. HCAI is required to maintain a link on the [HCAI website](#) that provides access to the content of hospital supplier diversity reports to the public. The annual submission of supplier diversity reports are due by July 1<sup>st</sup> of each year.

# What are the HSD Reporting Program Proposed Regulations?

## § 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 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 Disclosures Report CHC 7041 d-1, column 1, line 200, submitted as specified in 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% owned by a lesbian, gay, bisexual, or transgender person or persons or (b) if a publicly owned business, at least 51% 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% owned by a minority individual or group(s) or (b) if a publicly owned business, at least 51 % 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, Asian Pacific Americans, and other groups.
  - (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, 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 your 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 California 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: Authority cited: Section 11152, Government 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.
- (b) A primary contact person must register on the Department’s website using the registration portal at <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 health facility 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: Authority cited: Section 11152, Government Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

#### § 95002 Individual Hospital Supplier Diversity Report

- (a) A hospital as defined in Section 95000 shall file a report with the Department.
- (b) Data elements for individual hospital-level reports shall include:
  - (1) Hospital name
  - (2) Hospital HCAI ID
  - (3) Reporting organization
  - (4) Report period start date
  - (5) Report period end date
  - (6) The hospital’s Supplier Diversity Policy Statement
  - (7) The hospital’s outreach and communications to WMDVLGBTE enterprises.

- (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 WMDVLGBTE to become potential suppliers, including:
- (A) How the hospital encourages and seeks out WMDVLGBTE to become potential suppliers.
  - (B) How the hospital encourages its employees involved in procurement to seek out WMDVLGBTE to become potential suppliers.
  - (C) How the hospital conducts outreach and communication to WMDVLGBTE.
- (12) How the hospital supports organizations that promote or certify WMDVLGBTE.
- (13) The hospital's Tier I procurements that are made from WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible.
- (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 LBGT 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 WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily available. Tier II Total Minority Business Enterprises
- (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 LBGT 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

WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily available. Combined Total Minority Business Enterprises

- (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.

(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) Website for hospital procurement where information, instructions, requirements, and/or other information will be available.
- (E) Third party procurement organization information.
- (F) Other helpful website links.
- (G) Other relevant information.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95003 System/Regional-Level Hospital Supplier Diversity 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 report, the 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 report.

(2) Individual hospital-level reports will highlight procurement data purchased on an individual level.

(b) The system/regional-level report is optional to submit in addition to the individual report, not as a substitution. The individual hospital, as defined above, 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 include:

(1) Reporting organization

(2) System or regional network description

(3) Report period start date

(4) Report period end date

(5) The hospital system or regional network Tier I procurements that are made from WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily available.

(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 from WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily available. Tier II Total Minority Business Enterprises

(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

(7) The hospital system or regional network combined Tier I and Tier II procurements that are made from WMDVLGBTE 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. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily available. Combined Total Minority Business Enterprises

(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 has spent on procurement in total.

(9) Does the hospital require certification?

(10) Does the hospital accept self-certification?

(11) Other relevant information.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95004 Report Due Dates

(a) On and after July 1, 2021, each hospital shall annually update its supplier diversity report and submit the new report to the office no later than July 1 of that year.

Note: Authority cited: Section 11152, Government Code. Reference: Section 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 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. 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 submission portal at <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 notifying them of the number of extension days granted.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95006 Method of Submission

- (a) A report required under Section 95002 shall be submitted to the Department through the Department's website using the report submission portal at <https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>.
- (b) Reports 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. Such files shall comply with the Department's Format and File Specifications for Submission of Hospital Supplier Diversity Reports Version 1.0, dated December 31, 2021, and hereby incorporated by reference; or
  - (2) Entering the required information for reports online.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95007 Penalties for Late Filing of Reports

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

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95008 Penalty Assessment

- (a) When a report 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 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

## § 95009 Filing an Appeal

(a) A hospital that has received notice of an accrued penalty under Section 95008 may appeal the penalty assessment by filing, as explained in Section 95010, a written request for hearing no later than 30 days from the date of the notice. The request shall be filed with the Department's hearing officer.

(b) The request for hearing shall include the following:

- (1) The name of the hospital.
- (2) The name of the authorized representative of the hospital and contact information for that representative.
- (3) The date of the penalty assessment notice.
- (4) A statement of the basis for the appeal.
- (5) A copy of the penalty notice.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

## § 95010 Hearing Officer Contact Information

(a) Hearing requests and other communications, including requests for consolidation, questions about the hearing schedule or process, and all documents and proposed exhibits, shall be addressed to the hearing officer either by mail or by email as follows:

(1) Mail shall be sent to the hearing officer at the Legal Office of the Department of Health Care Access and Information in Sacramento.

(2) Email shall be sent to the following email address: [HearingOfficer@hcai.ca.gov](mailto:HearingOfficer@hcai.ca.gov).

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

## § 95011 Prehearing Provisions

(a) The hospital and the Department will be notified of the hearing date and time at least 30 days in advance.

(b) The hospital and the Department shall provide copies of all proposed exhibits to the hearing officer and to the other party no later than 10 calendar days prior to the hearing date.

(c) Request to Change Hearing Date. Either party may request a change of hearing date, if necessary. Requests for rescheduling must be submitted to the hearing officer at least 10 business days before the scheduled hearing. Requests for rescheduling must be based upon good cause, as determined by the hearing officer, and will only be granted if the change would not prejudice the other party.

(d) Request to Change Hearing Method. All hearings will be held in Sacramento at the business location of the Department; however, the hearing officer may schedule a hearing to be conducted by telephone or other electronic means. If so, either party may object; upon receipt of such an

objection, the hearing officer will schedule an in-person hearing in Sacramento. If the hearing officer does not initially plan to conduct a hearing by telephone or other electronic means, either party may so request; if the hospital and the Office consent, the hearing officer may, but is not required to, conduct the hearing by telephone or other electronic means. The hospital and the Department will be notified of the hearing officer's decision.

(e) Request for Consolidation. The hearing officer may, on their own determination or upon written request of one of the parties, consolidate for hearing or decision any number of appeals when the facts and circumstances are similar and no substantial right of any party will be prejudiced. The hearing officer shall notify both the hospital and the Department if consolidation is occurring. Within five days of receiving the notice of hearing, either party may request consolidation by filing a request with the hearing officer containing the following information:

- (1) Identification of the appeals to be consolidated.
- (2) A statement of the basis for consolidation.

(f) Request for Interpreter. If a party or a witness of a party does not speak English proficiently, that party may request language assistance and the Department will provide an interpreter.

Such a request must be received by the hearing officer at least 10 business days before the hearing.

(g) Request for Court Reporter. Hearings will be recorded electronically; however, either party may provide a court reporter at that party's expense. If a party chooses to provide a court reporter, that party shall notify the hearing officer in advance and make all necessary arrangements. The original of the transcript shall be provided directly to the Department. The non-appearance of a court reporter will not be considered adequate grounds for cancelling or rescheduling a hearing.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

## § 95012 Conduct of Hearing

(a) The hearing shall be conducted by an employee of the Department appointed by the Director of the Department to serve as hearing officer.

(b) The hearing shall be conducted in person in Sacramento or by telephone or other electronic means as determined by the hearing officer, as specified in Section 95011.

(c) The hearing shall not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs.

(d) All testimony at the hearing shall be taken under oath or affirmation.

(e) The hearing shall be recorded by electronic means unless one party has chosen to provide a court reporter at their own expense as specified in Section 95011. A court reporter shall provide the original of the transcript directly to the hearing officer.

(f) The hearing shall be open to the public.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

#### § 95013 Settlement

If a settlement is reached between the parties prior to the hearing, the Department shall notify the hearing officer and no hearing shall be held.

Note: Authority cited: Section 11152, Government Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

#### § 95014 Decision

(a) The hearing officer shall prepare a recommended decision for the Director of the Department; the recommended decision shall be in writing and shall include findings of fact and conclusions of law.

(b) The Director of the Department may either adopt or reject the proposed decision. If the Director does not adopt the proposed decision as presented, they will independently prepare a decision based upon the hearing record; the Director may adopt factual findings of the hearing officer.

