

Effective January 1, 2016

**FFY 2017 Medicaid Hospice Rates
For Hospice Providers who HAVE NOT complied with Hospice Quality Reporting Requirements
and reflect a 2% penalty for noncompliance.**

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	\$183.41		0.9024	\$126.02	\$57.39	\$113.72	\$171.11		
651	Routine Home Care Day 61 and over	\$144.13		0.9024	\$99.03	\$45.10	\$89.36	\$134.46		
652	Continuous Home Care	\$926.55		0.9024	\$636.63	\$289.92	\$574.49	\$864.41	\$36.02	\$9.00
655	Inpatient Respite Care	\$172.79		0.9024	\$93.53	\$79.26	\$84.40	\$163.66		
656	General Inpatient Care	\$705.93		0.9024	\$451.87	\$254.06	\$407.77	\$661.83		
659	Nursing Facility	*Medicaid Nursing Facility Rate								
551	**Service Intensity Add-On Registered Nurse (RN) G0299		\$38.61	0.9024	\$26.53	\$12.08	\$23.94	\$36.02	\$36.02	\$9.01
561	**Service Intensity Add-On Social Worker (visit) G0155		\$38.61	0.9024	\$26.53	\$12.08	\$23.94	\$36.02	\$36.02	\$9.01
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	\$183.41		0.8686	\$126.02	\$57.39	\$109.46	\$166.85		
651	Routine Home Care Day 61 and over	\$144.13		0.8686	\$99.03	\$45.10	\$86.02	\$131.12		
652	Continuous Home	\$926.55		0.8686	\$636.63	\$289.92	\$552.98	\$842.90	\$ 35.12	\$

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	Care									8.78
655	Inpatient Respite Care	\$172.79		0.8686	\$93.53	\$79.26	\$81.24	\$160.50		
656	General Inpatient Care	\$705.93		0.8686	\$451.87	\$254.06	\$392.49	\$646.55		
659	Nursing Facility	*Medicaid Nursing Facility Rate								
551	**Service Intensity Add-On Registered Nurse (RN) G0299		\$38.61	0.8686	\$26.53	\$12.08	\$23.04	\$35.12	\$35.12	\$8.78
561	**Service Intensity Add-On Social Worker (visit) G0155		\$38.61	0.8686	\$26.53	\$12.08	\$23.04	\$35.12	\$35.12	\$8.78
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	\$183.41		0.9102	\$126.02	\$57.39	\$114.70	\$172.09		
651	Routine Home Care Day 61 and over	\$144.13		0.9102	\$99.03	\$45.10	\$90.14	\$135.24		
652	Continuous Home Care	\$926.55		0.9102	\$636.63	\$289.92	\$579.46	\$869.38	\$36.22	\$9.06
655	Inpatient Respite Care	\$172.79		0.9102	\$93.53	\$79.26	\$85.13	\$164.39		
656	General Inpatient Care	\$705.93		0.9102	\$451.87	\$254.06	\$411.29	\$665.35		
659	Nursing Facility	*Medicaid Nursing Facility Rate								
551	**Service Intensity Add-On Registered Nurse (RN) G0299		\$38.61	0.9102	\$26.53	\$12.08	\$24.15	\$36.23	\$36.23	\$9.06
561	**Service Intensity Add-On Social Worker (visit) G0155		\$38.61	0.9102	\$26.53	\$12.08	\$24.15	\$36.23	\$36.23	\$9.06

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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	\$183.41	0.886	\$126.02	\$57.39	\$111.65	\$169.04			
651	Routine Home Care Day 61 and over	\$144.13	0.886	\$99.03	\$45.10	\$87.74	\$132.84			
652	Continuous Home Care	\$926.55	0.886	\$636.63	\$289.92	\$564.05	\$853.97	\$35.58	\$8.90	
655	Inpatient Respite Care	\$172.79	0.886	\$93.53	\$79.26	\$82.87	\$162.13			
656	General Inpatient Care	\$705.93	0.886	\$451.87	\$254.06	\$400.36	\$654.42			
659	Nursing Facility	*Medicaid Nursing Facility Rate								
551	**Service Intensity Add-On Registered Nurse (RN) G0299		\$38.61	0.886	\$26.53	\$12.08	\$23.51	\$35.59	\$35.59	\$8.90
561	**Service Intensity Add-On Social Worker (visit) G0155		\$38.61	0.886	\$26.53	\$12.08	\$23.51	\$35.59	\$35.59	\$8.90
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	\$183.41	0.8686	\$126.02	\$57.39	\$109.46	\$166.85			
651	Routine Home Care Day 61 and over	\$144.13	0.8686	\$99.03	\$45.10	\$86.02	\$131.12			
652	Continuous Home	\$926.55	0.8686	\$636.63	\$289.92	\$552.98	\$842.90	\$35.12	\$8.78	

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656	General Inpatient Care	\$705.93		0.8686	\$451.87	\$254.06	\$392.49	\$646.55		
659	Nursing Facility	*Medicaid Nursing Facility Rate								
551	**Service Intensity Add-On Registered Nurse (RN) G0299		\$38.61	0.8686	\$26.53	\$12.08	\$23.04	\$35.12	\$35.12	\$8.78
561	**Service Intensity Add-On Social Worker (visit) G0155		\$38.61	0.8686	\$26.53	\$12.08	\$23.04	\$35.12	\$35.12	\$8.78

**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.