

# SyFPHR and Fair Pricing Policy Resource Manual

[HOME](#)   [SIGN IN](#)   [SYFPHR](#)

**WELCOME TO THE SYFPHR SUBMISSION SIGN IN PAGE**

Enter the User ID and Password provided to you by HCAI. If you did not receive a User ID and Password, or if you have difficulty signing in, please contact HCAI at (916) 326-3830.

### Sign in

User ID:

Password:

[Forgot password?](#)

## **NOTICE**

This SyFPHR and Fair Pricing Policy Resource Manual, Version 1.0, June 2022, consists of discussion and comments related to the SyFPHR and Fair Pricing Policy. 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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## SyFPHR Navigation



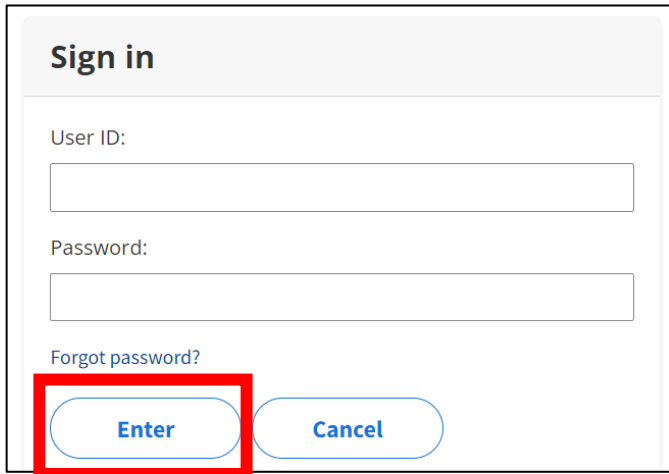
Background Information: The System of Fair Pricing Hospital Report (SyFPHR) is the program used to collect hospital's charity care/discount policies, eligibility requirements, and applications. The submitted information will be made available to the public on HCAI's [website](#).

## How to Login

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

Step 2: Type your User ID and Password in the corresponding fields.

Step 3: Click "Enter."



The image shows a 'Sign in' form with the following elements:

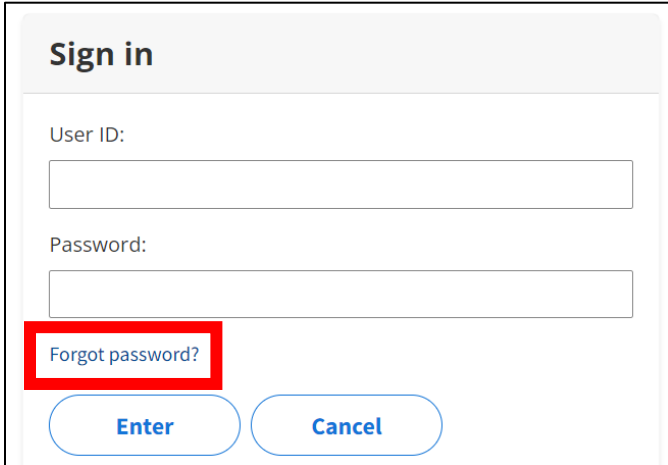
- Sign in** (Section Header)
- User ID:** (Label) followed by a text input field.
- Password:** (Label) followed by a text input field.
- Forgot password?** (Link)
- Enter** (Button) and **Cancel** (Button) at the bottom.

The **Enter** button is highlighted with a red rectangular box.

