Hospice Services Stakeholder Quarterly Meeting

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

July 2026

Welcome & Introductions

Agenda

- Welcome & Introductions
- Hospice Services Overview
- Medi-Cal Fee-For-Service Members: **Current** Hospice Election Process
- Medi-Cal Fee-For-Service Members: **Upcoming** Hospice Election Process Changes
- Medi-Cal Provider Manual Policy Updates
- All Plan Letter 25-008 Policy Updates
- Q&A Session
- Appendix A: Resources

Hospice Services Overview

What are Medi-Cal Hospice Services?

- Medi-Cal hospice services are a covered benefit designed to provide compassionate, multidisciplinary comfort care to terminally ill members with full-scope Medi-Cal.

- Focuses entirely on palliative care (managing pain and symptoms) rather than providing a medical cure, allowing patients to live with dignity and independence

Covered Hospice Services

» Hospice services include core components including:

- **Skilled Nursing**: Registered nurses deliver expert clinical care, monitor symptoms, and manage complex medical needs.
- **Pain Medications**: Specialized pharmaceuticals are fully covered to alleviate physical pain, reduce anxiety, and ensure maximum comfort.
- **Medical Equipment**: Essential gear like hospital beds, oxygen tanks, and wheelchairs are delivered directly to the bedside.
- **Home Health Aides**: Dignified, hands-on assistance helps patients with daily personal care like bathing, dressing, and gentle grooming.
- **Physical Therapy**: Tailored, low-impact therapies focus on maintaining comfort, managing stiffness, and preserving basic mobility.
- **Spiritual & Bereavement Counseling**: Emotional and pastoral support guides both patients and families through end-of-life adjustments and ongoing grief.

Medi-Cal Member Eligibility

- 6-Month Life Expectancy: A doctor must officially certify that the Medi-Cal member has a life expectancy of six months or less.
- Voluntary Election: The member (or their legal representative) must choose to sign up by filing an official election statement with an approved hospice provider.

- **Adult members (Age 21 and Older):** Medi-Cal members must agree to pause standard Medi-Cal coverage for curative treatments. Medical focus shifts completely to comfort and symptom management.
- **Children and adolescent members (Under Age 21):** Under federal rules, Medi-Cal members do not have to choose between comfort and a cure. They can concurrently receive hospice comfort care while continuing curative medical treatments for their terminal condition

Medi-Cal Fee-For-Service Members: Current Hospice Election Process

Current Process Review

- **Web-based Attestation Form Requirement:** Providers currently submit online directly to DHCS as the official notification.
- **Mandatory 5-Day Deadline:** Forms must be submitted within five calendar days of the hospice election; late submissions can cause delayed or denied payments.

- **Internal Retention of Hospice Notice of Election (DHCS 8052 Form):** Providers must still use the physical DHCS 8052 Form to document elections and secure the member's original signature.
- **NOTE: This form is not submitted to DHCS.**

- **Online Attestation Form** Routing Based on Medi-Cal Member Eligibility:
  - For Fee-for-Service (FFS) Medi-Cal members, notifications must go to DHCS.
  - For Medi-Cal managed care members, notifications must go to the applicable Medi-Cal Managed Care Plan (MCP)

Medi-Cal FFS Members:
Hospice Election Process Upcoming Changes

Medi-Cal Hospice Attestation Form: Transition to the Provider Portal

» **What?**

- DHCS will transition the web-based *Medi-Cal Hospice Program Attestation Form* from online to the Medi-Cal Provider Portal.
- There are no changes to the member, provider or clinical information collected.
- Applies to Only Medi-Cal FFS hospice members.

» **Why?**

- To support stronger program integrity and utilization management controls
- Improves data accuracy, processing, and system integration

» **When?**

- Effective September 1, 2026, the current web-based digital *Medi-Cal Hospice Program Attestation Form* will be permanently shut down and will no longer be accessible.

