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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Finance Office
P.O. Box 700190
Kapolei, Hawaii 96709-0190

March 6, 2019

MEMORANDUM:

MEMO NO.
QI-1905

TO: QUEST Integration (QI) Health Plans

FROM: *JM* Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: MEDICAID FEE-FOR-SERVICE HOSPICE NURSING FACILITY RATE FOR
ST. FRANCIS (PROVIDER NO. 251954) - EFFECTIVE JANUARY 1, 2019

Please find the new Medicaid Fee-For-Service (FFS) hospice nursing facility reimbursement rate for facility listed below. This rate is effective for service date starting on or after January 1, 2019.

Provider Name: St. Francis

Provider No.: 251954

Rev. Code	Services	Daily Rate
0658 & 0659	Hospice Nursing Facility Care	\$264.41

If you have any questions, please contact Ms. Myrna Maramag, Accountant at (808) 692-7983.

C: St. Francis Hospice