## How to Recover a Forgotten Password

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

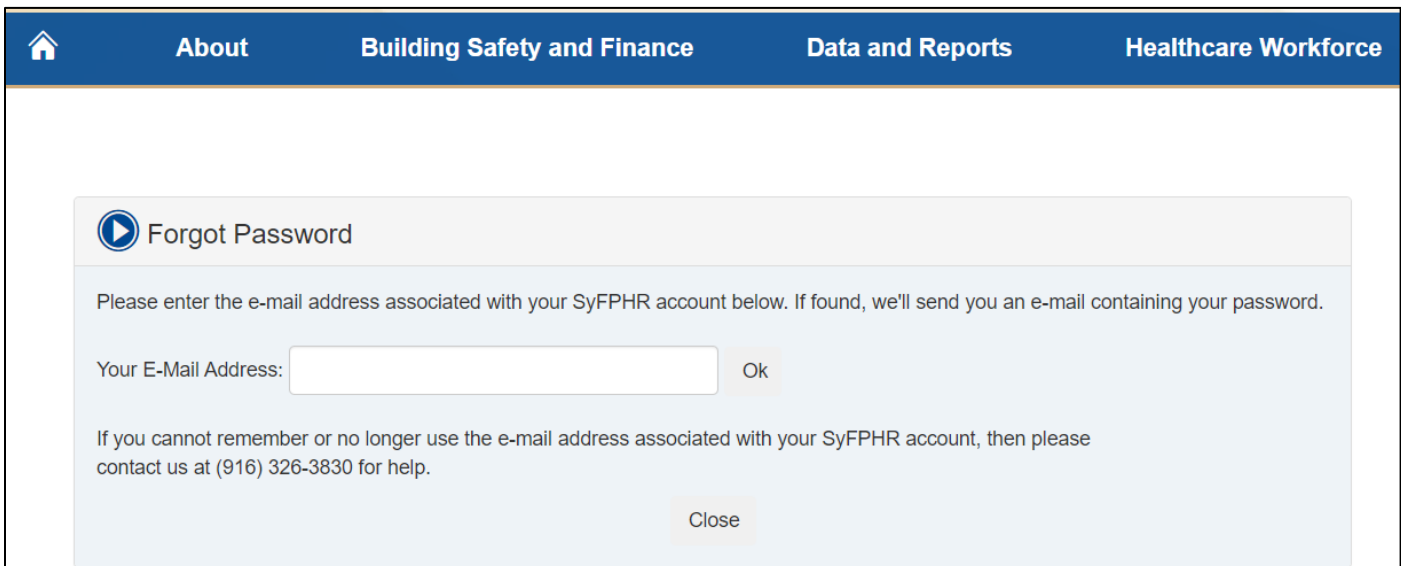
Step 2: Click “Forgot your password?”



The screenshot shows a 'Sign in' form with two input fields: 'User ID:' and 'Password:'. Below the 'Password:' field is a red-bordered button labeled 'Forgot password?'. At the bottom of the form are two buttons: 'Enter' and 'Cancel'.

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

Step 4: Click “Ok.”



The screenshot shows a 'Forgot Password' dialog box with a blue header bar containing navigation links: 'About', 'Building Safety and Finance', 'Data and Reports', and 'Healthcare Workforce'. The dialog box contains the following text: 'Please enter the e-mail address associated with your SyFPHR account below. If found, we'll send you an e-mail containing your password.' Below this is a text input field labeled 'Your E-Mail Address:' followed by an 'Ok' button. At the bottom of the dialog box, there is a 'Close' button and the following text: 'If you cannot remember or no longer use the e-mail address associated with your SyFPHR account, then please contact us at (916) 326-3830 for help.'

Step 5: Check your email inbox or junk mail for your password.

**\*\*\*Please Note: If you cannot remember or do not know them email for your facility’s account, you may contact the Hospital Disclosures and Compliance (HDC) Unit at [fairpricing@hcai.ca.gov](mailto:fairpricing@hcai.ca.gov) or 916-326-3830 for assistance.\*\*\***

## How to View Past Submissions

Step 1: Login to the [SyFPHR Submission Portal](#).

Step 2: All previous submissions are viewable on the home page.

OSHPD ID	Facility	Period	Status	Submitted
106190243	PIH HEALTH HOSPITAL - DOWNEY	2022-2023	Not Submitted	
106190243	PIH HEALTH HOSPITAL - DOWNEY	2020-2021	Released	05/20/2020
106190243	PIH HEALTH HOSPITAL - DOWNEY	2018-2019	Released	07/09/2019
106190243	PIH HEALTH HOSPITAL - DOWNEY	2016-2017	Not Submitted	
106190243	PIH HEALTH HOSPITAL - DOWNEY	2014-2015	Released	01/23/2015
106190243	PIH HEALTH HOSPITAL - DOWNEY	2012-2013	Released	01/13/2012
106190243	PIH HEALTH HOSPITAL - DOWNEY	2010-2011	Released	12/29/2009
106190243	PIH HEALTH HOSPITAL - DOWNEY	2008-2009	Released	12/26/2007

Step 3: Click on the name of the facility in the row corresponding with the period you would like to review.

