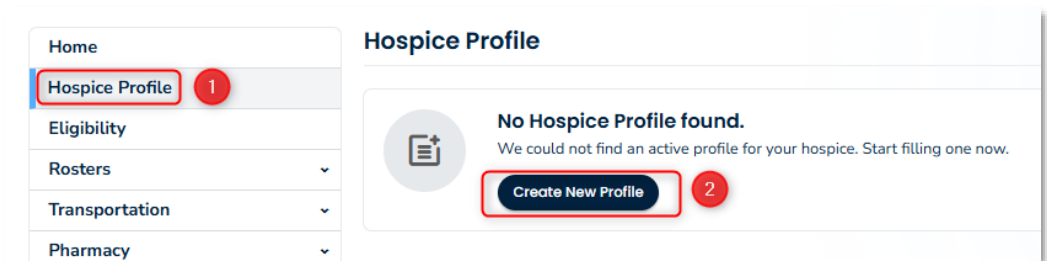


To: Hospices
From: IEHP - Ancillary Relations
Date: October 14, 2026
Subject: **NEW: Hospice Profile on Portal**

The Hospice Profile is a newly added tool for communicating vital information about your entity to IEHP.

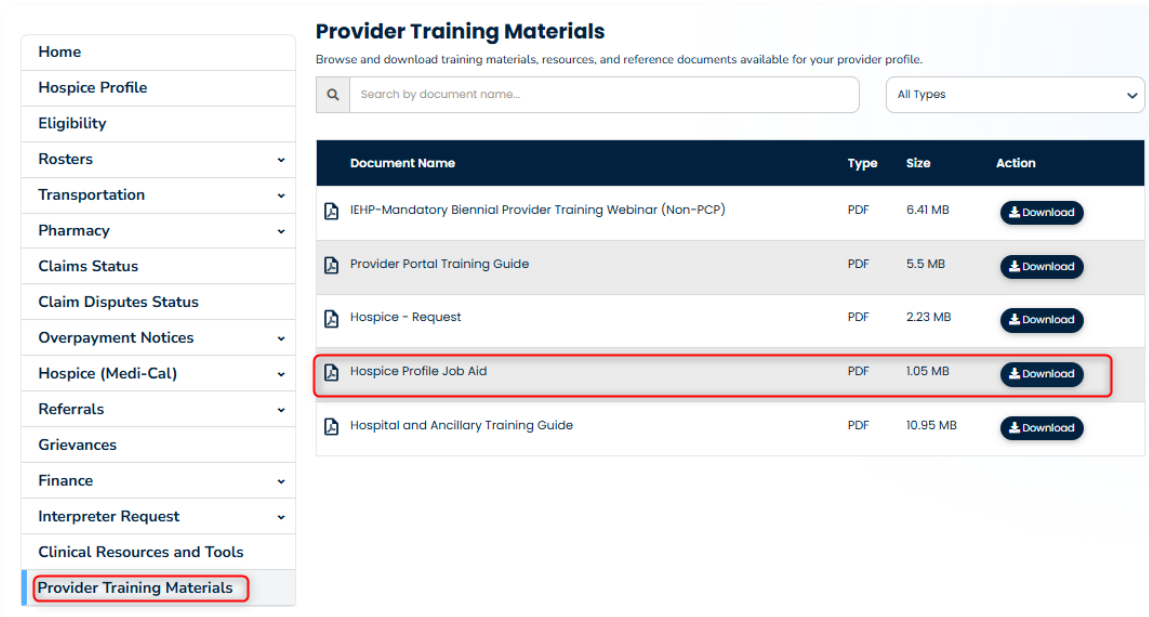
To view this enhancement, log in to your account:

1. Select the Hospice Profile tab.
2. Select Create New Profile.



Owner and Manager accounts have the right to complete or update profile information, while Medical and Office Staff can only review the profile. Billers do not have access to the hospice profile.

