

Notice: Hospice

In accordance with DHCS APL 25-008, Molina Healthcare of California (“Molina”) requires members needing Hospice services to utilize a Molina participating Hospice provider. Participating Hospice providers must maintain their Hospice Medicare Certification to provide Hospice services to Molina members. Participating Hospice providers are identified in the Molina Healthcare of California on-line Provider Directory.

An exception to this is for Molina Members who are capitated to a Participating Provider Group in Sacramento, Los Angeles, Riverside, and San Bernardino Counties, where the Participating Provider Group is at risk and has their own preferred network for Outpatient and Professional Hospice 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 redirected to that Provider Group.

Molina participating Hospice providers are required to provide the following documentation to Molina and will be subject to medical necessity reviews:

1. [DHCS Hospice Election Notice form](#) and timely submission to Molina per DHCS requirements for each benefit period.
2. The member’s Hospice Certification for Terminal Illness for the benefit period.
3. A written referral to hospice signed by the member’s attending physician per DHCS requirements.
4. Copy of the Hospice Provider license from the California Department of Public Health (CDPH), Medicare certification, National Provider Identifier (NPI) and enrollment in Medi-Cal
5. Starting with the third benefit period, the hospice physician or Nurse Practitioner must attest in writing that they had a face-to-face encounter with the member and include the date of the encounter. The face-to-face encounter must have occurred no more than 30 calendar days prior to the start of the third benefit period, and no more than 30 calendar days prior to every subsequent benefit period thereafter.

Claims will be denied unless all required documents are received. Molina will conduct a utilization review to confirm the member meets hospice criteria before payment. Additional medical records may be requested at any time. Documents should be sent via facsimile to:

Fax: (339) 987- 4487

Members may request hospice services by contacting their primary care physician (PCP) or treating physician. Members may also call Molina’s member services phone number on the back of their member ID card and request hospice services.

Under California law, 22 CCR § 51349 (c), “Services shall be limited to individuals who have been certified as terminally ill in accordance with the procedures specified in Title 42, Code of Federal Regulations, Part 418, Subpart B, and who directly or through their representative voluntarily elect to receive such benefits in lieu of other care as specified.” See also DHCS APL 25-008. Under 22 CCR § 51349 (d) “An individual who elects to receive hospice care, or that individual’s representative as defined in Section 51180.7 must file an election statement with the hospice providing the care. The election statement shall include:

- (1) Identification of the hospice.
- (2) The individual’s or representative’s acknowledgement that:
 - (A) Hospice care provided to adults shall be palliative rather than curative in nature, or
 - (B) Hospice care provided to a child under the age of 21, may be palliative and curative at the discretion of the treating physician.
 - (C) For adults, certain Medi-Cal benefits as specified in subsection (f) are waived by the election.
- (3) The effective date of the election.
- (4) The signature of the individual or representative.”

Under 22 CCR § 51489 (e), “Elections, as specified under subsection (d), may be made for up to two periods of 90 days each and for an unlimited number of subsequent periods of 60 days each.” In addition, under 22 CCR § 51349 (g) “A plan of care shall be established for each individual before services are provided. Services must be consistent with the plan of care. The plan of care shall conform to the standards specified in 42 Code of Federal Regulations, Part 418, Subpart C.”

As discussed above, in addition to this document requirement, the California Department of Health Services requires that all Hospices obtain a Medicare certification, NPI, California License or Registration and be enrolled in Medi-Cal.

In specific circumstances, Molina and its delegated groups may authorize out-of-network access for medically necessary hospice services. This includes but is not limited to when the medically necessary services are not available in-network, and avoiding unnecessary delays or complications in service.