FFY 2012 Hospice Rates
October 1, 2011 to September 30, 2012

Montana and Out of State Providers						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 103.91	0.8816	$ 91.61	$ 47.32	**$ 138.93**	
652	Continuous Home Care	$ 605.89	0.8816	$ 534.15	$ 275.92	**$ 810.07**	**$ 8.44**
655	Inpatient Respite Care	$ 89.01	0.8816	$ 78.47	$ 75.43	**$ 153.90**	
656	General Inpatient Care	$ 430.04	0.8816	$ 379.12	$ 241.80	**$ 620.92**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Billings/Yellowstone County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 103.91	0.8979	$ 93.30	$ 47.32	**$ 140.62**	
652	Continuous Home Care	$ 605.89	0.8979	$ 544.03	$ 275.92	**$ 819.95**	**$ 8.54**
655	Inpatient Respite Care	$ 89.01	0.8979	$ 79.92	$ 75.43	**$ 155.35**	
656	General Inpatient Care	$ 430.04	0.8979	$ 386.13	$ 241.80	**$ 627.93**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Great Falls/Cascade County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 103.91	0.858	$ 89.15	$ 47.32	**$ 136.47**	
652	Continuous Home Care	$ 605.89	0.858	$ 519.85	$ 275.92	**$ 795.77**	**$ 8.29**
655	Inpatient Respite Care	$ 89.01	0.858	$ 76.37	$ 75.43	**$ 151.80**	
656	General Inpatient Care	$ 430.04	0.858	$ 368.97	$ 241.80	**$ 610.77**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Missoula/Missoula County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 103.91	0.9235	$ 95.96	$ 47.32	**$ 143.28**	
652	Continuous Home Care	$ 605.89	0.9235	$ 559.54	$ 275.92	**$ 835.46**	**$ 8.70**
655	Inpatient Respite Care	$ 89.01	0.9235	$ 82.20	$ 75.43	**$ 157.63**	
656	General Inpatient Care	$ 430.04	0.9235	$ 397.14	$ 241.80	**$ 638.94**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Carbon County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 103.91	0.8979	$ 93.30	$ 47.32	**$ 140.62**	
652	Continuous Home Care	$ 605.89	0.8979	$ 544.03	$ 275.92	**$ 819.95**	**$ 8.54**
655	Inpatient Respite Care	$ 89.01	0.8979	$ 79.92	$ 75.43	**$ 155.35**	
656	General Inpatient Care	$ 430.04	0.8979	$ 386.13	$ 241.80	**$ 627.93**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

* Medicaid Nursing Facility rates can be found at http://www.dphhs.mt.gov/sltc/services/nursingfacilities.