Note: Authority cited: Section 11152, Government Code. Reference: Section 1339.87, Health and Safety Code.

## What are the Penalties?

A hospital that fails to file a required report by July 1 of each year is liable for a civil penalty of one hundred dollars (\$100) for each day after the due date that the required report is not filed. If the report is delinquent at the time the next report is due, HCAI, on an annual basis, shall determine a maximum civil penalty of no less than thirty-six thousand, five hundred dollars (\$36,500) for failure to file a required report.

When an Individual Hospital Supplier Diversity Report is filed after the due date of July 1 of each year, HCAI will notify the hospital of the accrued penalty. The notice shall be provided by email to the authorized individual identified by the hospital as the primary contact person on the Department's website using the registration portal. HCAI will calculate the accrued penalty of one hundred dollars (\$100) for each day after the due date that the required report is not filed or a maximum civil penalty of no less than thirty-six thousand, five hundred dollars (\$36,500).

The penalty letter will include the following information:

- An explanation of the penalty assessed.
- Amount of the penalty, with instructions to include the invoice number on the check.
- How to pay the penalty.
- Right to appeal the penalty assessment with information on how to do so.
- Due date for payment or appeal request.

The following will be enclosed:

- Invoice includes invoice number and HCAI's "Accounting Use Only" section which contains the full coding on where to deposit upon receipt of the checks.
- A form that may be used to request an appeal hearing.

## What is the Appeals Process?

A hospital that has received notice of an accrued penalty may appeal the penalty assessment by filing a written request for hearing no later than 30 days from the date of the notice. The request shall be filed with an HCAI Hearing Officer either via email at [HearingOfficer@hcai.ca.gov](mailto:HearingOfficer@hcai.ca.gov) or mailed to the HCAI Hearing Officer at the Legal Office of the Department of Health Care Access and Information in Sacramento.

A request for hearing shall include the following:

- The name of the hospital.
- The name of the authorized representative of the hospital and contact information for that representative.
- The date of the penalty assessment notice.
- A statement of the basis for the appeal.
- A copy of the penalty notice.

The HCAI Hearing Officer will schedule a hearing date and will notify the hospital of the hearing date. Prior to the hearing date HCAI may engage in settlement discussions with a hospital; either HCAI or the hospital may initiate.

# Individual Supplier Diversity Report Template

**\*\*\*Please Note: you may use this template to assist you in gathering the information required for submission. Please provide the following information to the extent that the data is available.\*\*\***

## General Information

Hospital Name:

Reporting Organization: [If a report is being completed by someone other than the facility, please enter the name of the reporting organization.]

HCAI Hospital ID: [Is a nine-digit number that may start with 106]

Report Period Start Date: [1/1/XXXX]

Report Period End Date: [12/31/XXXX]

**\*\*\*Please Note: the reporting period will be for the previous calendar year. For example if you are submitting a report on July 1, 2022 the reporting period would be for 1/1/2021-12/31/2021.\*\*\***

## Policy Statement

Supplier Diversity Policy Statement [enter N/A if the facility does not have a supplier diversity policy statement]

## Outreach & Communication

How does your hospital encourage and seek out minority, women, LGBT, and disabled veteran business enterprises to become potential suppliers?

How does your hospital encourage its employees involved in procurement to seek out minority, women, LGBT, and disabled veteran business enterprises to become potential suppliers?

How does your hospital conduct outreach and communication to minority, women, LGBT, and disabled veteran business enterprises?

## Supplier Certification

How does your hospital support organizations that promote or certify minority, women, LGBT, and disabled veteran business enterprises?

Do you require suppliers to be certified? [Yes/No]

**\*\*\*Please Note: the next question will only populate if you answered yes to the previous question\*\*\***

Do you accept self-certification? [Yes/No]

**\*\*\*Please Note: self-certification is defined as the practice of making an official declaration that something complies with regulatory standards or procedures without independent substantiating evidence\*\*\***

## Diverse Procurement Spending – Minorities

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not available, enter Total Procurement amounts only.

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 your hospital. Tier II procurement means procurement by any agreement or arrangement between a contractor and any third party.

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.

**\*\*\*Please Note: you will be unable to enter anything but rounded whole numbers in the following table.**

| Business Ownership     | Tier I Procurement       | Tier II Procurement      | Total Procurement        |
|------------------------|--------------------------|--------------------------|--------------------------|
| African American       |                          |                          | Will auto-populate       |
| Hispanic American      |                          |                          | Will auto-populate       |
| Native American        |                          |                          | Will auto-populate       |
| Asian Pacific American |                          |                          | Will auto-populate       |
| Unknown                |                          |                          | Will auto-populate       |
| TOTAL                  | Total will auto-populate | Total will auto-populate | Total will auto-populate |

**Diverse Procurement Spending – Other**

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not accessible, enter Total Procurement amounts only. If the same amounts are included in multiple categories, enter those dollars in the Duplicate Amount fields.

When a supplier qualifies for more than one diverse category, their procurement total is reported in each category. To prevent the procurement from being counted multiple times in the combined total, the identical amount should be reported in the less duplicate amount row. Please see example below.

| Business Ownership        | Tier I Procurement          | Tier II Procurement         | Total Procurement           |
|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| Minority                  | (Total from previous table) | (Total from previous table) | (Total from previous table) |
| Women                     |                             |                             | Will auto-populate          |
| LGBT                      |                             |                             | Will auto-populate          |
| Disabled Veteran          |                             |                             | Will auto-populate          |
| Less Duplicate Amount (-) |                             |                             | Will auto-populate          |
| Combined Total            | Total will auto-populate    | Total will auto-populate    | Total will auto-populate    |

*Example: For a Disabled Veteran and Women-owned business that your facility procured \$200 worth of supplies from, you would enter the \$200 in each corresponding category (Disabled Veteran and women, respectively) and then enter \$200 in the Less Duplicate Amount category to prevent duplicative dollar amounts being counted towards the combined total.*

**Total Procurement**

What is your hospital's total procurement (including diverse and non-diverse suppliers)? [\[Enter a dollar amount\]](#)

**\*\*\*Please note: Total 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.\*\*\***

**Supplier Point of Contact**

Enter the contact information for the individual(s) that business enterprises who are interested in contracting with your facility can reach out to.

Name:

Email:

Phone Number:

Website Link:

**Third-Party Procurement**

Does your hospital use a third-party procurement company (for example, a Global Purchasing Organization)? [\[Yes/No\]](#)

Procurement Company Name: [\[if you answered no to the previous question, enter N/A\]](#)

Website: [\[if you answered no to the first question, enter N/A\]](#)

**Additional Information**

Other Relevant Information (optional)

# How to Submit an Individual Report – Option #1

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click on “Supplier Diversity Report” under the column report type next to the individual facility you would like to submit a report for.



## My Reports

Below are your active reports for the last two years. To view additional years, select **Show All** from

Select a Report Type\*  Supplier Diversity Report  Community Benefit Plan  All

Show Last 2 Years

| Report Type                               | Year | Facility                       |
|---|------|--------------------------------|
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 2 |

Step 3: Answer all of the questions listed in the [Individual Supplier Diversity Report Template](#).

Step 4: Click “Submit.”

Step 5: A pop-up window will appear that states “Are you sure you want to submit this report?”

Step 6: Click “Ok.”

Step 7: A pop-up window will appear that states “You successfully submitted your report.”

Step 8: Click “OK.”