## Fair Pricing Policy



Background Information: [Health and Safety Code Section 127400-127446](#) requires the Department of Health Care Access and Information (HCAI) to collect from each hospital a copy of its charity care policy, discount payment policy, eligibility procedures for those policies, review process, and application form; debt collection policy, and to make this information available to the public. Submitted information will be reviewed to ensure compliance with these reporting requirements. HCAI audit staff will contact hospitals on issues of possible non-compliance to obtain clarification and/or revised information. The submitted information will be made available to the public on our website.

Health facilities operated by the [State of California](#) or licensed as a [Chemical Dependency Recovery Hospital](#) or a [Psychiatric Health Facility](#) are exempt from these requirements.



## What are the Fair Pricing Policy Regulations?

The regulations are available to view in full on the [California Code of Regulations website](#).

**Hospital Discount Payment and Charity Care Policies Reporting:** Each hospital shall submit a copy of its discount payment policy, charity care policy, eligibility procedures for those policies, review process, and application form for charity care or discount payment programs to the Office. This information is due January 1, 2008, and biennially on January 1 thereafter. If a hospital makes no significant change to its discount payment policy, charity care policy, eligibility procedures for those policies, review process, or application form for charity care or discounted payment programs previously submitted to the Office, the hospital may notify the Office of the lack of change in accordance with Section 96046 instead of submitting the information. The significance of the change shall be evaluated from the perspective of the anticipated impact on the population intended to benefit from California Health and Safety Code Section 127435.

**Electronic Reporting of Hospital Discount Payment and Charity Care Policies, Eligibility Procedures, and Review Process:** Each hospital shall submit its discount payment policy, charity care policy, eligibility procedures for those policies, and review process to the Office as one electronic file in Microsoft Word (.doc). The electronic file must clearly identify the hospital's discount payment policy, charity care policy, eligibility procedures for those policies, and review process in separate, distinct sections of the file. Hardcopy documents are not acceptable.

**Electronic Reporting of Hospital Application Form for Charity Care or Discount Payment Programs:** Each hospital shall submit its application form for charity care or discounted payment programs to the Office as one electronic file in one of the following file types: Microsoft Word (.doc), or Portable Document Format (.pdf). Hardcopy documents are not acceptable.

**Reporting Significant Changes to Hospital Discount Payment and Charity Care Policies:** Whenever a hospital makes a significant change to its discount payment policy, charity care policy, eligibility procedures for those policies, or review process, the hospital must submit a complete copy of the entire discount payment policy, charity care policy, eligibility procedures for those policies, and review process to the Office in accordance with Sections 96042 and 96046. The significance of the change shall be evaluated from the perspective of the anticipated impact on the population intended to benefit from California Health and Safety Code Section 127435.

**Reporting Significant Changes to Hospital Charity Care or Discount Payment Programs Application Forms:** Whenever a hospital makes a significant change to its application form for charity care or discount payment programs, the hospital must submit a complete copy of the entire application form for charity care or discount payment programs to the Office in accordance with Sections 96043 and 96046. The significance of the change shall be evaluated from the perspective of the anticipated impact on the population intended to benefit from California Health and Safety Code Section 127435.

**Method of Submission of Fair Pricing Documents and Notifications:** Each hospital shall submit its discount payment policy, charity care policy, eligibility procedures for those policies, review process, and application form for charity care or discount payment programs as electronic files identified in Sections 96042 and 96043 using the Office's internet System for Fair Price Hospital Reporting located on the Office's web site at: <https://syfphr.oshpd.ca.gov/>. Hospitals shall use a Microsoft Internet Explorer web browser that supports a secure internet connection utilizing the Secure Hypertext Transfer Protocol (HTTPS or https) and 128-bit cypher strength Secure Socket Layer (SSL) to utilize the Office's internet System for Fair Price Hospital Reporting.

If there are no significant changes to a hospital's discount payment policy, charity care policy, eligibility procedures for those policies, review process, or application form for charity care or discounted payment programs previously submitted to the Office and the hospital chooses to notify the Office of the lack of changes to the information, the hospital shall use the Office's internet System for Fair Price Hospital Reporting to notify the Office of the lack of changes.

