DHCS All Plan Letter Summary

To: Medi-Cal network participants September 2026

Subject: All Plan Letter 25-008: Hospice Services and Medi-Cal Managed Care

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Last year, the Department of Health Care Services (DHCS) issued All Plan Letter (APL) 25-008, "Hospice Services and Medi-Cal Managed Care." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 25-008 highlights the responsibilities of managed care plans (MCPs) such as Blue Shield of California Promise Health Plan for providing medically necessary hospice services to Medi-Cal members.

Key information for Blue Shield Promise hospice providers

- In alignment with APL 25-008, Blue Shield Promise requires hospice providers to submit the member's Notice of Election (or NOE form) and Certificate of Terminal Illness (or CTI form) within five calendar days of their hospice election.
    - If Blue Shield Promise members are currently receiving hospice services without an NOE on file, the hospice provider is out of compliance and must immediately submit an NOE.
    - If the hospice provider does not submit an NOE within five days of the member's election, Blue Shield Promise will not cover the gap period between the member's admission and submission of the NOE, and the hospice provider will carry financial liability for services provided.
    - **Claims submitted by a hospice provider for a member without an approved NOE and CTI on file with Blue Shield Promise will be denied effective February 1, 2027.**
- Blue Shield Promise will deny claims from out-of-network hospice providers unless they have established a single case agreement or letter of agreement (LOA). See hospice payment policy
- To submit Blue Shield Promise hospice documentation, including certifications of terminal illness (CTIs), NOE forms, and correspondence about non-covered services, please use the SympliSend tool on our Provider Connection website. See NOE and CTI submission instructions

General summary

- MCPs are required by state law and their contract with Medi-Cal to provide hospice services to members who qualify for and elect to receive them.
- Hospice coverage is provided in two 90-day periods followed by unlimited 60-day periods.
- MCPs may restrict hospice services coverage to in-network providers, unless medically necessary services are not available in network. MCPs may establish a single case agreement or a letter of agreement with out-of-network providers who have Medicare certification, are licensed by the California Department of Public Health (CDPH), and have a National Provider Identifier.

- While adult members cease curative treatment for their hospice-related diagnosis, children under 21 years of age may elect to receive concurrent curative treatment. All members in hospice care are entitled to curative treatment for conditions unrelated to their terminal illness.
- APL 25-008 outlines the documentation required for hospice care payment.
    - To qualify for hospice services, a member must be considered terminally ill. Their medical prognosis, documented by the admitting physician or administrator's certification of terminal illness, must state that their life expectancy is six months or less if the illness runs its normal course.
    - The MCP must receive the physician's certification of terminal illness (CTI) and the member's Medi-Cal Hospice Program Election Notice (also known as the Notice of Election or NOE form) within five calendar days of certification and election; otherwise, the MCP is not obligated to pay for days of service from the admission date to the date the form is submitted to, and accepted by the MCP.
    - Hospice providers must also submit the Patient Notification of Hospice Non-Covered Services, Items and Drugs form as needed.
- For hospice patients, only general inpatient services require prior authorization, with documentation including a written prescription, justification for the level of care, a copy of the certification of terminal illness, a copy of the written plan of care, and a copy of the member's signed election form.
- Routine home care, continuous home care, respite care, and hospice physician services do not require prior authorization.
- The APL includes a list of hospice care services and physician services that are part of the hospice benefit. It also lists services not covered by the hospice provider.
- A hospice physician or nurse practitioner must attest in writing to have had a face-to-face encounter with every hospice member each benefit period, starting with the third benefit period. The timing of the encounter must not be more than 30 days prior to the start of the benefit period.
- APL 25-008 advises MCPs on rates for hospice services, which are based on the annual rates established under Medicare. The APL also includes revenue codes that hospice providers may use for billing.
- The APL reminds MCPs to be proactive and vigilant about preventing fraud, waste, and abuse related to the hospice benefit.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 25-008 may be found at this URL: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-008.pdf (Links to the DHCS.ca.gov website will take you off the Blue Shield Promise website.)

If you have any questions about the NOE and CTI submission process, please send an email to promisehospicerecord@blueshieldca.com.

For other questions about the topics covered in this APL, please call our Provider Services department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.