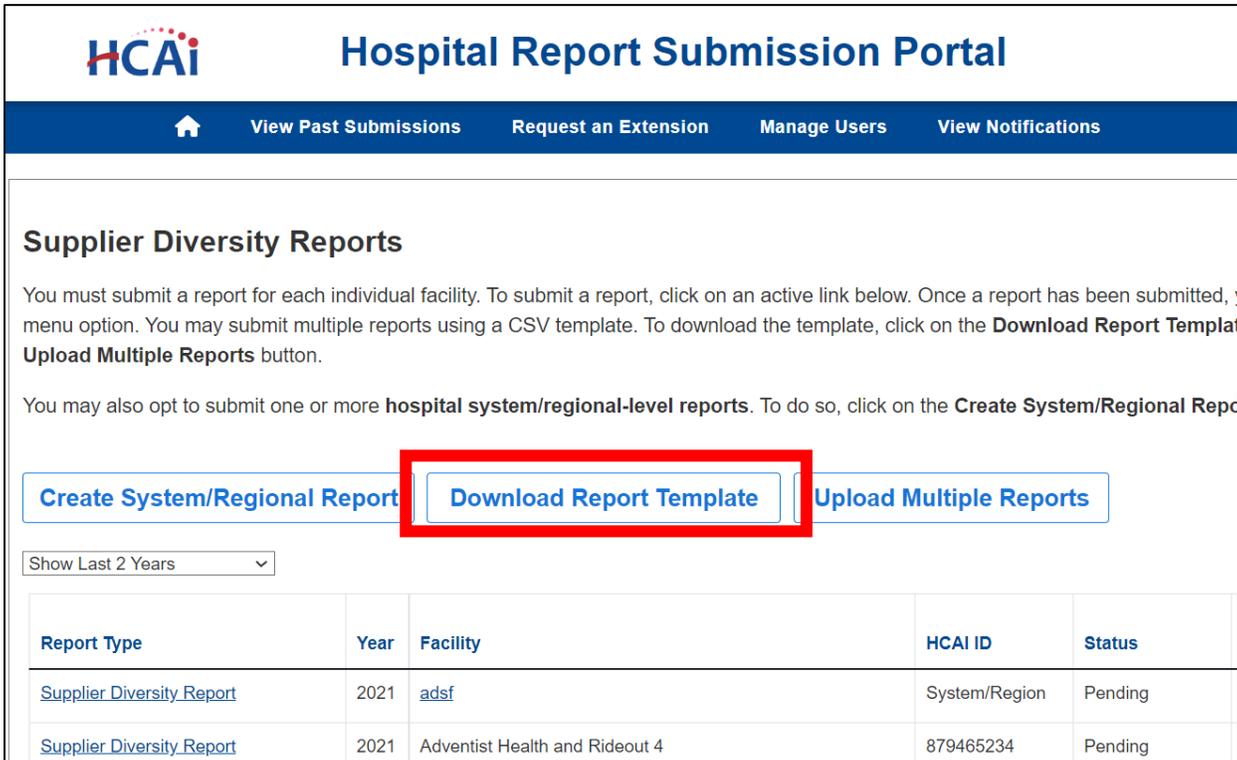
## How to Submit an Individual Report – Option #2

**\*\*\*Please note: reports can be submitted either by option 1 or 2. Either option is acceptable and is at the user's preference. Option 2 can be an efficient method for a report submitter to submit multiple individual reports via the "Upload Multiple Report" function.\*\*\***

## How to Download a Template

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: To the right of "Select a Report Type" click on "Supplier Diversity Report."

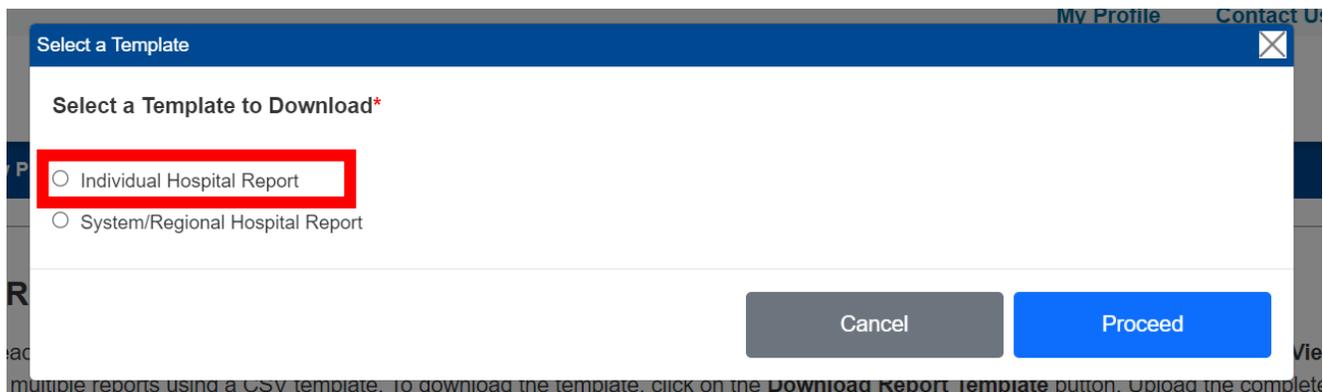


The screenshot shows the HCAI Hospital Report Submission Portal. The main heading is "Supplier Diversity Reports". Below the heading, there is a paragraph of instructions: "You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you will see a 'Download Report Template' menu option. You may submit multiple reports using a CSV template. To download the template, click on the **Download Report Template** or **Upload Multiple Reports** button." Below this, another paragraph says: "You may also opt to submit one or more **hospital system/regional-level reports**. To do so, click on the **Create System/Regional Report** button." There are three buttons: "Create System/Regional Report", "Download Report Template" (highlighted with a red box), and "Upload Multiple Reports". Below the buttons is a dropdown menu set to "Show Last 2 Years". Below that is a table with the following data:

| Report Type                               | Year | Facility                       | HCAI ID       | Status  |
|---|------|--------------------------------|---------------|---------|
| <a href="#">Supplier Diversity Report</a> | 2021 | <a href="#">adsf</a>           | System/Region | Pending |
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 4 | 879465234     | Pending |

Step 3: Click "Individual Hospital Report."

Step 4: Click "Proceed."



The screenshot shows a "Select a Template" dialog box. The title bar says "Select a Template" and "My Profile Contact Us". The main text says "Select a Template to Download\*". There are two radio buttons: "Individual Hospital Report" (selected and highlighted with a red box) and "System/Regional Hospital Report". At the bottom, there are two buttons: "Cancel" and "Proceed".

Step 5: Open the downloaded Excel Spreadsheet.

[Create System/Regional Report](#)
[Download Report Template](#)
[Upload Multiple Reports](#)

Show Last 2 Years ▼

| Report Type   | Year | Facility | HCAI ID | Status |
|---|------|----------|---------|--------|
| <div style="border: 2px solid red; padding: 2px;">  SDR - Individual -....xlsx <span>▲</span> </div> |      |          |         |        |

Step 6: Fill in the responses to the questions listed in the [Individual Supplier Diversity Report Template](#) by populating the columns on the first tab of the Excel Spreadsheet.

**\*\*\*Please Note: explanations for the different columns are available on the second tab of the Excel Spreadsheet.\*\*\***

|    | A             | B       | C                      | D                 | E               | F                            | G                   | H                   |
|----|---------------|---------|------------------------|-------------------|-----------------|------------------------------|---------------------|---------------------|
| 1  | Hospital_Name | HCAI_ID | Reporting_Organization | Report_Start_Date | Report_End_Date | Supplier_Diversity_Statement | Encourage_Suppliers | Encourage_Employees |
| 2  |               |         |                        |                   |                 |                              |                     |                     |
| 3  |               |         |                        |                   |                 |                              |                     |                     |
| 4  |               |         |                        |                   |                 |                              |                     |                     |
| 5  |               |         |                        |                   |                 |                              |                     |                     |
| 6  |               |         |                        |                   |                 |                              |                     |                     |
| 7  |               |         |                        |                   |                 |                              |                     |                     |
| 8  |               |         |                        |                   |                 |                              |                     |                     |
| 9  |               |         |                        |                   |                 |                              |                     |                     |
| 10 |               |         |                        |                   |                 |                              |                     |                     |

Step 7: Save the document in CSV format with the name of the facility, "Hospital Supplier Diversity Report" and the reporting year, see sample image below.

