

FFY 2016 Medicaid Hospice Rates

October 1, 2015 to September 30, 2016									
Montana and Out-of-State Providers									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 162.10	0.9024	\$ 111.38	\$ 50.72	\$ 100.51	\$ 151.23		
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 (Room and Board)	*Medicaid Nursing Facility Rate							
Billings/Yellowstone County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 162.10	0.8686	\$ 111.38	\$ 50.72	\$ 96.74	\$ 147.46		
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 (Room and Board)	*Medicaid Nursing Facility Rate							
Great Falls/Cascade County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 162.10	0.9102	\$ 111.38	\$ 50.72	\$ 101.38	\$ 152.10		
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 (Room and Board)	*Medicaid Nursing Facility Rate							

FFY 2016 Medicaid Hospice Rates

October 1, 2015 to September 30, 2016									
Missoula/Missoula County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 162.10	0.886	\$ 111.38	\$ 50.72	\$ 98.68	\$ 149.40		
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 (Room and Board)	*Medicaid Nursing Facility Rate							
Carbon County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 162.10	0.8686	\$ 111.38	\$ 50.72	\$ 96.74	\$ 147.46		
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 (Room and Board)	*Medicaid Nursing Facility Rate							