FFY 2015 Hospice Penalty Rates
October 1, 2014 to September 30, 2015

Montana and Out of State Providers						Rates		
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily		15 Min
651	Routine Home Care	$ 156.42	0.9183	$ 107.48	48.94	$ 98.70	$ 147.64	
652	Continuous Home Care	$ 912.05	0.9183	$ 626.67	285.38	$ 575.47	$ 860.85	$ 8.97
655	Inpatient Respite Care	$ 170.08	0.9183	$ 92.07	78.01	$ 84.55	$ 162.56	
656	General Inpatient Care	$ 694.88	0.9183	$ 444.79	249.84	$ 408.45	$ 658.29	
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	$ 156.42	0.8772	$ 107.48	48.94	$ 94.28	$ 143.22	
652	Continuous Home Care	$ 912.05	0.8772	$ 626.67	285.38	$ 549.71	$ 835.09	$ 8.70
655	Inpatient Respite Care	$ 170.08	0.8772	$ 92.07	78.01	$ 80.76	$ 158.77	
656	General Inpatient Care	$ 694.88	0.8772	$ 444.79	250.09	$ 390.17	$ 640.26	
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	$ 156.42	0.9321	$ 107.48	48.94	$ 100.18	$ 149.12	
652	Continuous Home Care	$ 912.05	0.9321	$ 626.67	285.38	$ 584.12	$ 869.50	$ 9.06
655	Inpatient Respite Care	$ 170.08	0.9321	$ 92.07	78.01	$ 85.82	$ 163.83	
656	General Inpatient Care	$ 694.88	0.9321	$ 444.79	250.09	$ 414.59	$ 664.68	
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	$ 156.42	0.9227	$ 107.48	48.94	$ 99.17	$ 148.11	
652	Continuous Home Care	$ 912.05	0.9227	$ 626.67	285.38	$ 578.23	$ 863.61	$ 9.00
655	Inpatient Respite Care	$ 170.08	0.9227	$ 92.07	78.01	$ 84.95	$ 162.96	
656	General Inpatient Care	$ 694.88	0.9227	$ 444.79	250.09	$ 410.41	$ 660.50	
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	$ 156.42	0.8772	$ 107.48	48.94	$ 94.28	$ 143.22	
652	Continuous Home Care	$ 912.05	0.8772	$ 626.67	285.38	$ 549.71	$ 835.09	$ 8.70
655	Inpatient Respite Care	$ 170.08	0.8772	$ 92.07	78.01	$ 80.76	$ 158.77	
656	General Inpatient Care	$ 694.88	0.8772	$ 444.79	250.09	$ 390.17	$ 640.26	
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.