↑ 📁 Downloads

▼

[More options...](#)

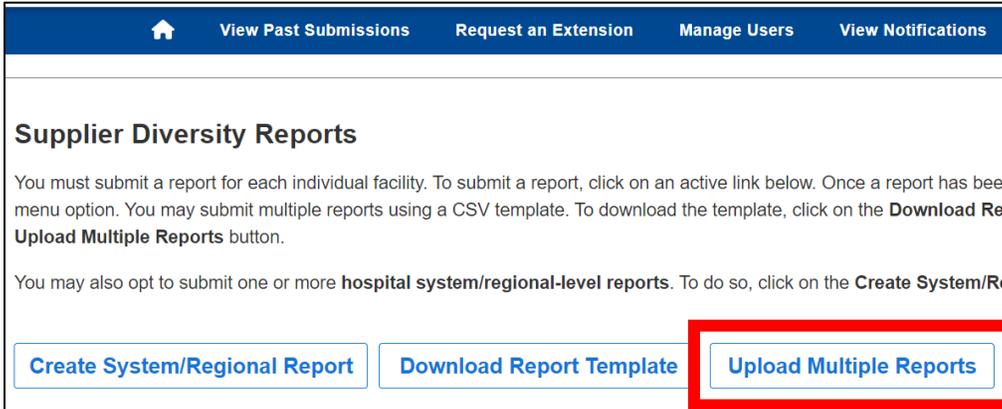
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## How to Upload Multiple Reports

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

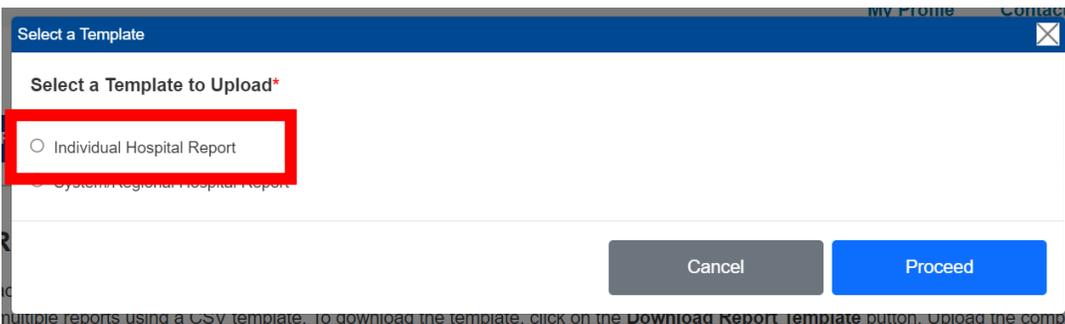
Step 2: To the right of “Select a Report Type” click on “Supplier Diversity Report.”

Step 3: Click “Upload Multiple Reports.”

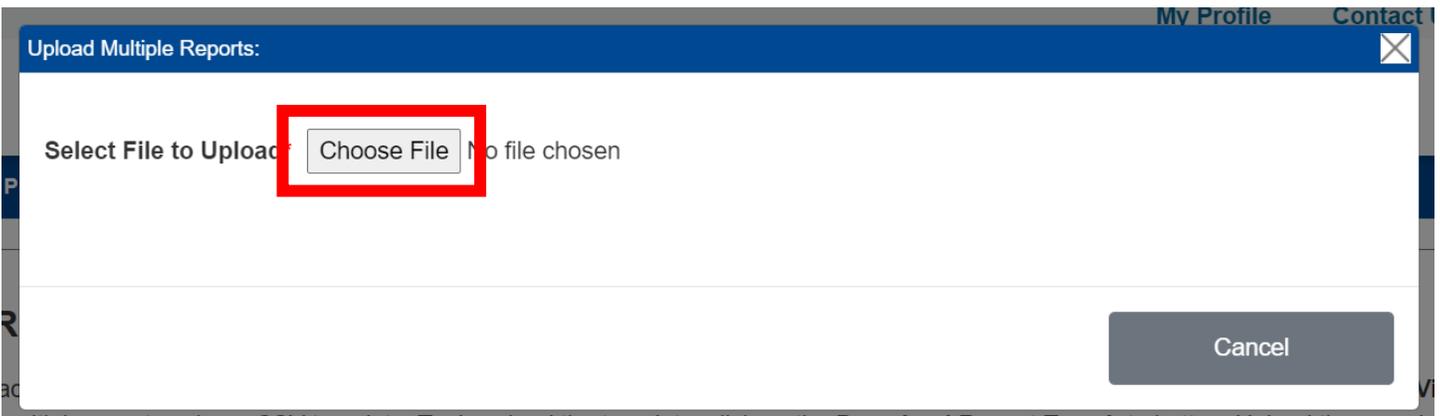


Step 4: Click “Individual Hospital Report.”

Step 5: Click “Proceed.”

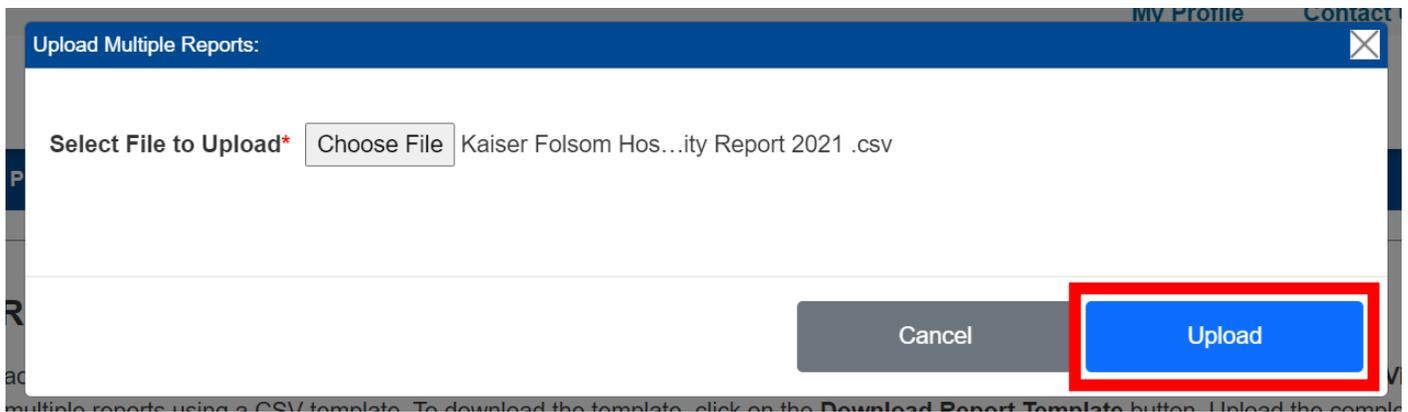


Step 6: Click “Choose File” and select the previously saved CSV formatted document.

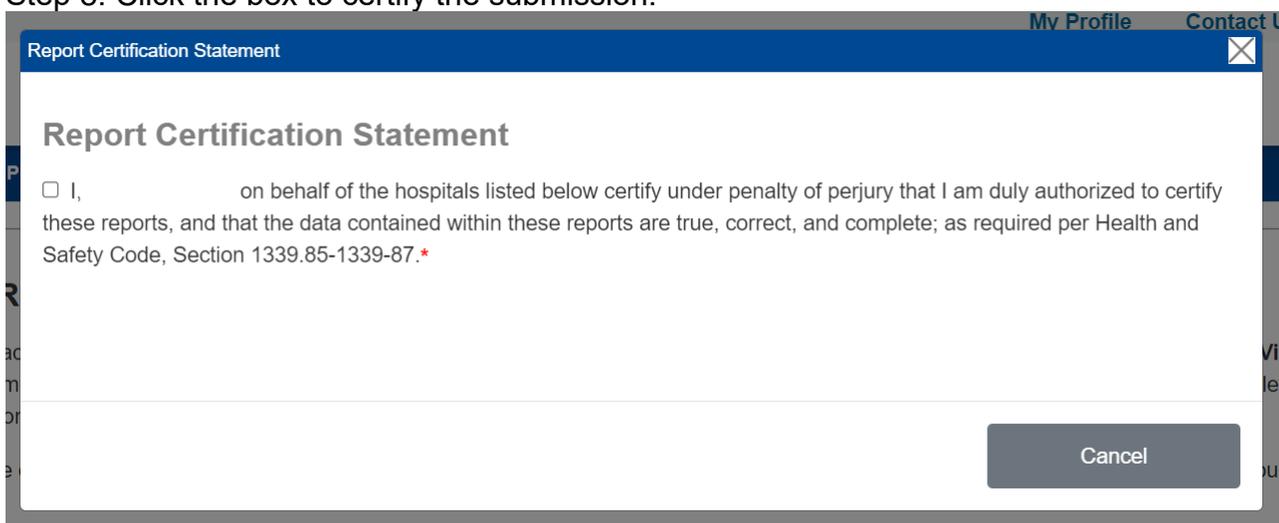


Step 7: Click “Upload.”

