PROPOSED Hospice PENALTY RATES FFY17

For Hospices which have NOT complied with Quality Reporting Requirements

Montana and Out of State Providers										
Rev Code	**Description**	**Daily Rate**	**Hrly Rate**	**Index**	**Wage Component Subject to Index**	**Non-Weighted**	**Wage Adjusted Rate**	**Hospice Rate**	**Hour**	**15 Min**
651	Routine Home Care 1-60 days	$187.06		0.9211	$ 128.53	$ 58.53	$118.39	$176.92		
652	Routine Home Care 61+days	$147.08		0.9211	$ 101.06	$ 46.02	$ 93.09	$139.11		
655	Continuous Home Care	$946.10		0.9211	$ 650.06	$ 296.03	$598.77	$894.80	$37.28	$9.32
656	Inpatient Respite Care	$176.44		0.9211	$ 95.51	$ 80.93	$ 87.97	$168.90		
659	General Inpatient Care	$720.54		0.9211	$ 461.22	$ 259.32	$424.83	$684.15		
551	Service Intensity Add On Rate - Nurse		$ 39.42	0.9211	$ 27.09	$ 12.33	$ 24.95	$ 37.28		
561	Service Intensity Add On Rate - Social Worker		$ 39.42	0.9211	$ 27.09	$ 12.33	$ 24.95	$ 37.28		
Billings/Yellowstone County/Golden Valley/Carbon										
Rev Code	**Description**	**Daily Rate**		**Index**	**Wage Component Subject to Index**	**Non-Weighted**	**Wage Adjusted Rate**	**Hospice Rate**	**Hour**	**15 Min**
651	Routine Home Care 1-60 days	$187.06		0.8757	$ 128.53	$ 58.53	$112.55	$171.08		
652	Routine Home Care 61+days	$147.08		0.8757	$ 101.06	$ 46.02	$ 88.50	$134.52		
655	Continuous Home Care	$946.10		0.8757	$ 650.06	$ 296.03	$569.26	$865.29	$36.05	$9.01
656	Inpatient Respite Care	$176.44		0.8757	$ 95.51	$ 80.93	$ 83.64	$164.57		
659	General Inpatient Care	$720.54		0.8757	$ 461.22	$ 259.32	$403.89	$663.21		
551	Service Intensity Add On Rate - Nurse		$ 39.42	0.8757	$ 27.09	$ 12.33	$ 23.72	$ 36.05		
561	Service Intensity Add On Rate - Social Worker		$ 39.42	0.8757	$ 27.09	$ 12.33	$ 23.72	$ 36.05		

PROPOSED Hospice PENALTY RATES FFY17

For Hospices which have NOT complied with Quality Reporting Requirements

Great Falls/Cascade County										
Rev Code	**Description**	**Daily Rate**	**Hrly**	**Index**	**Wage Component Subject to Index**	**Non-Weighted**	**Wage Adjusted Rate**	**Hospice Rate**	**Hour**	**15 Min**
651	Routine Home Care 1-60 days	$187.06		0.9818	$ 128.53	$ 58.53	$126.19	$184.72		
652	Routine Home Care 61+days	$147.08		0.9818	$ 101.06	$ 46.02	$ 99.22	$145.24		
655	Continuous Home Care	$946.10		0.9818	$ 650.06	$ 296.03	$638.23	$934.26	$38.93	$9.73
656	Inpatient Respite Care	$176.44		0.9818	$ 95.51	$ 80.93	$ 93.77	$174.70		
659	General Inpatient Care	$720.54		0.9818	$ 461.22	$ 259.32	$452.83	$712.15		
551	Service Intensity Add On Rate - Nurse		$ 39.42	0.9818	$ 27.09	$ 12.33	$ 26.60	$ 38.93		
561	Service Intensity Add On Rate - Social Worker		$ 39.42	0.9818	$ 27.09	$ 12.33	$ 26.60	$ 38.93		
Missoula/Missoula County										
Rev Code	**Description**	**Daily Rate**	**Hrly**	**Index**	**Wage Component Subject to Index**	**Non-Weighted**	**Wage Adjusted Rate**	**Hospice Rate**	**Hour**	**15 Min**
651	Routine Home Care 1-60 days	$187.06		0.945	$ 128.53	$ 58.53	$121.46	$179.99		
652	Routine Home Care 61+days	$147.08		0.945	$ 101.06	$ 46.02	$ 95.50	$141.52		
655	Continuous Home Care	$946.10		0.945	$ 650.06	$ 296.03	$614.31	$910.34	$37.93	$9.48
656	Inpatient Respite Care	$176.44		0.945	$ 95.51	$ 80.93	$ 90.26	$171.19		
659	General Inpatient Care	$720.54		0.945	$ 461.22	$ 259.32	$435.85	$695.17		
551	Service Intensity Add On Rate - Nurse		$ 39.42	0.945	$ 27.09	$ 12.33	$ 25.60	$ 37.93		
561	Service Intensity Add On Rate - Social Worker		$ 39.42	0.945	$ 27.09	$ 12.33	$ 25.60	$ 37.93		