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# Provider Update

**April 2, 2025**

**UPDATES INCLUDE:**

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## Provider Portal Users - New Monthly Office Hour to Review Authorization Submission

**Attention Provider Portal Users:**

San Francisco Health Plan (SFHP) launched a new and improved authorization system on September 1, 2024. To optimize our existing portal user's authorization submission and verification workflows, SFHP is excited to host a **monthly** office hour every **1<sup>st</sup> Wednesday of the month at 9-10am beginning 4/2/2025**. The goal of these office hours is to help users obtain authorization decisions faster! Please see link below:

**[SFHP Provider Portal JIVA Office Hours](#)**

Additionally, we will leverage the office hours to collect feedback and address any questions users may have. Please try to send any specific questions you have ahead of time to [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) so that we may tailor the training

[Subscribe](#)[Past Issues](#)[Translate ▼](#)**What You'll Learn & Why It's Important:**

- Selecting the correct Requesting and Rendering Providers
  - o Correct selection automates real time authorization rules and decisions.
- Entering Requesting Provider Contact
  - o Correct entry ensures decision letters (e.g., approvals, no authorization required, denials) are faxed to correct requester.
- Downloading Decision Letters
  - o Saves your staff time having to call SFHP to resend
- Troubleshooting (Password Reset, Role Permissions, Tax IDs)
  - o Ensures you staff can access the information they need quickly

We look forward to seeing you there!

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## Changes to how UM Accesses Medical Necessity Criteria for Gender Affirming Services

SFHP has updated the reference documents used for medical necessity criteria for gender affirming services. SFHP's Gender Affirming Services Medical Necessity Criteria, an internally-developed document, is retired. Medical necessity decision-makers will now be referencing the criteria and guidelines for gender affirming care authorizations directly from the World Professional Association for Transgender Health's (WPATH) *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, the relevant guide and All Plan Letter from the Department of Health Care Services (DHCS), and California Health and Safety Code regulations.

These are the source documents from which the criteria in the internally-developed document were pulled. Thus, there are no changes to how authorizations are reviewed. And no changes to how medical necessity is determined. These direct criteria resources will now be cited in Notice of Action Letters.

These medical necessity criteria are still publicly available. They will be posted on SFHP's website at <https://www.sfhp.org/providers/authorizations/sfhp-medical-criteria/>. They can also be accessed directly at the following links:

- WPATH *Standards of Care, Version 8*: <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>
- DHCS "Transgender and Gender Diverse Services" Manual: [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/F81D2354-BA35-4415-9B82-8B2DF9A505FA/transgender.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/F81D2354-BA35-4415-9B82-8B2DF9A505FA/transgender.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO)
- DHCS All Plan Letter 20-018 "Ensuring Access to Transgender Services": [www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-018.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-018.pdf)
- California Code, Health and Safety Code - HSC § 1374.551 Fertility Preservation (for Healthy Workers only): <https://codes.findlaw.com/ca/health-and-safety-code/hsc-sect-1374-551/>

If you have any questions about this change, please call Outpatient UM at 1(415) 547-7818 ext. 7080.

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## Information Security Reminder

SFHP has been made aware of two recent security incidents that impacted SFHP providers. If you believe your organization experiences a security incident/event, you are required to notify SFHP as soon as possible and no later than 24 hours. This ensures SFHP can take measures to secure and assess our systems as soon as possible.

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of phishing emails, not to click on unknown links, do not respond to suspicious texts, and do not to share their credentials with anyone, even if to someone who states they work for your organization.

If you experience a security incident, please report it SFHP as soon as possible after detection by emailing: [infoseccompliance@sfhp.org](mailto:infoseccompliance@sfhp.org). This is a new email address that will reach a wider range of SFHP staff to help respond to the incident. You can continue to notify Provider Relations staff as well, but please email this new address, too.

## Authorization No Longer Required for Observation Level of Care for up to 48 Hours

SFHP is updating its Observation Level of Care Review Process. Effective 04/14/2025, SFHP will no longer require authorization for patients admitted under observation level of care for up to 48 hours or less than 2 midnights. Providers may bill these observation stays directly to claims without obtaining authorization.

If a member transitions from observation to inpatient status, notification to SFHP is required within our standard timeframe of 24 hours or by 5pm the next business day if the transition occurs on a weekend or holiday. Notification should be provided via fax at (415) 547-7822.