**\*\*\*Please note: The system will validate the data for approved formatting. Prior to submitting, ensure that formatting will meet requirements.\*\*\***



Step 8: Click the box to certify the submission.



Step 9: Click "Submit."

## How to Revise an Individual Report

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click on the drop-down under the actions column next to the individual facility report you would like to revise.

| Report Type                               | Year | Facility                       | HCAI ID   | Status    | Due Date | Last Updated | Actions   |
|---|------|--------------------------------|-----------|-----------|----------|--------------|---|
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 2 | 365987567 | Submitted |          | 04/08/2022   | <input checked="" type="checkbox"/><br>Revise<br>View/Print |

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Step 3: Update your responses to the questions listed in the [Individual Supplier Diversity Report Template](#).

Step 4: Click "Submit."

Step 5: A pop-up window will appear that states "Are you sure you want to submit this report?"

Step 6: Click "Ok."

Step 7: A pop-up window will appear that states "You successfully submitted your report."

Step 8: Click "OK."

# System/Regional-Level Supplier Diversity Report Template

**\*\*\*Please Note: you may use this template to assist you in gathering the information required for submission. Please provide the following information to the extent that the data is accessible.\*\*\***

## General Information

Reporting Organization: [If a report is being completed by someone other than the facility, please enter the name of the reporting organization.]

System/Regional Network Description:

Report Period Start Date: [1/1/XXXX]

Report Period End Date: [12/31/XXXX]

**\*\*\*Please Note: the reporting period will be for the previous year. For example if you are submitting a report on July 1, 2022 the reporting period would be for 1/1/2021-12/31/2021.\*\*\***

## Supplier Certification

Do you require suppliers to be certified? [Yes/No]

**\*\*\*Please Note: the next question will only populate if you answered yes to the previous question\*\*\***

Do you accept self-certification? [Yes/No]

**\*\*\*Please Note: self-certification is defined as the practice of making an official declaration that something complies with regulatory standards or procedures without independent substantiating evidence\*\*\***

## Diverse Procurement Spending – Minorities

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not accessible, enter Total Procurement amounts only.

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 your hospital. Tier II procurement means procurement by any agreement or arrangement between a contractor and any third party.

If \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank.

**\*\*\*Please Note: you will be unable to enter anything but rounded whole numbers in the following table.\*\*\***

| Business Ownership     | Tier I Procurement       | Tier II Procurement      | Total Procurement        |
|------------------------|--------------------------|--------------------------|--------------------------|
| African American       |                          |                          | Will auto-populate       |
| Hispanic American      |                          |                          | Will auto-populate       |
| Native American        |                          |                          | Will auto-populate       |
| Asian Pacific American |                          |                          | Will auto-populate       |
| Unknown                |                          |                          | Will auto-populate       |
| TOTAL                  | Total will auto-populate | Total will auto-populate | Total will auto-populate |

### **Diverse Procurement Spending – Other**

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not accessible, enter Total Procurement amounts only. If the same amounts are included in multiple categories, enter those dollars in the Duplicate Amount fields.

When a supplier qualifies for more than one diverse category, their procurement total is reported in each category. To prevent the procurement from being counted multiple times in the combined total, the identical amount should be reported in the less duplicate amount row. Please see example below.

| Business Ownership        | Tier I Procurement          | Tier II Procurement         | Total Procurement           |
|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| Minority                  | (Total from previous table) | (Total from previous table) | (Total from previous table) |
| Women                     |                             |                             | Will auto-populate          |
| LGBT                      |                             |                             | Will auto-populate          |
| Disabled Veteran          |                             |                             | Will auto-populate          |
| Less Duplicate Amount (-) |                             |                             | Will auto-populate          |
| Combined Total            | Total will auto-populate    | Total will auto-populate    | Total will auto-populate    |

*Example: For a Disabled Veteran and Women-owned business that your facility procured \$200 worth of supplies from, you would enter the \$200 in each corresponding category (Disabled Veteran and Women, respectively) and then enter \$200 in the Less Duplicate Amount category to prevent duplicative dollar amounts being counted towards the combined total.*

### **Total Procurement**

What is your hospital's total procurement (including diverse and non-diverse suppliers)? [\[Enter a dollar amount\]](#)

### **Additional Information**

Other Relevant Information (optional)

# How to Submit a System/Regional Report – Option #1

- Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.
- Step 2: Click on “Supplier Diversity Report” next to select a report type.

**My Reports**

Below are your active reports for the last two years. To view additional years, select **Show All** from the **Report Range** drop-down list.

**Select a Report Type\***  Supplier Diversity Report  Community Benefit Plan  All

Show Last 2 Years

| Report Type                               | Year | Facility                       | HCAI ID   | Status  |
|---|------|--------------------------------|-----------|---------|
| Community Benefit Plan                    | 2021 | Adventist Health and Rideout 0 | 236856395 | Pending |
| Community Benefit Plan                    | 2021 | Adventist Health and Rideout 1 | 209845678 | Pending |
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 4 | 879465234 | Pending |

- Step 3: Click on “Create System/Regional Report.”

**Supplier Diversity Reports**

You must submit a report for each individual facility. To submit a report, click on an active link below. Once a report has been submitted, you will see a confirmation message and a **Download Report Template** menu option. You may submit multiple reports using a CSV template. To download the template, click on the **Download Report Template** button. You may also opt to submit one or more **hospital system/regional-level reports**. To do so, click on the **Create System/Regional Report** button.

**Create System/Regional Report** **Download Report Template** **Upload Multiple Reports**

Show Last 2 Years

| Report Type                               | Year | Facility                       | HCAI ID   | Status  |
|---|------|--------------------------------|-----------|---------|
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 4 | 879465234 | Pending |

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- Step 4: A pop-up window will appear. Enter the region name and check any facilities that you would like to include in your system report.

Step 5: Click “Save.”

| <input type="checkbox"/>            | Facility Name                  | HCAI ID   |
|-------------------------------------|--------------------------------|-----------|
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 2 | 365987567 |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 3 | 376098432 |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 4 | 879465234 |
| <input type="checkbox"/>            | ADVENTIST HEALTH - SELMA       | 106100793 |
| <input checked="" type="checkbox"/> | ADVENTIST HEALTH AND RIDEOUT   | 106580996 |

Step 6: A pop-up window will appear that states “Report has been Saved!”

Step 7: Click “OK.”

Step 8: Answer all the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#).

Step 9: Click “Submit.”

Step 10: A pop-up window will appear that states “Are you sure you want to submit this report?”

Step 11: Click “Ok.”

Step 12: A pop-up window will appear that states “You successfully submitted your report.”

Step 13: Click “OK.”

