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STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

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

September 11, 2019

MEMORANDUM:

MEMO NO.

QI-1914A

[superseded to QI-1914]

TO: QUEST Integration (QI) Health Plans

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

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

The memorandum dated June 14, 2019, is being superseded and replaced by this memo due to revised daily rate.

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

Provider Name: St. Francis

Provider No.: 251954

Rev. Code	Services	Daily Rate
0659	Hospice Nursing Facility Care	<b>\$274.75</b>

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

C: St. Francis Hospice