See the attached job aid or access it under the **Provider Training Materials** tab to create and update your Hospice's profile. Please note, hospice agencies may submit a profile, however, **submission is NOT required at this time. The Ancillary Relations team will send an email communication when the required submission period begins in January 2027.**



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

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

Hospice Profile Job Aid

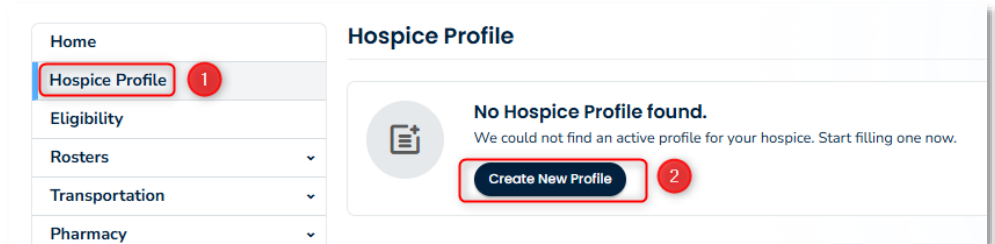
The Hospice Profile is a tool to communicate vital information about your entity. Once submitted and reviewed by IEHP, your profile can be updated as needed to communicate staffing and service changes with the Plan.

Staff with Owner and Manager accounts have the right to complete/update the profile information, while Medical and Office Staff can only review the profile. Billers do not have access to the hospice profile.

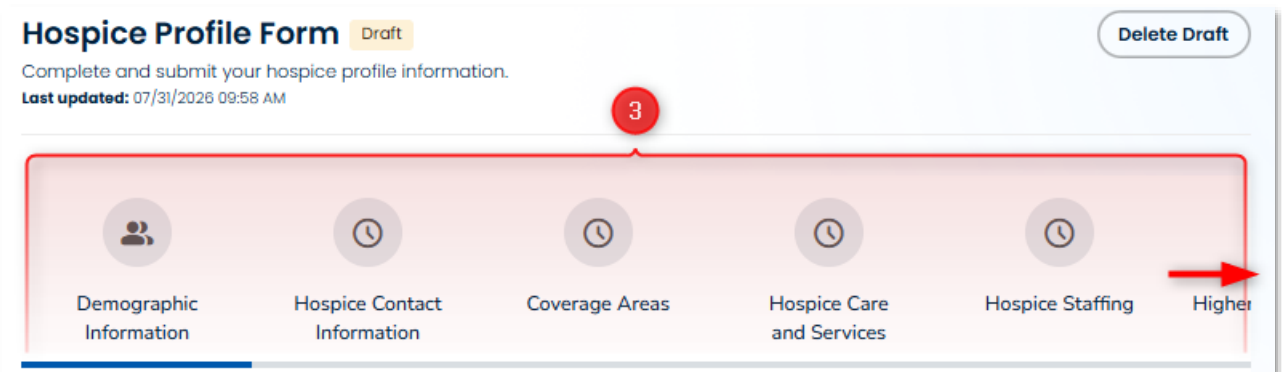
Note required information, indicated with an asterisk *

Login to your account:

1. Select the Hospice Profile tab.
2. Select Create New Profile.



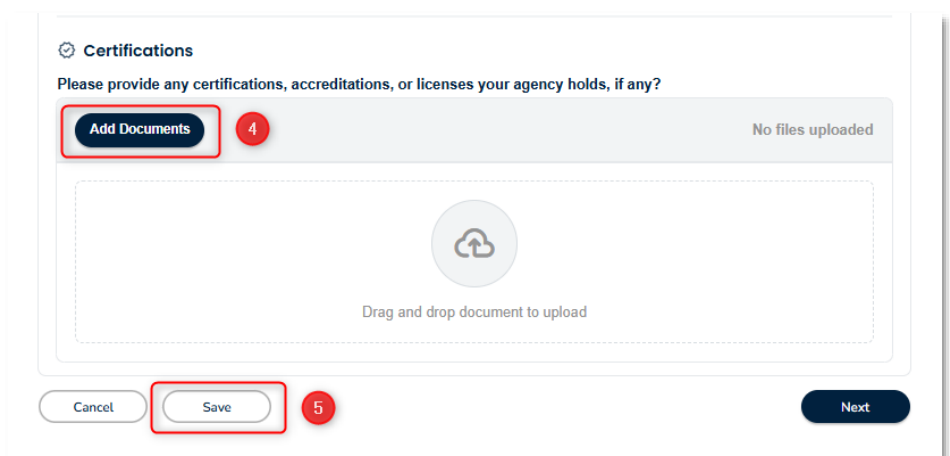
3. The Profile includes 7 sections to be completed



Demographic information

Complete business information about the Hospice and any affiliates

4. Documents such as certifications, accreditations, or licenses can be uploaded under the Demographic Information tab.
5. Sections can be saved as drafts and completed/submitted later.



