

# PROVIDER PORTAL USER GUIDE

## Hospice Requests & Notifications

*Authorization requests and notifications for hospice services can be easily submitted on SFHP's Provider Portal. A detailed user guide is available in the portal under [Provider Resources](#).*

Effective November 1, 2025, all hospice providers serving SFHP members must provide timely notification to SFHP of member's election of hospice services, recertification, facility-to-facility transfers, or revocation of hospice.

SFHP requires members receive hospice care from an in-network provider unless medically necessary services are not available in-network. Non-contracted Hospice providers should seek a Letter of Agreement (LOA) or single case agreement with SFHP in addition to the listed required documents.

Scenario	Notification Timeframe	Required Documentation
Initial Hospice Election	5 Calendar days	<ul style="list-style-type: none"> <li>• A copy of the certification of the member's terminal condition;</li> <li>• A copy of the member's signed election form; and</li> <li>• A copy of the written initial plan of care.</li> </ul>
Recertification for Continued Hospice Care	5 Calendar days	<ul style="list-style-type: none"> <li>• Updated certification of terminal illness;</li> <li>• Updated plan of care; and</li> <li>• Documentation of Face-to-Face encounter (if applicable).</li> </ul>
Inpatient Hospice Care (Requires Prior Authorization)	24 hours	<ul style="list-style-type: none"> <li>• A written prescription signed by the member's attending physician;</li> <li>• Justification for the general inpatient care level of care;</li> <li>• A copy of the certification of the member's terminal condition;</li> <li>• A copy of the written initial plan of care; and</li> <li>• A copy of the member's signed election form.</li> </ul>
Transfer between Hospice agencies	5 Calendar Days	<ul style="list-style-type: none"> <li>• Signed (by member or representative) written statement of change in designated hospice provider; and</li> <li>• Transfer summary including essential information regarding member's diagnosis and plan of care. Must be signed by physician.</li> </ul>
Member Revocation of Hospice	5 Calendar days	<ul style="list-style-type: none"> <li>• Signed written statement of revocation from member or representative.</li> </ul>

## General Inpatient Hospice Care

Submit the prior authorization request  
by selecting:

1. Request Type: **Prior-Authorization**
2. Request Priority: **Expedited**
3. Reason for Request: **General Inpatient Hospice Care**
4. Place of Service
5. Code Type: HCPC or Revenue
6. Service Code: T2045 or O656 (Rev)
7. Start Date & End Date
8. Requested # of Days (60 or 90)

Enter Requesting and Rendering Providers, add Fax and Phone Contact records using Requesting Provider as the Contact Type, attach supporting documents and enter relevant notes.

Click **Submit** to send the request to SFHP.

Episode Details

1

Request Type \*

Prior-Authorization

2

Request Priority \*

Expedited

3

Reason for Request \*

General Inpatient Hospice Care

Time Request

24 Hours

Service/Specialty Drug Request

4

Service Type \*

Authorization request via Provider Portal

5

Place Of Service

Nursing Facility

6

Code Type \*

HCPC

7

Service Code \*

T2045--Hospice general inpatient care

Q

8

Start Date \*

11/01/2025

📅

9

End Date \*

12/30/2025

📅

10

Requested # \*

60

Advanced Search

Optional Fields

Add

## Other Hospice Care Notification

For routine, continuous care, or other notification types, submit the notification as follows:

1. Request Type: **Prior-Authorization**
2. Request Priority: **Routine**
3. Reason for Request: **Hospice Care - Other**
4. Place of Service
5. Code Type: HCPC or Revenue
6. Service Code: T2045 or 0656 (Rev)
7. Start Date & End Date
8. Requested # of Days (60 or 90)

Enter Requesting and Rendering Providers, add Fax and Phone Contact records using Requesting Provider as the Contact Type, attach supporting documents and enter relevant notes.

Click **Submit** to send the notification to SFHP.

**Outpatient Request**

**Episode Details**

1 Request Type \* Prior-Authorization

2 Request Priority \* Routine

3 Reason for Request \* Hospice Care - Other

Time Request 5 Business Days

**Service/Specialty Drug Request**

4 Service Type \* Authorization request via Provider Portal

5 Place Of Service Home

6 Code Type \* Revenue

7 Service Code \* 0652--Hospice Services,Continuous H

8 Start Date \* 11/01/2025

End Date \* 01/29/2026

Requested # \* 90

Modifier

Advanced Search

Optional Fields

Add