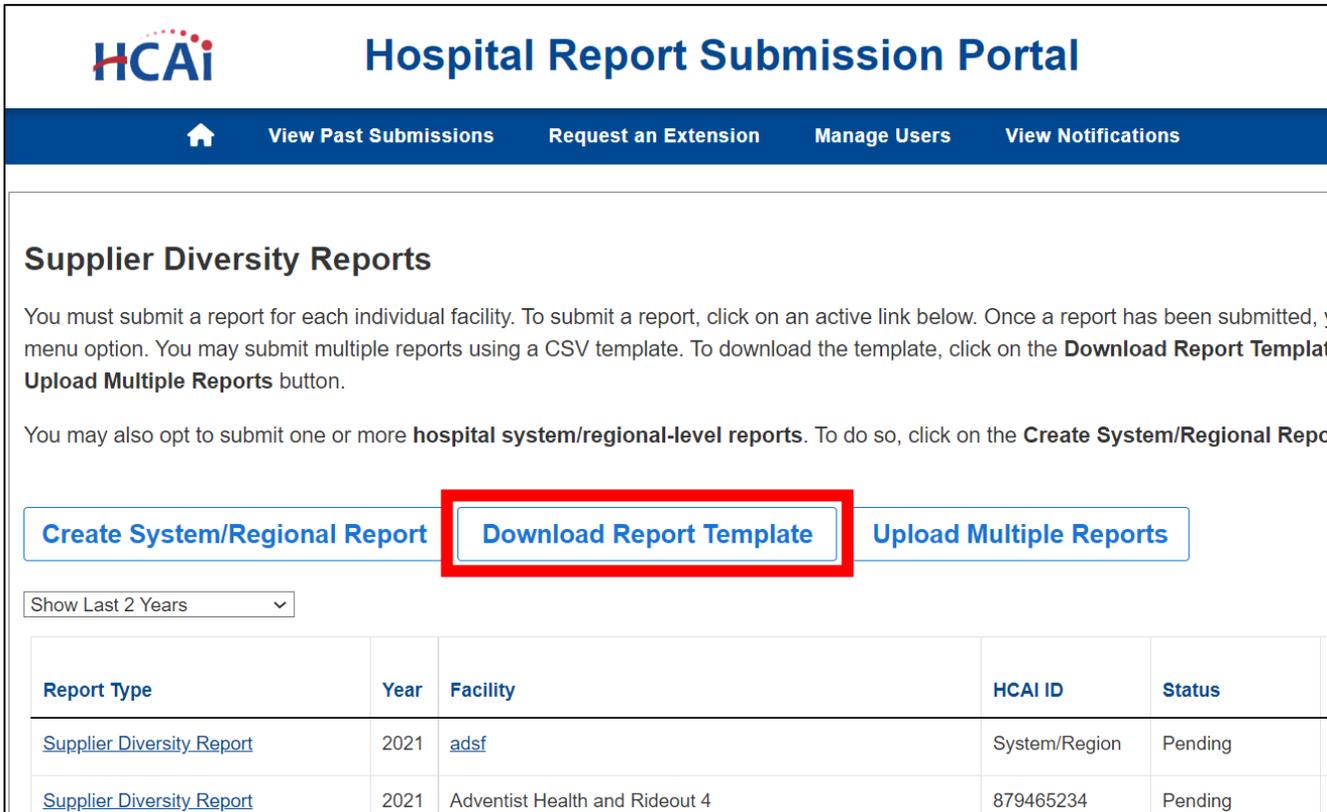
## How to Submit a System/Regional Report – Option #2

**\*\*\*Please note: reports can be submitted either by option 1 or 2. Either option is acceptable and is at the user's preference. Option 2 can be an efficient method for a report submitter to submit multiple system reports via the "Upload Multiple Report" function.\*\*\***

### How to Download a Template

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: To the right of "Select a Report Type" click on "Supplier Diversity Report."

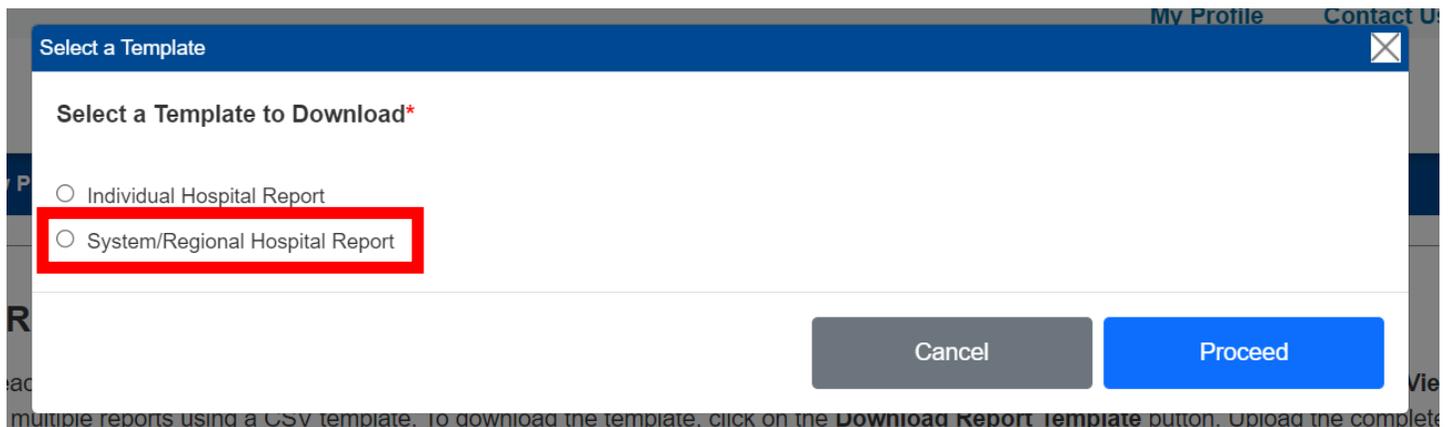


The screenshot shows the 'Hospital Report Submission Portal' interface. At the top, there is a navigation bar with links for 'View Past Submissions', 'Request an Extension', 'Manage Users', and 'View Notifications'. Below this, the 'Supplier Diversity Reports' section is displayed. It includes instructions on how to submit reports and a table of existing reports. Three buttons are visible: 'Create System/Regional Report', 'Download Report Template' (highlighted with a red box), and 'Upload Multiple Reports'. A dropdown menu shows 'Show Last 2 Years'. The table below has columns for Report Type, Year, Facility, HCAI ID, and Status.

| Report Type                               | Year | Facility                       | HCAI ID       | Status  |
|---|------|--------------------------------|---------------|---------|
| <a href="#">Supplier Diversity Report</a> | 2021 | adsf                           | System/Region | Pending |
| <a href="#">Supplier Diversity Report</a> | 2021 | Adventist Health and Rideout 4 | 879465234     | Pending |

Step 3: Click "System/Regional Hospital Report."

Step 4: Click "Proceed."



The screenshot shows a 'Select a Template' dialog box. It has a title bar with 'Select a Template' and a close button. The main content area says 'Select a Template to Download\*'. There are two radio button options: 'Individual Hospital Report' and 'System/Regional Hospital Report' (highlighted with a red box). At the bottom, there are 'Cancel' and 'Proceed' buttons.

Step 5: Open the downloaded Excel Spreadsheet.

Report management interface showing buttons for 'Create System/Regional Report', 'Download Report Template', and 'Upload Multiple Reports'. A dropdown menu is set to 'Show Last 2 Years'. Below the menu is a table with columns: Report Type, Year, Facility, HCAI ID, and Stat. Below the table, a file named 'SDR - System\_Regi...xlsx' is highlighted with a red box.

Step 6: Answer all of the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#) by populating the columns on the first tab of the Excel Spreadsheet.

