



March 6, 2026

## All Plan Letter 25-008 | Updated Hospice Services and Medi-Cal Managed Care

Dear Provider,

The Department of Health Care Services (DHCS) issued All Plan Letter (APL) 25-008 on May 5, 2025, which requires hospice providers to submit the DHCS Medi-Cal Hospice Program **Election Form** to Kern Health Systems (KHS) for Medi-Cal members enrolled with KHS. The completed form must be submitted to KHS within five (5) calendar days of the member's election of hospice care.

**In addition to the Medi-Cal Hospice Program Election Form, providers must submit the following documentation when the applicable event occurs:**

- **Revocation Notice**, if applicable. This document is not required at the time of the election and must be submitted only if and when a member elects to revoke hospice services.

Please submit the completed form and all required documentation via fax to:

- **Fax: 661-377-9797**

**Please note:** Providers must fax each member's Hospice Election Form and supporting documentation separately. Multiple members may not be submitted in a single fax transmission, as this may delay processing or result in documentation not being properly matched to the member record.

Failure to submit required documentation within the specified timeframe may result in claim denials and services being ineligible for reimbursement. If the Hospice Election Form is not submitted to KHS in a timely manner, KHS is not obligated to cover or pay for hospice care provided from the member's hospice admission date through the date the Election Form is submitted to and received by KHS. These non-covered days are the hospice provider's liability, and the provider may not bill the member for these services.

Additional information regarding APL 25-008, Hospice Services and Medi-Cal Managed Care, is available on the DHCS website:

- <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-008.pdf>

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

Kristie Onaindia  
Provider Relations Manager  
Kern Health Systems