

To: PCPs & Specialists
From: IEHP – Provider Relations
Date: November 18, 2025
Subject: **NEW Look: Hospice Referral Request Form**

We have implemented a new look for our Hospice referral requests, which now mirrors the Medical Requests form.

When referring Medi-Cal and IEHP DualChoice (HMO D-SNP) Members for Hospice services:

1. Click the **Referral** tab from the left column and select **Request**.

2. Input **IEHP ID** and Mbr info will auto-populate
3. Select **Hospice (continue)**
4. Proceed with completing the requested fields and uploading the corresponding documentation.

Please Note: IEHP Covered (CCA) Members for Hospice services, please leverage the **Medical** tab and choose **Hospice** from **Service Requested** dropdown. For Status, leverage **Referral > Status** (not Hospice Status). Complete Training Guides are available on the Home page > Training Guides & Forms

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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