**\*\*\*Please Note: explanations for the different columns are available on the second tab of the Excel Spreadsheet.\*\*\***

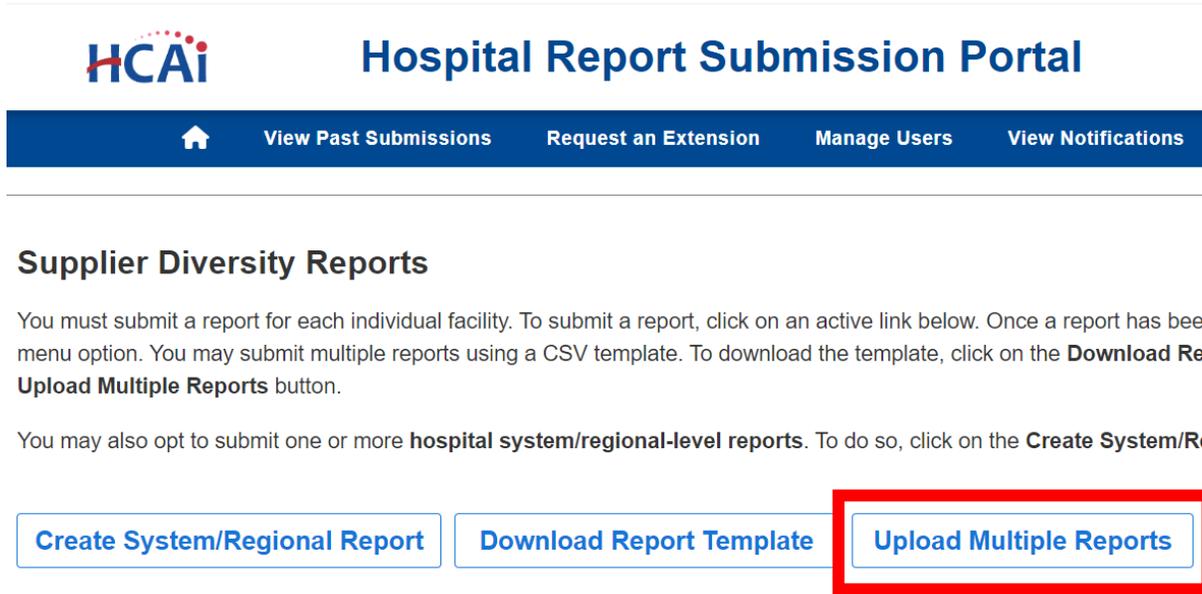
|    | A                             | B                  | C                        | D                      | E                            | F                         |
|----|-------------------------------|--------------------|--------------------------|------------------------|------------------------------|---------------------------|
| 1  | System_Reporting_Organization | System_Description | System_Report_Start_Date | System_Report_End_Date | System_Require_Certification | System_Self_Certification |
| 2  |                               |                    |                          |                        |                              |                           |
| 3  |                               |                    |                          |                        |                              |                           |
| 4  |                               |                    |                          |                        |                              |                           |
| 5  |                               |                    |                          |                        |                              |                           |
| 6  |                               |                    |                          |                        |                              |                           |
| 7  |                               |                    |                          |                        |                              |                           |
| 8  |                               |                    |                          |                        |                              |                           |
| 9  |                               |                    |                          |                        |                              |                           |
| 10 |                               |                    |                          |                        |                              |                           |

Step 7: Save the document in CSV format with the name of the hospital system, “Hospital Supplier Diversity Report” and the reporting year, see sample image below.

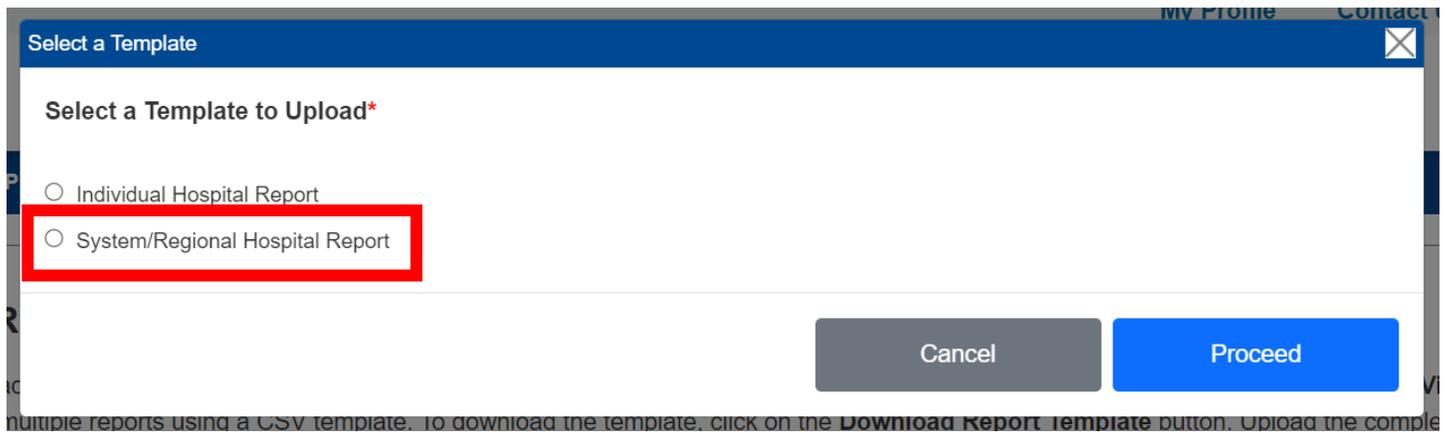
File save dialog box showing the location 'Downloads', the filename 'Kaiser System Hospital Supplier Diversity Report 2021', and the file type 'CSV (Comma delimited) (\*.csv)'. A 'Save' button is visible, along with a 'More options...' link.

# How to Upload Multiple Reports

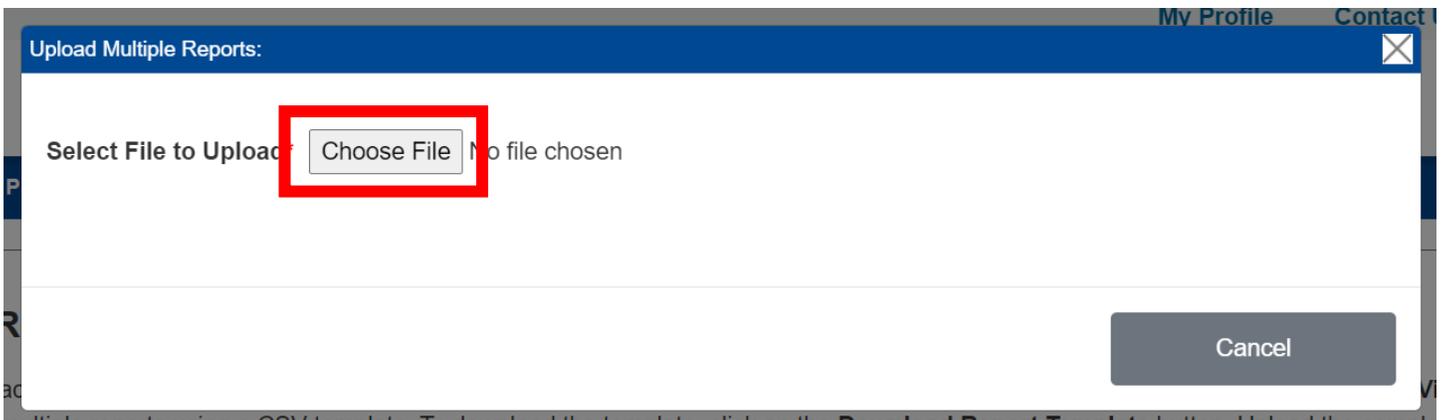
- Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.
- Step 2: To the right of "Select a Report Type" click on "Supplier Diversity Report."
- Step 3: Click "Upload Multiple Reports."



- Step 4: Click "System/Regional Hospital Report."
- Step 5: Click "Proceed."

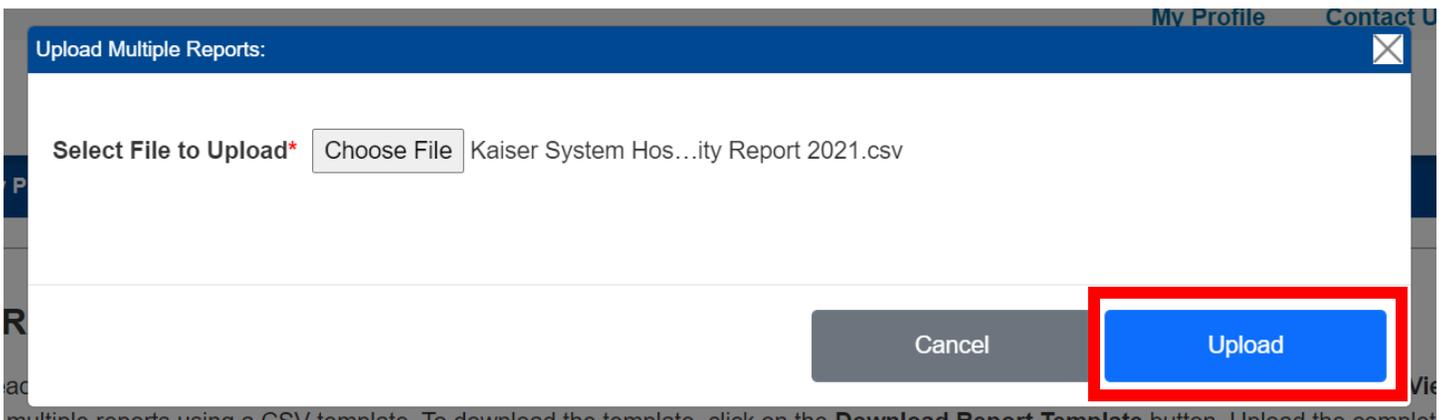


- Step 6: Click "Choose File" and select the previously saved CSV formatted document.