**Request for Modifications to Requirements:** To obtain modifications for electronic file types or method of submitting electronic files or notifications, hospitals shall file written requests for modification with the Office. Hospitals shall have an Office-approved modification prior to implementation of any change to the applicable requirements. Modification requests shall specify the precise changes being requested and the reason(s) the changes are needed. The Office shall either approve or disapprove requests for modification on a case-by-case basis.

**Definitions:** For the purposes of this article, the following definitions apply:

“Hospital” means any facility that is required to be licensed under subdivision (a), (b), or (f) of California Health and Safety Code Section 1250, except a facility operated by the State Department of Mental Health or the Department of Corrections.

“Office” means the Office of Statewide Health Planning and Development.

“Discount payment” means that part of the hospital's charges that a financially qualified patient is expected to pay in accordance with Health and Safety Code Sections 127405 (b) and 127405 (d). That portion of the hospital's charges for which payment is not expected from the patient due to the patient's inability to pay is accounted for and reported as partial charity care.

## Reporting Requirements

Fair Pricing Policies must be submitted biennially on January 1 or whenever a significant change is made. Beginning **January 1, 2023**, each hospital is required to submit the following three documents using the HCAI-developed web application, [SyFPHR](#):

- The hospital's charity care/discount payment policies and procedures and submitted as a Word (.doc) document.
- The application form submitted as either a Word (.doc) or a Portable Document Format (.pdf) document.
- The hospital's debt collection policy.

# How to Submit

Step 1: Login to the [SyFPHR Submission Portal](#).

OSHPD ID	Facility	Period	Status	Submitted
106190243	PIH HEALTH HOSPITAL - DOWNEY	2022-2023	Not Submitted	
106190243	PIH HEALTH HOSPITAL - DOWNEY	2020-2021	Released	05/20/2020
106190243	PIH HEALTH HOSPITAL - DOWNEY	2018-2019	Released	07/09/2019
106190243	PIH HEALTH HOSPITAL - DOWNEY	2016-2017	Not Submitted	
106190243	PIH HEALTH HOSPITAL - DOWNEY	2014-2015	Released	01/23/2015
106190243	PIH HEALTH HOSPITAL - DOWNEY	2012-2013	Released	01/13/2012
106190243	PIH HEALTH HOSPITAL - DOWNEY	2010-2011	Released	12/29/2009
106190243	PIH HEALTH HOSPITAL - DOWNEY	2008-2009	Released	12/26/2007

Step 2: Click on the name of the facility in the row corresponding with the period you would like to submit.

Step 3: Enter or verify the information in the required data fields.

## Submission Entry Form

Use this form to enter data and attach documents regarding your hospital's fair pricing policies. When finished, click the Validate button to validate the information for errors, or click the Submit button to send the information to OSHPD. Note that if you click the Submit button and errors are encountered, the information will not be accepted and you will be returned to this form to correct the errors.

### General Information

**OSHPD ID:** 106190243  
**Facility Name:** [PIH HEALTH HOSPITAL - DOWNEY](#)  
**Address:** 11500 BROOKSHIRE AVENUE, DOWNEY, CA 90241-

**This submission will apply to the following locations:** *PIH HEALTH HOSPITAL - DOWNEY*

**Submitter Name:**  \*  \*

**Submitter Title:**

\*

**Submitter Street:**

\*

City, State, Zip:  \*,  ↓,  \*

Submitter Phone:

\*

Submitter Email:

\*

Administrator Name:

\*

Administrator Email:

\*

Organization:

\*

Public Contact:

\*

Hospital Website:

Comments:

Document Changes:  No Significant Change to *Policy* Document  No Significant Change to *Application* Document

**Fair Pricing Policy Information**

Charity Care Policy Effective Date:  📅

Discount Payment Policy Effective Date:  📅

**Charity Care Policy Information**

If charity (free care) is determined by criteria other than FPL, please enter that criteria in the Other Charity Care & Discount Payment Information section below.

FPL used to determine if no charge to patient:  %

**Discount Payment Policy Information**

Enter FPL range(s) used to determine payment discounts for those patients who do not qualify for charity care (free care), and payer(s) used to determine expected payment amount.

