Hospice Rates FFY21

Effective Oct. 1, 2020 thru September 30, 2021 For Hospices which have complied with Quality Reporting Requirements

*Physician Fee Schedules

**Medicaid Nursing Facility Rates

Montana and Out	of											
State Providers Rev Code		Description	Daily Rate	Hrly Rate	Index	Wage Compone Subject t Index	0	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min
	651	Routine Home Care 1-60 days	\$ 199.51	Tilly Itato	0.8569			\$ 62.43		\$ 179.89	11041	10 10111
		Routine Home Care 61+days	\$ 157.69		0.8569					\$ 142.19		
		Continuous Home Care	\$1,432.97		0.8569				\$ 843.70	\$1,292.08	\$53.84	\$13.46
	655	Inpatient Respite Care	\$ 485.36		0.8569				\$ 225.12	\$ 447.76		
		General Inpatient Care	\$1,045.66		0.8569				\$ 573.55	\$ 949.88		
	657	Hospice Pre-Counseling	*Based on I	Physician's I	Fee Sche	dule				•		
		Nursing Facility (Room And Board)	**Based on	Medicaid		Facility Ra	te					
	551	Service Intensity Add On Rate - Nurse		\$ 59.71	0.8569	\$ 41.0)2	\$ 18.69	\$ 35.15	\$ 53.84	\$53.84	\$13.46
		Service Intensity Add On Rate - Social Worker		\$ 59.71	0.8569		_			\$ 53.84	\$53.84	\$13.46
Billings/Yellowsto		position interiority rad on radio coolar fronter	<u>I</u>	φ σσ./ ι	0.0000	ΙΨ -11.0	<u>, </u>	ψ 10.00	Ψ 00.10	φ 00.04	Ψ00.0+	ψ 10.40
County/Carbon												
						Wage Compone			Wage	Haaniaa		
Rev Code		Description	Daily Rate	Hely Boto	Indov	Subject t Index		Non Weighted	Adjusted Rate	Hospice Rate	Hour	15 Min
Rev Code	GE1	Description	\$ 199.51	Hrly Rate	Index 0.9287			Non-Weighted \$ 62.43		\$ 189.74	Hour	15 WIII
		Routine Home Care 1-60 days Routine Home Care 61+days	\$ 157.69		0.9287				\$ 100.62	\$ 149.96		
		Continuous Home Care	\$ 1,432.97		0.9287	\$ 984.5			\$ 914.39	\$ 1,362.77	\$56.78	\$14.20
		Inpatient Respite Care	\$ 485.36		0.9287	\$ 262.7			\$ 243.99	\$ 466.63	ψ 30.7 0	ψ 17.20
		General Inpatient Care	\$1,045.66		0.9287	\$ 669.3			\$ 621.61	\$ 997.94		
		Hospice Pre-Counseling		Physician's		Schedule		φ 570.00	Ψ 02 1.0 1	Ψ 337.54	<u> </u>	<u>l</u>
		Nursing Facility (Room And Board)	**Based on	Medicaid	Nursing							
		Service Intensity Add On Rate - Nurse	Buscu on	\$ 59.71	0.9287	\$ 41.0		¢ 10.60	\$ 38.10	\$ 56.79	\$56.78	\$14.20
		Service Intensity Add On Rate - Nuise Service Intensity Add On Rate - Social Worker		\$ 59.71	0.9287							
O 1 F . II . /O		Service intensity Add Off Nate - Social Worker	1	φ 59.71	0.9267	φ 41.0)2	φ 10.09	φ 30.10	φ 50.79	\$30.76	φ 14.ZU
Great Falls/Casca	ae											
County						Wage Compone	nt		Wage			
						Subject t			Adjusted	Hospice		
Rev Code		Description	Daily Rate	Hrly Rate	Index	Index		Non-Weighted	Rate	Rate	Hour	15 Min
	651	Routine Home Care 1-60 days	\$ 199.51		0.8173				\$ 112.04	\$ 174.47		
		Routine Home Care 61+days	\$ 157.69		0.8173					\$ 137.89		
		Continuous Home Care	\$1,432.97		0.8173				\$ 804.71	\$1,253.09	\$52.21	\$13.05
		Inpatient Respite Care	\$ 485.36		0.8173				\$ 214.72	\$ 437.36		
		General Inpatient Care	\$1,045.66		0.8173				· ·	\$ 923.37		
		Hospice Pre-Counseling		Physician's	•	Schedule			-	-	•	•
		Nursing Facility (Room And Board)	**Based on	Medicaid		Facility Ra						
		Service Intensity Add On Rate - Nurse		\$ 59.71	0.8173	1		\$ 18.69	\$ 33.53	\$ 52.22	\$52.21	\$13.05
		· · · · · · · · · · · · · · · · · · ·	1	·	1							
	561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.8173	\$ 41.0	J2	ъ 18.69	\$ 33.53	\$ 52.22	\$52.21	\$13.05

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*Physician Fee Schedules

**Medicaid Nursing Facility Rates

Missoula/Missoula											
County					Wage Component		Wage				
					Subject to		Adjusted	Hospice			
	Description	Daily Rate	Hrly Rate	Index	Index	Non-Weighted	Rate	Rate	Hour	15 Min	
651	Routine Home Care 1-60 days	\$ 199.51		0.9320	\$ 137.08	\$ 62.43	\$ 127.76	\$ 190.19			
651	Routine Home Care 61+days	\$ 157.69		0.9320	\$ 108.35	\$ 49.34	\$ 100.98	\$ 150.32			
652	Continuous Home Care	\$1,432.97		0.9320	\$ 984.59	\$ 448.38	\$ 917.64	\$1,366.02	\$56.92	\$14.23	
655	Inpatient Respite Care	\$ 485.36		0.9320	\$ 262.72	\$ 222.64	\$ 244.86	\$ 467.50			
656	General Inpatient Care	\$1,045.66		0.9320	\$ 669.33	\$ 376.33	\$ 623.82	\$1,000.15			
657	Hospice Pre-Counseling	*Based on	Physician's	Fee	Schedule						
659	Nursing Facility (Room And Board)	**Based on	Medicaid	Nursing	Facility Rate						
551	Service Intensity Add On Rate - Nurse		\$ 59.71	0.9320	\$ 41.02	\$ 18.69	\$ 38.23	\$ 56.92	\$56.92	\$14.23	
561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.9320	\$ 41.02	\$ 18.69	\$ 38.23	\$ 56.92	\$56.92	\$14.23	