**\*\*\*Please note: The system will validate the data for approved formatting. Prior to submitting, ensure that formatting will meet requirements.\*\*\***

Step 7: Click "Upload."



Step 8: A pop-up window will appear. Enter the region name and check any facilities that you would like to include in your system report.

Step 9: Click "Save."

My Profile Contact

Create System/Regional-Level Report: ✕

Region Name\*   
(For example, Sutter - Northern California)

Facilities to include (select all that apply)\*

| <input type="checkbox"/>            | Facility Name                  | HCAI ID   |
|-------------------------------------|--------------------------------|-----------|
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 2 | 365987567 |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 3 | 376098432 |
| <input checked="" type="checkbox"/> | Adventist Health and Rideout 4 | 879465234 |
| <input type="checkbox"/>            | ADVENTIST HEALTH - SELMA       | 106100793 |
| <input checked="" type="checkbox"/> | ADVENTIST HEALTH AND RIDEOUT   | 106580996 |

Cancel Save

Step 10: Click the box to certify the submission.

Step 11: Click "Submit."

My Profile Contact U

Report Certification Statement ✕

**Report Certification Statement**

I, \_\_\_\_\_, on behalf of the hospitals listed below certify under penalty of perjury that I am duly authorized to certify these reports, and that the data contained within these reports are true, correct, and complete; as required per Health and Safety Code, Section 1339.85-1339-87.\*

- Adventist Health and Rideout 2
- Adventist Health and Rideout 3
- Adventist Health and Rideout 4
- ADVENTIST HEALTH AND RIDEOUT

Cancel Submit

## How to Revise a System/Regional Report

Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.

Step 2: Click on the drop-down under the column actions next to the individual facility report you would like to revise.

| Report Type                               | Year | Facility                          | HCAI ID       | Status    | Due Date | Last Updated | Actions   |
|---|------|-----------------------------------|---------------|-----------|----------|--------------|---|
| <a href="#">Supplier Diversity Report</a> | 2021 | <a href="#">Adventist Rideout</a> | System/Region | Submitted |          | 04/08/2022   | <input checked="" type="checkbox"/><br>Revise<br>View/Print |

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Step 3: Update your responses to the questions listed in the [System/Regional-Level Supplier Diversity Report Template](#).

Step 4: Click "Submit."

Step 5: A pop-up window will appear that states "Are you sure you want to submit this report?"

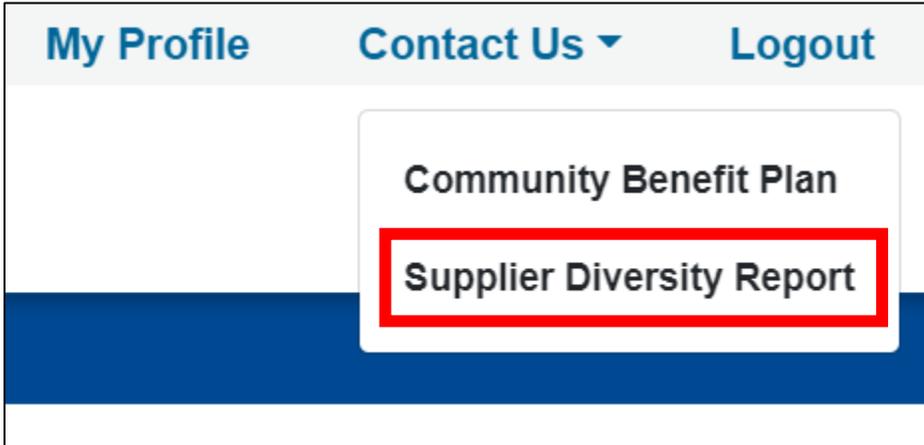
Step 6: Click "Ok."

Step 7: A pop-up window will appear that states "You successfully submitted your report."

Step 8: Click "OK."

## Who to Contact with Program Specific Questions

- Step 1: Go to [Hospital Report Submission Portal](#), and Sign in.  
Step 2: Click “Contact Us” in the top right corner of the window.  
Step 3: Click “Supplier Diversity Report.”



- Step 4: An email pop-up window will appear with the following email address populated:  
[supplier.diversity@hcai.ca.gov](mailto:supplier.diversity@hcai.ca.gov)

***\*\*\*Please Note: you may also contact support by emailing us directly at [supplier.diversity@hcai.ca.gov](mailto:supplier.diversity@hcai.ca.gov).\*\*\****

## Glossary of Terms and Abbreviations

**CBP:** Community Benefit Plan

**Department:** means the Department of Health Care Access and Information.

**Director:** means the Director of the Department of Health Care Access and Information

**Disabled Veteran Business Enterprise:** means a business certified by the administering agency as meeting all of the following requirements:

- It is a sole proprietorship at least 51 percent owned by one or more disabled veterans or, in the case of a publicly owned business, at least 51 percent of its stock is unconditionally owned by one or more disabled veterans; a subsidiary that is wholly owned by a parent corporation, but only if at least 51 percent of the voting stock of the parent corporation is unconditionally owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management, control, and earnings are held by one or more disabled veterans.
- The management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- It is a sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.

**Facility:** used to indicate a hospital

**HCAI ID:** a number used by the Department of Health Care Access and Information to identify the different facilities

**HCAI:** Department of Health Care Access and Information formerly the Office of Statewide Health Planning and Development

**HDC System:** Hospital Disclosures and Compliance System

**HDCU:** Hospital Disclosures and Compliance Unit

**Hospital:** (pertaining to HSD reporting) means any facility that is licensed 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.

**Hospital System/Regional Network:** means two or more hospitals owned, sponsored, or managed by the same organization.

**HSD:** Hospital Supplier Diversity

**LGBT Business Enterprise:** means a business enterprise that is at least 51% owned by a lesbian, gay, bisexual, or transgender person or persons or a publicly owned business with at least 51% of the stock of which is owned by one or more lesbian, gay, bisexual, or transgender persons; and whose management and daily business operations are controlled by one or more of those individuals.

**LGBT:** lesbian, gay, bisexual, or transgender

**Minority Business Enterprise:** means a business enterprise that is at least 51% owned by a minority individual or group(s) or a publicly owned business with at least 51 % of the stock of which is owned by one or more minority groups, and 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, Asian Pacific Americans, and other groups.

- *African Americans:* Black Americans-persons having origins in any black racial groups of Africa.
- *Hispanic Americans:* Hispanic Americans-all persons of Mexican, Puerto Rican, Cuban, South or Central American, Caribbean, and other Spanish culture or origin.
- *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.
- *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.

**NFP:** not-for-profit

**Operating Expenses:** means total patient-related operating expenses for the most recent fiscal year reported to the department on the Hospital Annual Financial Disclosures Report

**OSHPD:** Office of Statewide Health Planning and Development

**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.

**Reporting Organization:** If a report is being completed by someone other than the facility, please enter the name of the reporting organization.

**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 your hospital.

**Tier II Procurement:** means procurement by any agreement or arrangement between a contractor and any third party.

**Women business enterprise:** means a business enterprise that is at least 51% owned by a woman or women, or, in the case of any publicly owned business at least 51% of the stock of which is owned by one or more women.

**WMDVLGBTBE:** means a women-owned, minority-owned, disabled veteran-owned and/or LGBT-owned business enterprise.