Hospice Provider Information and Resources

- Hospice providers without Medi-Cal Provider Portal access will be unable to submit the form.
- Hospice providers currently billing DHCS directly for Medi-Cal FFS members should already be registered for a Medi-Cal Provider Portal account.
- New Medi-Cal hospice providers or those who have not yet registered for the Medi-Cal Provider Portal, can find information, on the New Medi-Cal Providers webpage

- **Training**
  - DHCS is planning a Live Webinar scheduled for August 26, 2026, from 11am – 12:30, to walkthrough the Hospice Program Attestation submissions through the Medi-Cal Provider Portal.
  - This webinar will also be recorded and made available.

- DHCS will be offering Technical Assistance (TA) Office hours on 9/3, 9/15, and 10/6 from 10am – 11am.
- More information will be released through DHCS publications and posted on the Hospice Care webpage for updates

What's NOT Changing

- No material changes to the type or scope of information collected- The Member, Provider, and Clinical information required on the form will remain the same, only the submission platform is changing
- Existing data requirements remain intact- All clinical and provider-specific data fields must still be completed exactly as before; the content of the form is unchanged

- Credential uniqueness remains required- Providers will continue to use individual credentials tied to their specific NPI records; there is no change to how access is assigned
- Reporting of status changes continues unchanged- The process for notifying DHCS of member status updates (such as discharge, revocation, or transfer) is not affected by this transition and remains the same

- Staffing and content expectations are unchanged- Providers should continue filling out the attestation form within the current 5-calendar-day submission timeframe

Medi-Cal Provider Manual Policy Updates

Policy Updates

- As part of DHCS' commitment to strong program integrity, DHCS will be making policy updates in the Medi-Cal Provider Manual to include new utilization management (UM) policies to strengthen oversight of hospice services and protect against fraud, waste, and abuse.
- At a high-level, the updates are designed to improve consistency, ensure medical necessity is satisfied and documented, and include new review processes conducted by:
  - **DHCS Claims Examiners** who review Medi-Cal claims for hospice services to decide whether they should be approved, denied, or adjusted based upon Medi-Cal policy as they check documentation for accuracy, verify eligibility and policy rules, identify potential errors or fraud, communicate with hospice providers when more information is needed.
  - **DHCS Clinical Adjudicators** which include doctors and nurses, review Treatment Authorization Requests (TARs) to ensure Medi-Cal's clinical criteria, applicable statutory and regulatory requirements, and other applicable Medi-Cal policies are met, while evaluating medical documentation, apply evidence-based guidelines, and determine whether hospice services are medically necessary and appropriate.

Highlights: Provider Manual Updates

» Core components of DHCS' upcoming Provider Manual updates include the following:

- New system edits associated with length of stay, billing by multiple hospice providers during the same hospice episode, and terminal ICD-10-CM diagnosis code requirements.
- Newly defined "periods of care" with additional requirements, as follows:
  - Initial TAR required on or before day 30 for continued hospice services.
  - Second TAR required on or before day 180 for continued hospice services.
  - Additional TAR required for each subsequent 90-day period for continued hospice services.

  Note: Medi-Cal's periods of care will now differ from federal requirements for Medicare. Hospice providers will be expected to comply with all Medi-Cal requirements, separate from any related Medicare requirements.

All Plan Letter (APL)
25-008

APL-25-008 Policy Updates

» **Key Policy Updates:**

- Reinforce MCP responsibilities and requirements regarding hospice services and procedures
- Align MCP processes with FFS policy
- Emphasize CMS hospice requirements for operations and program integrity

» **MCP Responsibilities:**

- Timely processing of NOEs and NOTRs
- Follow 5-day timely NOWE requirement
- Maintain proper authorization and coverage protocols

» **Provider Responsibilities:**

- Must coordinate closely with MCPs
- Build relationships with MCP contacts
- Understand each MCP's internal NOE processes

Q&A Session

Important Reminder:
Next Meeting – October 6, 2026

Appendix A: Resources

Resources

» Recent Publications

- Coming Soon: Transition of the Web-Based Medi-Cal Hospice Program Attestation Form to the Medi-Cal Provider Portal

» Links

- Hospice Care | DHCS webpage
- Medi-Cal Providers | New Providers
- Introduction to Provider Portal Transactions
- DHCS - Provider Portal webpage
- Provider Manual: Hospice Care (hospic)

» Contact

- MCHospiceClerk@dhcs.ca.gov