

Hospice PENALTY RATES FFY21
Effective Dates Oct 1, 2020 thru September 30, 2021
For Hospices which have NOT 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 Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min
651	Routine Home Care 1-60 days	\$ 194.75		0.8569	\$ 133.81	\$ 60.94	\$ 114.66	\$ 175.60		
651	Routine Home Care 61+days	\$ 153.92		0.8569	\$ 105.76	\$ 48.16	\$ 90.63	\$ 138.79		
652	Continuous Home Care	\$ 1,396.17		0.8569	\$ 959.31	\$ 436.86	\$ 822.03	\$ 1,258.89	\$52.45	\$13.11
655	Inpatient Respite Care	\$ 473.79		0.8569	\$ 256.46	\$ 217.33	\$ 219.76	\$ 437.09		
656	General Inpatient Care	\$ 1,021.25		0.8569	\$ 653.70	\$ 367.55	\$ 560.16	\$ 927.71		
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		\$ 58.17	0.8569	\$ 39.97	\$ 18.20	\$ 34.25	\$ 52.45	\$52.45	\$13.11
561	Service Intensity Add On Rate - Social Worker		\$ 58.17	0.8569	\$ 39.97	\$ 18.20	\$ 34.25	\$ 52.45	\$52.45	\$13.11
Billings/Yellowstone County/Carbon										
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	\$ 194.75		0.9287	\$ 133.81	\$ 60.94	\$ 124.27	\$ 185.21		
651	Routine Home Care 61+days	\$ 153.92		0.9287	\$ 105.76	\$ 48.16	\$ 98.22	\$ 146.38		
652	Continuous Home Care	\$ 1,396.17		0.9287	\$ 959.31	\$ 436.86	\$ 890.91	\$ 1,327.77	\$55.32	\$13.83
655	Inpatient Respite Care	\$ 473.79		0.9287	\$ 256.46	\$ 217.33	\$ 238.17	\$ 455.50		
656	General Inpatient Care	\$ 1,021.25		0.9287	\$ 653.70	\$ 367.55	\$ 607.09	\$ 974.64		
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		\$ 58.17	0.9287	\$ 39.97	\$ 18.20	\$ 37.12	\$ 55.32	\$55.32	\$13.83
561	Service Intensity Add On Rate - Social Worker		\$ 58.17	0.9287	\$ 39.97	\$ 18.20	\$ 37.12	\$ 55.32	\$55.32	\$13.83
Great Falls/Cascade County										
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	\$ 194.75		0.8173	\$ 133.81	\$ 60.94	\$ 109.36	\$ 170.30		
651	Routine Home Care 61+days	\$ 153.92		0.8173	\$ 105.76	\$ 48.16	\$ 86.44	\$ 134.60		
652	Continuous Home Care	\$ 1,396.17		0.8173	\$ 959.31	\$ 436.86	\$ 784.04	\$ 1,220.90	\$50.87	\$12.72
655	Inpatient Respite Care	\$ 473.79		0.8173	\$ 256.46	\$ 217.33	\$ 209.60	\$ 426.93		
656	General Inpatient Care	\$ 1,021.25		0.8173	\$ 653.70	\$ 367.55	\$ 534.27	\$ 901.82		
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		\$ 58.17	0.8173	\$ 39.97	\$ 18.20	\$ 32.67	\$ 50.87	\$50.87	\$12.72
561	Service Intensity Add On Rate - Social Worker		\$ 58.17	0.8173	\$ 39.97	\$ 18.20	\$ 32.67	\$ 50.87	\$50.87	\$12.72

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Missoula/Missoula County										
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	\$ 194.75		0.9320	\$ 133.81	\$ 60.94	\$ 124.71	\$ 185.65		
651	Routine Home Care 61+days	\$ 153.92		0.9320	\$ 105.76	\$ 48.16	\$ 98.57	\$ 146.73		
652	Continuous Home Care	\$ 1,396.17		0.9320	\$ 959.31	\$ 436.86	\$ 894.08	\$ 1,330.94	\$55.46	\$ 13.86
655	Inpatient Respite Care	\$ 473.79		0.9320	\$ 256.46	\$ 217.33	\$ 239.02	\$ 456.35		
656	General Inpatient Care	\$ 1,021.25		0.9320	\$ 653.70	\$ 367.55	\$ 609.25	\$ 976.80		
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		\$ 58.17	0.9320	\$ 39.97	\$ 18.20	\$ 37.25	\$ 55.45	\$55.46	\$ 13.86
561	Service Intensity Add On Rate - Social Worker		\$ 58.17	0.9320	\$ 39.97	\$ 18.20	\$ 37.25	\$ 55.45	\$55.46	\$ 13.86