### Key Changes:

- **No authorization Required for Observation Stays:** facilities do not need to submit authorization requests for observation level of care admissions
- **Fax back Process:** If SFHP receives an observation level of care request, we will respond via fax confirming that authorization is not required.
- **Inpatient Transition Notification Required:** If a patient transitions from observation to inpatient level of care the facility must notify SFHP within **24 hours** of the transition or by **5pm the next business day** if the transition occurs on a weekend or holiday.
- **Inpatient Admission Review:** SFHP will continue to review inpatient level of care admissions per our existing process

For more details on authorization requirements and inpatient admission guidelines please visit:

<https://www.sfhp.org/providers/authorizations/pre-authorizations/>

## Important Information about Utilization Management

SFHP's utilization management (UM) decisions are based on the appropriateness of care and service needed as well as the member's coverage according to their line of business. We do not reward providers or other individuals for issuing denials of coverage, service, or care. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization.

You can request a free copy of our UM criteria from our Clinical Operations department. Providers can discuss a UM denial decision with a physician reviewer by calling us at 1(415) 547-7818 ext. 7080.

UM policies and procedures are available on our provider website at <https://www.sfhp.org/providers/provider-tools/sfhp-policies-procedures/>.

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## Facility Site Review Provider Pearls



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### MEDICAL RECORD REVIEW: SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENING & COUNSELING

Open conversations about sexual health, sexually transmitted infection (STI) testing, and access to treatment and prevention services are vital practices in primary care due to the more than 2.5 million cases of chlamydia, gonorrhea, and syphilis reported in the U.S. in 2022. San Francisco has higher rates of chlamydia, gonorrhea, syphilis, and HIV compared to the rest of the state and nation. To facilitate patient centered and inclusive care, it is essential that healthcare providers document basic gender identity factors so that they have the ability to make informed and evidence-based recommendations for a member's treatment and care. Importantly, appropriate STI screening, vaccination, and PrEP (pre-exposure prophylaxis) all rely upon taking a sexual history.

Each medical record must contain clearly documented factors so that a medical record reviewer has the ability to score a member's sexual health criteria appropriate for that member. These factors generally include the following:

1. Age
2. Gender
3. Sexual identity
4. Gender identity
5. Sexual activity status (Note: This is often very difficult to locate in medical records.)
6. Documented misuse of alcohol or substance misuse, including injecting drugs
7. History of STIs
8. Documented risk factors (Note: This is often difficult to locate in medical records.)
9. Other social determinants of health, such as exposure to violence or sex work
10. Documented member refusal of HIV/STI testing or relevant exclusion information

Tips for eliciting a member's sexual history:

1. Have a written sexual health intake process that is structured, consistent, and understood by the entire healthcare team.
2. Make it routine, confidential, and free of assumptions related to age, anatomy, gender, and ability.
3. Explain to patients why it is important.
4. Ask open ended questions; Ask about sexual function and satisfaction, not just STI or pregnancy "risk."
5. Ensure the medical record system is configured to document essential sexual health information.

Whether using an electronic medical record system or hybrid system, some tips from [The Human Rights Campaign Foundation](#) provides best practices for electronic health record documentation, including the following:

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subsequently asking sex assigned at birth)

3. EHR system offers an explicit way to capture a patient's anatomical inventory
4. EHR system offers explicit options for capturing a patient's sexual orientation
5. EHR system captures the patient's name in use if it differs from their legal name AND prominently displays this name in the banner, flag, or a pop-up easily accessible for front line staff and providers
6. EHR system captures the patient's pronouns in use AND prominently displays these pronouns in the banner, flag, or a pop-up easily accessible for front line staff and providers
7. EHR offers multiple options for recording parentage and should include same-sex parents and other diverse families.
8. EHR system offers explicit options for recording relationship status with an un-married partner
9. Provides staff training specifically about collecting and recording gender identity data in the facility's EHR system
10. Provides staff training specifically outlining LGBTQ+ status as confidential patient information in accordance with HIPAA protections

Per the California Department of Health Care Services (DHCS) APL 22-017 and updated Facility Site Review and Medical Record Standards and Tools, *Sexually Transmitted Infection (STI) Screening and Counseling* are criteria in both pediatric and adult preventive sections. PCPs should assess sexual activity at every well child or health care visit for all members, discuss risk reduction and contraceptive care, if appropriate, and screen for STIs. By making STI/STD screenings a standard part of medical care, providers can provide timely treatment and prevent adverse health outcomes due to untreated STDs.

