

Provider Bulletin

Molina Healthcare of California

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September 04, 2025

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Hospice Services and Medi-Cal Managed Care – APL 25-008

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on All-Plan Letter (APL) 25-008 and can be found in full on the California Department of Health Care Services (DHCS) website at: dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-008.pdf

What you need to know:

Dear Plan Provider,

This notice is to inform you of the recent release of APL 25-008 by DHCS, titled Hospice Services and Medi-Cal Managed Care. This APL provides updated policy guidance applicable to all Medi-Cal managed care health plans and supersedes APL 13-014.

Hospice services, as specified in Title 22, California Code of Regulations (CCR), Section 51349, are covered under Medi-Cal managed care contracts. Members electing hospice care remain enrolled in managed care plans, and hospice services do not impact eligibility for Medi-Cal. The care provided must be at least equivalent to Medicare hospice benefits as defined in Title 42, United States Code (USC), section 1395.

As a contracted provider, you are required to comply with the provisions outlined in APL 25-008. MHC is committed to ensuring smooth implementation and will be providing additional guidance and training as needed.

Provider Action

1. Review DHCS APL 25-008: dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-008.pdf
2. Providers must submit the required documentation(s) for each benefit period to MHC within **five calendar days** of certification and election of hospice care via **fax to (339) 987-4487**
3. Providers must coordinate care to avoid service duplication and ensure continuity.



REQUIREMENTS

Eligibility and Enrollment

To qualify for hospice services, patients must have a terminal illness with a life expectancy of six months or less (if the illness were to run its normal course), as certified by a physician.

Beneficiaries must elect hospice care and waive regular Medi-Cal benefits related to curative treatment of the terminal illness.

Molina Healthcare may require members to utilize a contracted hospice provider for services unless medically necessary services are not available in the Network.

Services Covered

Hospice care includes pain management, counseling, nursing services, bereavement support, and other related services for both the patient and their family.

Documentation Requirements for Hospice Providers

Effective May 5, 2025, in accordance with APL 25-008, all hospice providers (participating and non-participating) must submit the following documentation to Molina Healthcare via **fax to (339) 987-4487**:

1. **Physician Certification of Terminal Illness:** This certification must include the statement: *“The individual’s prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course.”* In addition, a written certification is required for each subsequent hospice benefit period
2. **Election of Hospice Services:** Members or their representative must complete the hospice election form (dhcs.ca.gov/services/medi-cal/Pages/Hospice-Information.aspx) and submitted to MHC **within 5 calendar days** from the date of member enrollment into hospice, which includes the following:
 - An initial 90-day period;
 - A subsequent 90-day period; or
 - An unlimited number of subsequent 60-day periods
 - Identification of the hospice provider.
 - Acknowledgment that hospice care is palliative, not curative.
 - Waiver of certain Medi-Cal benefits.

Revocation of Hospice Election

Members may revoke hospice election at any time. A signed statement revoking the election must be submitted by fax to MHC **within 5 calendar days** from the date of revocation, and the member may re-elect hospice services during future benefit periods. Submit revocation documentation via **fax to (339) 987-4487**.

Transition to Hospice Services

Patients transitioning between care settings (e.g., from a hospital to hospice) must have coordinated discharge plans to ensure uninterrupted care.

Services for Children (under 21 years of age)

Children receiving hospice care services for terminal illness and life expectancy of six months or less (if the illness were to run its normal course) may elect to receive concurrent curative treatment of the hospice-related diagnosis and concurrent palliative care.

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider’s name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

General Inpatient Care

Of the four levels of hospice care, only general inpatient care is subject to prior authorization. Documents to be submitted for authorization include:

- Certification of physician orders for general inpatient care.
- Justification for this level of care.
- A copy of the certification of the Member's terminal condition.
- A copy of the written initial plan of care
- A copy of the Member's signed election form.

MHC will not require prior authorization for routine home care, continuous home care and respite care, or hospice physician services.

Reimbursement

Medi-Cal program payments for hospice services are based upon the level of care provided so that hospice Providers may group the above services into the following revenue codes as outlined in the Medi-Cal Provider Manual.

Fraud, Waste, and Abuse

Per DHCS requirements, MHC will apply appropriate compliance review protocols and procedures regarding claim processing and Utilization Management. MHC will examine documentation received from the hospice Provider to determine the qualification of the Member to receive hospice. If appropriate, MHC may request additional documentation for such determination, to confirm proper and appropriate claim payments are made and not based on fraudulent submissions.

Long-Term Care

A Member who is a resident of a SNF or ICF may elect hospice care. The hospice Provider will reimburse the facility for the room and board at the rate negotiated between the hospice Provider and facility.

Dually Eligible Medicare and Medi-Cal

The hospice Provider must submit the DHCS election form to both DHCS and MHC for dual eligibles when a Member elects the Medicare hospice benefit.

For all Members with both Medicare and Medi-Cal coverage (dual eligibles), Medicare remains the primary payor for the hospice care services and Medi-Cal must cover cost sharing for contracted services.

For dually eligible SNF residents, the hospice Provider will bill Medicare and following payment from Medicare, the hospice.

Note: Molina Healthcare of California capitates many Provider Groups for Hospice Professional and Hospice Outpatient services. Also, some Provider Groups are responsible for Inpatient, Outpatient, and Professional Hospice services. Any Hospice claims received by Molina that are the responsibility of our capitated Provider Groups will be denied and misdirected to that Provider Group.

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What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@molinahealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@molinahealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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