**Discount Payment 1 (if applicable)**

FPL Minimum:  %

FPL Maximum:  %

**Discount Payment Basis** (check all that apply):

- Medicare
- Medi-Cal
- Healthy Families
- Worker's Compensation
- Other Government Insurance
- Other

If "Other" describe:

**Discount Payment 2 (if applicable)**

FPL Minimum:  %

FPL Maximum:  %

**Discount Payment Basis** (check all that apply):

- Medicare
- Medi-Cal
- Healthy Families
- Worker's Compensation
- Other Government Insurance
- Other

If "Other" describe:

**Discount Payment 3 (if applicable)**

FPL Minimum:  %

FPL Maximum:  %

**Discount Payment Basis** (check all that apply):

- Medicare
- Medi-Cal
- Healthy Families
- Worker's Compensation
- Other Government Insurance
- Other

If "Other" describe:

**Other Charity Care & Discount Payment Information:**

Enter other discounts or information that may be used to determine charity care or discount payments in which FPL is not a criteria for determining the patient discount:

**Application Form Information**

Application Form Effective Date:

**Income Information**

**Income Type Used in FPL Determination** (check all that apply):

- Salary Received
- Interest Received
- Pension Received
- Other

If 'Other', describe:

### Language Availability

Fair Pricing Policy and Application Available in the following Languages (check all that apply):

- English    Hmong    Korean    Russian  
 Spanish    Tagalog    Chinese    Other  
 Vietnamese    Cambodian    Armenian

If 'Other', describe:

### Attached Files

Policy File: PIH HEALTH HOSPITAL DOWNEY FINANCIAL ASSISTANCE POLICY.pdf

Remove

(one Microsoft Word (.doc/.docx) or Adobe Acrobat (.pdf) file only)

Application File: Application.pdf

Remove

(one Microsoft Word (.doc/.docx) or Adobe Acrobat (.pdf) file only)

Attach/Upload

Click the Validate button to check for errors in the information you entered and the files you have attached. The Validate button only appears after you have attached files. Click the Submit button to submit the information and attached files. If you click the Submit button and errors are encountered, the information will not be accepted and you will be returned to this form to correct the errors. Click the Close button to leave the page without submitting.

Validate

Submit

Close

Step 4: Attach/Upload the current policy file and application file.

Step 5: Click "Validate."

Step 6: Click "Submit."

**\*\*\*Please Note: An HDC Unit analyst will email the submitter when the policy is either approved or not in compliance. When an analyst approves a policy, its status is changed from "Submitted" to "Released." Submitters can revise and upload a policy even after a policy has been released, and an HDC Unit analyst will review the changes. \*\*\***

# How to Revise a Fair Pricing Policy

Step 1: Login to the [SyFPHR Submission Portal](#).

Step 2: Click on the name of the facility in the row corresponding with the period you would like to revise.

OSHPD ID	Facility	Period	Status	Submitted
106154101	BAKERSFIELD HEART HOSPITAL	2022-2023	In Review	05/19/2022
106154101	BAKERSFIELD HEART HOSPITAL	2020-2021	Submitted	05/19/2022
106154101	BAKERSFIELD HEART HOSPITAL	2018-2019	Released	06/25/2018
106154101	BAKERSFIELD HEART HOSPITAL	2016-2017	Submitted	06/25/2018
106154101	BAKERSFIELD HEART HOSPITAL	2014-2015	Released	12/31/2014
106154101	BAKERSFIELD HEART HOSPITAL	2012-2013	Released	12/23/2011
106154101	BAKERSFIELD HEART HOSPITAL	2010-2011	Released	04/19/2011
106154101	BAKERSFIELD HEART HOSPITAL	2008-2009	Released	01/02/2008

Step 3: Update as needed.

Step 4: Click "Submit."



## Who to Contact with Program Specific Questions

For all inquiries related to the Fair Pricing Program, please contact us via email at [fairpricing@hcai.ca.gov](mailto:fairpricing@hcai.ca.gov) or via phone at (916) 326-3830. The Fair Pricing inbox is supported Monday – Friday 8:00 a.m. to 5:00 p.m. PST, excluding [State of California observed holidays](#).

## Glossary of Terms and Abbreviations

**Facility:** used to indicate a hospital

**FPL:** Federal Poverty Line

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

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

**HDC Unit:** Hospital Disclosures and Compliance Unit

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

**SyFPHR:** System of Fair Pricing Hospital Report