

Effective January 1, 2016

FFY 2017 Medicaid Hospice Rates

for Hospice Providers who **HAVE** complied with Quality Reporting Requirements.

| Montana and Out of State Providers | | | | | | | | | | |
|------------------------------------|--|---------------------------------|-------------|--------|---------------------------------|--------------|--------------------|----------------------|-----------------------------|--------|
| Rev Code | Description | Daily Rate | Hourly Rate | Index | Wage Component Subject to Index | Non-Weighted | Wage Adjusted Rate | FY 2016 Hospice Rate | FY 2016 Hospice hourly Rate | 15 Min |
| 651 | Routine Home Care Day 1 thru Day 60 | \$187.08 | | 0.9024 | \$128.54 | \$58.54 | \$115.99 | \$174.53 | | |
| 651 | Routine Home Care Day 61 and over | \$147.02 | | 0.9024 | \$101.02 | \$46.00 | \$91.16 | \$137.16 | | |
| 652 | Continuous Home Care | \$945.16 | | 0.9024 | \$649.42 | \$295.74 | \$586.04 | \$881.78 | \$36.74 | \$9.19 |
| 655 | Inpatient Respite Care | \$176.26 | | 0.9024 | \$95.41 | \$80.85 | \$86.10 | \$166.95 | | |
| 656 | General Inpatient Care | \$720.11 | | 0.9024 | \$460.94 | \$259.17 | \$415.95 | \$675.12 | | |
| 659 | Nursing Facility | *Medicaid Nursing Facility Rate | | | | | | | | |
| 551 | **Service Intensity Add-On Registered Nurse (RN) G0299 | | \$39.38 | 0.9024 | \$27.06 | \$12.32 | \$24.42 | \$36.74 | \$36.74 | \$9.18 |
| 561 | **Service Intensity Add-On Social Worker (visit) G0155 | | \$39.38 | 0.9024 | \$27.06 | \$12.32 | \$24.42 | \$36.74 | \$36.74 | \$9.18 |
| Billings/Yellowstone County | | | | | | | | | | |
| Rev Code | Description | Daily Rate | | Index | Wage Component Subject to Index | Non-Weighted | Wage Adjusted Rate | FY 2016 Hospice Rate | Hour | 15 Min |
| 651 | Routine Home Care Day 1 thru Day 60 | \$187.08 | | 0.8686 | \$128.54 | \$58.54 | \$111.65 | \$170.19 | | |
| 651 | Routine Home Care Day 61 and over | \$147.02 | | 0.8686 | \$101.02 | \$46.00 | \$87.75 | \$133.75 | | |
| 652 | Continuous Home Care | \$945.16 | | 0.8686 | \$649.42 | \$295.74 | \$564.09 | \$859.83 | \$35.83 | \$8.96 |
| 655 | Inpatient Respite Care | \$176.26 | | 0.8686 | \$95.41 | \$80.85 | \$82.87 | \$163.72 | | |
| 656 | General Inpatient Care | \$720.11 | | 0.8686 | \$460.94 | \$259.17 | \$400.37 | \$659.54 | | |

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| 659 | Nursing Facility | *Medicaid Nursing Facility Rate | | | | | | | | |
|-----------------------------------|--|---------------------------------|---------|--------|---------------------------------|--------------|--------------------|----------------------|---------|--------|
| 551 | **Service Intensity Add-On Registered Nurse (RN) G0299 | | \$39.38 | 0.8686 | \$27.06 | \$12.32 | \$23.50 | \$35.82 | \$35.82 | \$8.96 |
| 561 | **Service Intensity Add-On Social Worker (visit) G0155 | | \$39.38 | 0.8686 | \$27.06 | \$12.32 | \$23.50 | \$35.82 | \$35.82 | \$8.96 |
| Great Falls/Cascade County | | | | | | | | | | |
| Rev Code | Description | Daily Rate | | Index | Wage Component Subject to Index | Non-Weighted | Wage Adjusted Rate | FY 2016 Hospice Rate | Hour | 15 Min |
| 651 | Routine Home Care Day 1 thru Day 60 | \$187.08 | | 0.9102 | \$128.54 | \$58.54 | \$117.00 | \$175.54 | | |
| 651 | Routine Home Care Day 61 and over | \$147.02 | | 0.9102 | \$101.02 | \$46.00 | \$91.95 | \$137.95 | | |
| 652 | Continuous Home Care | \$945.16 | | 0.9102 | \$649.42 | \$295.74 | \$591.10 | \$886.84 | \$36.95 | \$9.24 |
| 655 | Inpatient Respite Care | \$176.26 | | 0.9102 | \$95.41 | \$80.85 | \$86.84 | \$167.69 | | |
| 656 | General Inpatient Care | \$720.11 | | 0.9102 | \$460.94 | \$259.17 | \$419.55 | \$678.72 | | |
| 659 | Nursing Facility | *Medicaid Nursing Facility Rate | | | | | | | | |
| 551 | **Service Intensity Add-On Registered Nurse (RN) G0299 | | \$39.38 | 0.9102 | \$27.06 | \$12.32 | \$24.63 | \$36.95 | \$36.95 | \$9.24 |
| 561 | **Service Intensity Add-On Social Worker (visit) G0155 | | \$39.38 | 0.9102 | \$27.06 | \$12.32 | \$24.63 | \$36.95 | \$36.95 | \$9.24 |
| Missoula/Missoula County | | | | | | | | | | |
| Rev Code | Description | Daily Rate | | Index | Wage Component Subject to Index | Non-Weighted | Wage Adjusted Rate | FY 2016 Hospice Rate | Hour | 15 Min |
| 651 | Routine Home Care Day 1 thru Day 60 | \$187.08 | | 0.886 | \$128.54 | \$58.54 | \$113.89 | \$172.43 | | |