Click **Next** to continue.

Hospice Profile Job Aid

Hospice Contact Information:

6. Complete each section with contact information. If position is vacant, please check the box and update once position is filled:

Hospice Contact Information

Note: If selecting "vacant" (where applicable), please update this profile once position is filled.

Agency Administrator or Equivalent

First Name*

Last Name*

Title*

Email*

☐ This position is vacant

Coverage Areas

7. Select servicing cities and counties from the dropdown menus:

Coverage Areas

Select all servicing cities for Riverside County*

Select

Select all servicing cities for San Bernardino County*

Select

Please select other Counties serviced by your hospice agency.*

Select

Cancel Save

Hospice Care and Services

8. Complete this section, noting the expanding fields based on choosing Yes/No

Hospice Care and Services

Does your agency provide indigent or charity care?*

Yes No

Please describe:*. 8

Does your agency provide Pediatric Care?*

Yes No

Hospice Profile Job Aid

Hospice Staffing

9. Most responses in the section are numeric. Use the arrow or manually enter the response (Note: numeric values must be equal or greater than zero):

The screenshot shows the 'Hospice Staffing' section of a profile form. At the top, there are four tabs: 'Contact Information', 'Coverage Areas', 'Hospice Care and Services', and 'Hospice Staffing'. The 'Hospice Staffing' tab is selected and highlighted with a blue bar. Below the tabs, there is a section titled 'Hospice Staffing' with a blue icon of a clipboard and a plus sign. Under this section, there are two input fields. The first is labeled 'Agency's Physician count*' and has a red circle with the number '9' next to it. The input field contains the number '2' and has a red arrow icon on the right. The second is labeled 'Agency's Registered Professional Nurses count*' and is currently empty.

10. Some sections require a percentage (%) or a ratioed response:

The screenshot shows a section of the form with four questions, each followed by an input field. The first question is 'What % of your direct care staff have specialized certification in Hospice and Palliative Care? Example: Nursing- ACHPN, CHPN, CHPPN, CHPNA, CHPLN, Social Work- ACHP*'. The input field is empty. The second question is 'Agency's RN to Patient ratio*'. The input field contains 'ex 1:12' and has a red circle with the number '10' next to it. The third question is 'Agency's Nurse Aide to Patient ratio*'. The input field contains 'ex 1:12'. The fourth question is 'Agency's Social Worker to Patient ratio*'. The input field contains 'ex 1:12'.

11. If Yes is selected for some fields, a work status response is required. More than one answer is permitted to accommodate multiple staff members:

The screenshot shows a section of the form with two questions. The first question is 'Does the Hospice either employ or contract for a Chaplain/s or Spiritual Care Counselor/s?'. There are two buttons: 'Yes' and 'No'. The 'Yes' button is selected and highlighted with a red box. A red circle with the number '11' is next to the 'Yes' button. The second question is 'If yes, what is their work status?'. Below this question is a dropdown menu with 'Select' as the current selection. A red box highlights the dropdown menu, and a list of options is shown: 'Full-time', 'Part-time', 'Per-diem', and 'Contracted'. Each option has a checkbox next to it. The 'Full-time' checkbox is selected.

Hospice Profile Job Aid

Higher Levels of Care

12. Select in-network Hospital and SNF from the dropdown indicating contractual relationships. If none, please select "None". Select the + button to add more entries:

Higher Levels of Care 12

Which of the below IEHP contracted Hospitals does your agency maintain a contract with for GIP level of care? *

Select

Add Hospital +

Which of the below IEHP contracted SNFs does your agency maintain a contract with? Please indicate the level of care offered at the respective SNF *

Select

Add SNF +

Does your hospice provide routine level of care in some other facility type not mentioned previously? (Ex: Board and Care, ALFs, etc) *

Yes No

Signature and Submit

13. Complete the final form and check the attestation box:

Signature and Submit 13

Submitting this form will start the review workflow. After submission, this form will be locked until it is approved or denied.

First Name *

Last Name *

Title *

Email *

☐ I have reviewed the provided information and hereby certify that it is true and accurate.

