Hospice Services Documentation Guide

Submission Requirements and Documentation Overview

To initiate hospice services, the following certifications and documents must be submitted to Health Net*, on behalf of Community Health Plan of Imperial Valley, within **five (5) calendar days** of the hospice election date. If completed documentation is not received within this timeframe, services will not be covered from the hospice admission date until all required materials are submitted.

Submission information:

- **Outpatient**: Send completed documentation via encrypted email to HospiceCTIforms@centene.com.
- **Inpatient**: Follow the Medi-Cal Provider Operations Manual > *Requesting Prior Authorization or Coordinating a PCP Referral* at https://bit.ly/HN-MCL-Prior-Authorizations. Attach all required documentation to your request.

Required Documentation by Benefit Period

Submit the following within 5 calendar days of hospice certification and election for:	
Initial 90-day benefit period	1. **Certificate of Terminal Illness (CTI),** completed from written certification statements from the hospice medical director and/or attending physician (if applicable) confirming a terminal illness with a life expectancy of six months or less (copy of oral is acceptable). 2. **Medi-Cal Hospice Program Election Notice** signed by the member and provider. 3. **Initial Care Plan**, which outlines the hospice services the member will receive. 4. **Transfer Summary, Discharge Summary** and/or prior **revocation of hospice elections** form(s), as applicable. 5. **Written prescription** (required for inpatient).
Second 90-day benefit period	1. **Recertification CTI.** 2. **Original CTI** (from initial 90-day period). 3. **Medi-Cal Hospice Program Election Notice** signed by the member and provider. 4. **Transfer Summary, Discharge Summary** and/or prior **revocation of hospice elections** form(s), as applicable.
Subsequent 60-day benefit periods	1. **Recertification CTI.** 2. **Original CTI** (from initial 90-day period). 3. **Medi-Cal Hospice Program Election Notice** signed by the member and provider. 4. **Face-to-Face Encounter Documentation**: Certification from a hospice physician or nurse practitioner must be performed within no more than thirty (30) calendar days before the start of each 60-day benefit period. 5. **Transfer Summary, Discharge Summary** and/or prior **revocation of hospice elections** form(s), as applicable.
Hospice revocation, discharge, or transfer	1. Revocation of hospice election form. 2. Discharge Summary and/or Transfer Summary.

Certification and Documentation Summary

Documentation	Description	Submit within 5 calendar days	Inpatient	Outpatient

Certification of terminal illness (CTI)	Hospice care requires written certification from the attending physician and/or hospice medical director confirming a terminal illness with a life expectancy of six months or less.
	
	A physician certification must contain the qualifying clause, "the individual's prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course."
	
	Neither Health Net nor its delegated PPGs may deny hospice care to a Medi-Cal member certified as terminally ill.
	
	Each certification period needs to be authorized by the provider and consists of:
	• Two 90-day periods.
	  ○ **Initial 90 days**: For the initial 90-day benefit period, the hospice provider must obtain written certification statements from the hospice medical director and/or attending physician (if applicable).
	• Followed by unlimited number of 60-day benefit periods.
	  ○ The hospice provider must obtain separate written certification of terminal illness for each hospice benefit period.
		X	**X**	**X**

Discharge summary	Indication that member is being discharged from hospice services. Required when applicable.		**X**	**X**
Face-to-face encounter documentation	Certification from the hospice medical director, designee, or hospice team physician must be supplied when the member is continuing care for **greater than three benefit periods**	**X**	**X**	**X**
Initial care plan	The initial plan of care is a required document that outlines the hospice services a member will receive.		**X**	**X**
Medi-Cal hospice program election notice	The *Medi-Cal Hospice Program Election Notice* must be signed by the member and provider.	**X**	**X**	**X**

Certification and Documentation Summary, *continued*

Documentation	Description	Submit within 5 calendar days	Inpatient	Outpatient
Prior authorization	Prior authorization is required for inpatient care only. Follow the standard prior authorization processes. Attach all required documentation to the prior authorization request.		**X**	
Request for single case agreement	Out-of-network (OON) coverage will only be available when medically necessary services are not available in-network and a request for SCA is submitted.		**X**	**X**
Revocation of hospice election	Signed form by member and/or members representative indicating they are discontinuing hospice services. Required when applicable.	**X**	**X**	**X**
Transfer summary	Transfer of hospice services between agencies. Required when applicable.		**X**	**X**
Written prescription	Includes justification for general inpatient care and must be signed by the member's attending physician.		**X**	