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| 651 | Routine Home Care Day 61 and over | \$147.02 | | 0.886 | \$101.02 | \$46.00 | \$89.50 | \$135.50 | | |
|----------------------|--|---------------------------------|---------|--------|---------------------------------|--------------|--------------------|----------------------|---------|--------|
| 652 | Continuous Home Care | \$945.16 | | 0.886 | \$649.42 | \$295.74 | \$575.39 | \$871.13 | \$36.30 | \$9.07 |
| 655 | Inpatient Respite Care | \$176.26 | | 0.886 | \$95.41 | \$80.85 | \$84.53 | \$165.38 | | |
| 656 | General Inpatient Care | \$720.11 | | 0.886 | \$460.94 | \$259.17 | \$408.39 | \$667.56 | | |
| 659 | Nursing Facility | *Medicaid Nursing Facility Rate | | | | | | | | |
| 551 | **Service Intensity Add-On Registered Nurse (RN) G0299 | | \$39.38 | 0.886 | \$27.06 | \$12.32 | \$23.98 | \$36.30 | \$36.30 | \$9.07 |
| 561 | **Service Intensity Add-On Social Worker (visit) G0155 | | \$39.38 | 0.886 | \$27.06 | \$12.32 | \$23.98 | \$36.30 | \$36.30 | \$9.07 |
| Carbon County | | | | | | | | | | |
| Rev Code | Description | Daily Rate | | Index | Wage Component Subject to Index | Non-Weighted | Wage Adjusted Rate | FY 2016 Hospice Rate | Hour | 15 Min |
| 651 | Routine Home Care Day 1 thru Day 60 | \$187.08 | | 0.8686 | \$128.54 | \$58.54 | \$111.65 | \$170.19 | | |
| 651 | Routine Home Care Day 61 and over | \$147.02 | | 0.8686 | \$101.02 | \$46.00 | \$87.75 | \$133.75 | | |
| 652 | Continuous Home Care | \$945.16 | | 0.8686 | \$649.42 | \$295.74 | \$564.09 | \$859.83 | \$35.83 | \$8.96 |
| 655 | Inpatient Respite Care | \$176.26 | | 0.8686 | \$95.41 | \$80.85 | \$82.87 | \$163.72 | | |
| 656 | General Inpatient Care | \$720.11 | | 0.8686 | \$460.94 | \$259.17 | \$400.37 | \$659.54 | | |
| 659 | Nursing Facility | *Medicaid Nursing Facility Rate | | | | | | | | |
| 551 | **Service Intensity Add-On Registered Nurse (RN) G0299 | | \$39.38 | 0.8686 | \$27.06 | \$12.32 | \$23.50 | \$35.82 | \$35.82 | \$8.96 |
| 561 | **Service Intensity Add-On Social Worker (visit) G0155 | | \$39.38 | 0.8686 | \$27.06 | \$12.32 | \$23.50 | \$35.82 | \$35.82 | \$8.96 |

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**A service intensity add-on payment will be made for a visit by a social worker or registered nurse (RN), when provided during the last seven days of life. The SIA payment is in addition to the routine home care rate. The SIA payment will be equal to the Continuous Home Care, hourly rate multiplied by the hours of nursing or social work provided (up to 4 hours total) that occurred on that day of service.