

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	 A copy of the certification of the member's terminal condition; A copy of the member's signed election form; and A copy of the written initial plan of care.
Recertification for Continued Hospice Care	5 Calendar days	 Updated certification of terminal illness; Updated plan of care; and Documentation of Face-to-Face encounter (if applicable).
Inpatient Hospice Care (Requires Prior Authorization)	24 hours	 A written prescription signed by the member's attending physician; Justification for the general inpatient care level of care; A copy of the certification of the member's terminal condition; A copy of the written initial plan of care; and A copy of the member's signed election form.
Transfer between Hospice agencies	5 Calendar Days	 Signed (by member or representative) written statement of change in designated hospice provider; and Transfer summary including essential information regarding member's diagnosis and plan of care. Must be signed by physician.
Member Revocation of Hospice	5 Calendar days	Signed written statement of revocation from member or representative.



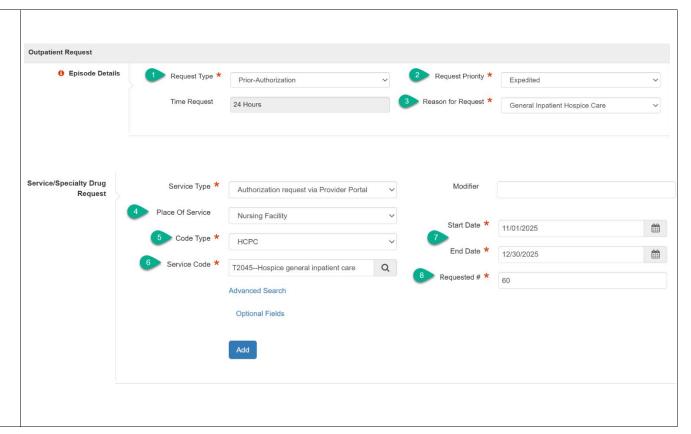
General Inpatient Hospice Care

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 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 request to SFHP.





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.

