

Notice: Non-Par Hospice

All non-participating Hospice providers billing Molina Healthcare of California (“Molina”) for Hospice services are required to provide the following documents for claims payment:

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 prescription 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 NP must attest in writing that they had a face-to-face encounter within 30 days of the start of the third and each subsequent benefit period with the member including the date the visit was completed (per DHCS guidelines for the benefit period).

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

This requirement is pursuant to California regulations and DHCS APL 25-008. Molina is only obligated to pay “Clean Claims” for covered healthcare services. See California Medicaid Managed Care Contract, Ex. A, Att. III, § 3.3.5; see also 22 CCR § 1300.71(a)(2) (defining “complete claim”). A claim is considered “Clean” only if it has been made by a “Provider,” which California regulators define as an “individual or entity that is engaged in the delivery of services, or ordering or referring for those services, **and is licensed or certified to do so.**” California Medicaid Managed Care Contract, Att. A, Ex. I, § 1.0, “Provider” (emphasis added).

Under California and federal 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 § 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 § 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.

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.