Submission Review

14. After submission, please allow up to 10 business days for IEHP staff to review the submission. In the meantime, the form is reviewable in read-only format:

Hospice Profile Job Aid

Home

Hospice Profile

Eligibility

Rosters

Transportation

Pharmacy

Claims Status

Claim Disputes Status

Overpayment Notices

Hospice (Medi-Cal)

Referrals

Hospice Profile



Profile Changes Submitted

Updated on 7/30/2026, 3:53:50 PM

Your changes are currently in review. Please allow time for our team to review your submission.

View Submission

14

Submission History

Hospice Name	Status	No. Changes	Submission Date	
Hospice profile	Submitted	106	July 30, 2026	View Details

1-1 of 1 results

<<

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1

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Page Size 10

Profile Submission Status

- Once reviewed, a new status will be visible, either **Approved** or **Rejected**. If **Rejected**, click **View Details** to edit:

Hospice Profile



No Hospice Profile found.

Updated on 8/31/2026, 2:03:58 PM

We could not find an active profile for your hospice. Start filling one now.

Create New Profile

Submission History

Hospice Name	Status	No. Changes	Submission Date	
Hospice profile	Rejected	98	August 31, 2026	1 View Details

1-1 of 1 results

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Page Size 10

- Choose the section requiring editing:



Demographic Information



Hospice Contact Information



Coverage Areas



Hospice Care and Services



Hospice Staffing



Hospice Billing

Hospice Profile Job Aid

3. See errors(s) and note(s):

Is your hospice agency for-profit or not-for-profit? *

Not-for-profit

What EMR System does your agency use?*

Test

Please enter a valid EMR system

Who is your CAHPS survey vendor?*

Test

Please enter a valid vendor

3

4. Click **Create New Change Request**

< Hospice Profile Home

Hospice Profile Submission Rejected

Review the submitted hospice profile and any feedback from administration.

Reference #: 6a95c7804d57d482475194ab | Updated: 8/31/2026, 2:03:58 PM

4 Create New Change Request

5. Make Update and click **Continue** for all tabs > **Submit**

Operational

Who is your hospice's accrediting organization?*

Test

Is your hospice agency for-profit or not-for-profit? *

For-profit Not-for-profit

What EMR System does your agency use?*

Epic

Who is your CAHPS survey vendor?*

SurveyMonkey 5

6. The updated profile will now be **In Review**:

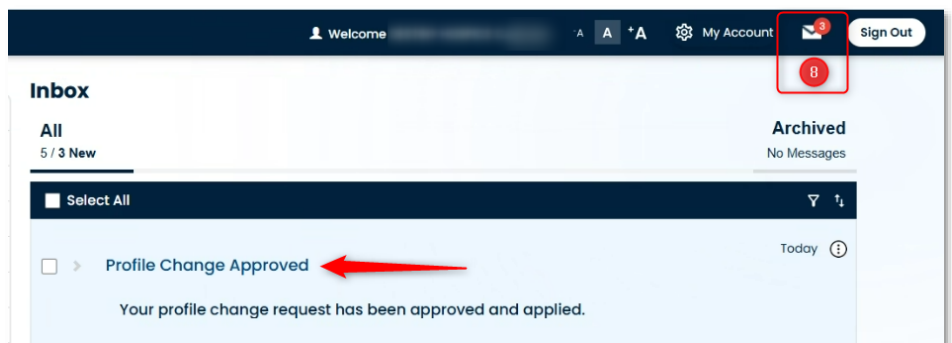
Submission History					
Hospice Name	Status	No. Changes	Submission Date		
Hospice profile	6 InReview	98	August 31, 2026	View Details	
Hospice profile	Rejected	98	August 31, 2026	View Details	

