Provider Bulletin

Molina Healthcare of California
molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

November 07, 2025

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☒ San Bernardino
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Hospice Services – APL 25-008

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

What you need to know:

Dear plan provider,

This bulletin acts as a notification to all par and non-par providers regarding Molina Healthcare's Hospice services under APL 25-008. As specified in Title 22, California Code of Regulations (CCR), Section 51349, hospice services 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 the Social Security Act (SSA), Section 1861(dd).

Upcoming Changes

Requirement for Participating Providers:

- **Effective immediately, all providers delivering care to Molina's hospice members must be participating providers.**
- 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 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.

Special Considerations for Pediatric Patients:

- California legislation allows pediatric patients (eligible for concurrent care) to receive hospice services while continuing curative and hospital care.
- Providers are encouraged to familiarize themselves with these regulations to ensure compliance and optimal care for pediatric members.

Provider Action

This notification is based on All-Plan Letter (APL) 25-008, which can be found in full on the Department of Health Care Services (DHCS) website at: dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%2025/APL25-008.pdf

Providers must coordinate care with a Molina Healthcare par provider 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, 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 does require members to utilize a contracted hospice provider for services.

Services Covered:

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

Hospice providers must submit the following documentation to Molina Healthcare:

1. DHCS Hospice Election Notice form (dhcs.ca.gov/services/medi-cal/Pages/Hospice-Information.aspx) 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 with the member and include the date of the face-to-face 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 for 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 for hospice services.

Revocation of Hospice Election: Members may revoke hospice election at any time. A signed statement revoking the election must be submitted, and the member may re-elect hospice services during future benefit periods.

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 Anita White Anisha Brar	562-233-1753 562-723-9760 626-721-3089 310-654-4832 N/A	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@molinahealthcare.com Princess.White@molinahealthcare.com Anisha.Brar@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

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	Brittney Aguilar	916-216-9882	Brittney.Aguilar@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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