



## KERN HEALTH SYSTEMS

December 15, 2025

### **All Plan Letter 25-008 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). 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:**

- **Face-to-Face Encounter and Recertification of Terminal Illness**, signed by the attending physician and/or hospice medical director. These documents are not required with the initial Hospice Election Form. They are required at the time of recertification, beginning prior to the third benefit period and for each subsequent benefit period.
- **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 the number below (**Do not submit the forms with your claims, any forms submitted with claims will be returned**):

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

**Please note:** 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 accepted 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