Hospice Profile Job Aid

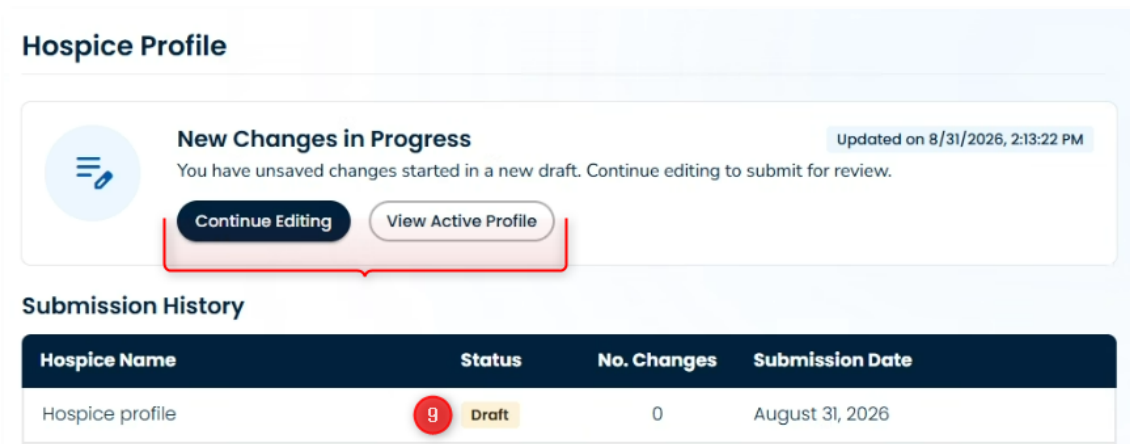
7. The Ancillary Relations Service Team will request an updated Hospice Profile up to two times a year. It is important to review and update the profile when staffing and/or contracting changes occur, in addition to the updates requested by the Hospital and Ancillary Relations department.



8. Confirmation of updates will be sent to the Provider inbox:

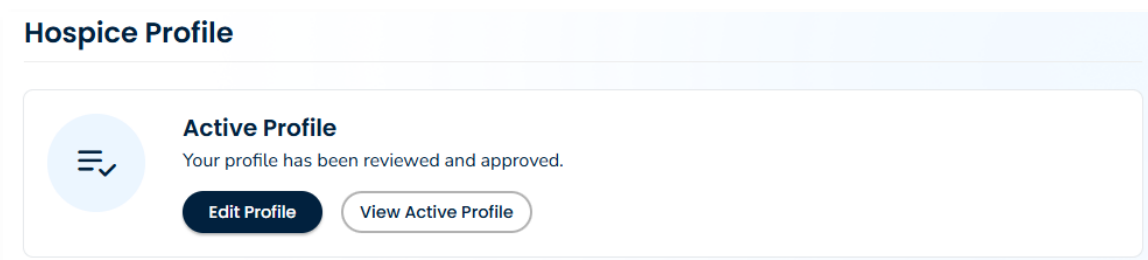


9. Profile drafts are also saved. Select **Continue Editing** to update.



Submitting an Updated Profile

1. Your agency's most updated profile will be reflected at the top of the Hospice Profile screen as "Active Profile". If you would like to revise the existing approved profile, click "Edit Profile".



Hospice Profile Job Aid

- Information from the previously submitted hospice profile will pre-populate. Please review all fields and make revisions as necessary.

The screenshot shows the 'Hospice Profile Home' page. At the top, it says 'Hospice Profile Form' with a 'Draft' tag and a 'Delete Draft' button. Below this, it states 'Complete and submit your hospice profile information.' and 'Last updated: 09/01/2026 11:55 AM'. A progress bar shows five steps: Demographic Information, Hospice Contact Information, Coverage Areas, Hospice Care and Services, and Hospice Staffing. The first step, Demographic Information, is highlighted. Below the progress bar, the 'Demographic Information' section is shown, including a 'Business' subsection with a 'Hospice Legal Business Name*' field (marked with a red '2') and a 'Hospice "Doing Business As" Name*' field.

- Once all sections have been completed, click "Submit".

The screenshot shows the 'Signature and Submit' section. It includes a warning message: 'Submitting this form will start the review workflow. Please review your responses prior to submission. Once reviewed and submitted, this form will be locked until it is approved or rejected by IEHP.' Below this, there are fields for 'First Name*', 'Last Name*', 'Title*', and 'Email*'. A checkbox is checked, stating 'I have reviewed the provided information and hereby certify that it is true and accurate.' At the bottom, there are buttons for 'Cancel', 'Save Draft', 'Previous', and 'Submit' (marked with a red '3').

- Your profile will now be in review with IEHP. If approved, no further steps are required. If rejected, please navigate to the Profile Submission Status section for next steps.