Providers should address prevention, screening, and treatment of STIs with sexually active patients as part of their regular health care visits. The following chart provides a simple outline of the standards for STI screening and counseling for pediatric and adult members.

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<b>Sexual History</b>	The Five P's approach for health care providers obtaining sexual histories: partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and pregnancy intention. ( <a href="#">Source, Page 5</a> )	
<b>Screening Considerations</b>	<p><u>Chlamydia &amp; Gonorrhea</u></p> <ul style="list-style-type: none"> <li>Test all sexually active women under 25 years old</li> </ul> <p><u>Syphilis, HIV, chlamydia, gonorrhea, and Hepatitis B</u></p> <ul style="list-style-type: none"> <li>Pregnant women</li> </ul> <p><u>Syphilis, HIV, chlamydia, gonorrhea</u></p> <ul style="list-style-type: none"> <li>Men who have sex with men (MSM)</li> </ul> <p><u>Syphilis</u></p> <ul style="list-style-type: none"> <li>People who are pregnant</li> <li>Male adolescents and young adults in settings with high prevalence rates (e.g., jails or juvenile correction facilities)</li> <li>MSM at least annually (every 3 to 6 months if high risk because of multiple or anonymous partners, sex in conjunction with illicit drug use, or having sex partners who participated in these activities)</li> </ul>	<p><u>Chlamydia &amp; Gonorrhea</u></p> <ul style="list-style-type: none"> <li>Test all sexually active women under 25 years old</li> <li>Older women who have new or multiple sex partners</li> <li>MSM regardless of condom use or persons with HIV shall be tested at least annually</li> </ul> <p><u>Syphilis</u></p> <ul style="list-style-type: none"> <li>MSM or persons with HIV shall be screened at least annually</li> </ul> <p><u>Trichomonas</u></p> <ul style="list-style-type: none"> <li>Sexually active women seeking care for vaginal discharge</li> <li>Women who are IV drug users</li> <li>Exchanging sex for payment</li> <li>HIV+, have History of STD, etc.</li> </ul> <p><u>Herpes</u></p> <ul style="list-style-type: none"> <li>Men and women requesting STI evaluation who have multiple sex partners shall be tested</li> <li>HIV+</li> <li>MSM w/ undiagnosed genital tract infection</li> </ul>
	<p><u>Sex workers:</u> This population is at higher risk for HIV and other STIs than others and should be tested at least annually for HIV.</p> <p><u>Transgender &amp; Gender Diverse Persons:</u> Screening recommendations should be adapted based on anatomy, (i.e., annual, routine screening for Chlamydia in cisgender women &lt; 25 years old should be extended to all transgender men and gender diverse people with a cervix. Consider screening at the rectal site based on reported sexual behaviors and exposure.</p> <p><u>Persons with HIV:</u> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.</p>	
<b>Behavioral Counseling</b>	Offer and provide contraceptive care with the goals of helping teens reduce risks and negative health consequences associated with adolescent sexual behaviors, including unintended pregnancies and STIs.	Provide intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle.
<b>Documentation</b>	Document risk assessment screening, identified risks, STI screening results, and appropriate follow-up intervention(s) for members whose screening reveals STI.	

## Resources:

1. [AAFP Sexually Transmitted Infections](#)
  - a. [Taking an Accurate Sexual History](#)
  - b. [STI Screening Practice Manual](#)
2. [Sexually Transmitted Infections: Behavioral Counseling \(USPSTF\)](#)
3. [Adolescent Sexual Health \(AAP\)](#)
4. [California Sexually Transmitted Infections \(STI\) Treatment Guidelines for Adults and Adolescents \(CDPH\)](#)
5. [Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources \(CDC\)](#)
6. [STI Screening and Treatment Guidelines Issued by Health Professional Societies](#)
7. [Preventive Services – CPT/ICD-10 Codes](#)

If you have any questions, your FSR team is here to help. Please find contact information below.

“**Provider Pearls**” are monthly articles written with the intent to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS standards at least annually, we can all work together to strive toward improved quality standards in office practice operations.

**For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact**

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