**FFY 2013 Hospice Rates**
**October 1, 2012 to September 30, 2013**

## Montana and Out-of-State Providers

| Rev Code | Description | Wage | Index | Indexed | Unweighted | Caculation | Total | Hour | 15 Min |
|---|---|---|---|---|---|---|---|---|---|
| 651 | Routine Home Care | $ 153.45 | 0.8849 | $ 105.44 | $ 48.01 | $ 93.30 | **$ 141.31** | | |
| 652 | Continuous Home Care | $ 895.56 | 0.8849 | $ 615.34 | $ 280.22 | $ 544.51 | **$ 824.73** | **$ 34.36** | **$ 8.59** |
| 655 | Inpatient Respite Care | $ 158.72 | 0.8849 | $ 85.92 | $ 72.80 | $ 76.03 | **$ 148.83** | | |
| 656 | General Inpatient Care | $ 682.59 | 0.8849 | $ 436.93 | $ 245.66 | $ 386.64 | **$ 632.30** | | |
| 659 | Nursing Facility (Room and Board) | | *Medicaid Nursing Facility Rate | | | | | | |

## Billings/Yellowstone County

| Rev Code | Description | Wage | Index | Indexed | Unweighted | | Total | Hour | 15 Min |
|---|---|---|---|---|---|---|---|---|---|
| 651 | Routine Home Care | $ 153.45 | 0.8809 | $ 105.44 | $ 48.01 | $ 92.88 | **$ 140.89** | | |
| 652 | Continuous Home Care | $ 895.56 | 0.8809 | $ 615.34 | $ 280.22 | $ 542.05 | **$ 822.27** | **$ 34.26** | **$ 8.57** |
| 655 | Inpatient Respite Care | $ 158.72 | 0.8809 | $ 85.92 | $ 72.80 | $ 75.69 | **$ 148.49** | | |
| 656 | General Inpatient Care | $ 682.59 | 0.8809 | $ 436.93 | $ 245.66 | $ 384.89 | **$ 630.55** | | |
| 659 | Nursing Facility (Room and Board) | | *Medicaid Nursing Facility Rate | | | | | | |

## Great Falls/Cascade County

| Rev Code | Description | Wage | Index | Indexed | Unweighted | | Total | Hour | 15 Min |
|---|---|---|---|---|---|---|---|---|---|
| 651 | Routine Home Care | $ 153.45 | 0.8692 | $ 105.44 | $ 48.01 | $ 91.65 | **$ 139.66** | | |
| 652 | Continuous Home Care | $ 895.56 | 0.8692 | $ 615.34 | $ 280.22 | $ 534.85 | **$ 815.07** | **$ 33.96** | **$ 8.49** |
| 655 | Inpatient Respite Care | $ 158.72 | 0.8692 | $ 85.92 | $ 72.80 | $ 74.68 | **$ 147.48** | | |
| 656 | General Inpatient Care | $ 682.59 | 0.8692 | $ 436.93 | $ 245.66 | $ 379.78 | **$ 625.44** | | |
| 659 | Nursing Facility (Room and Board) | | *Medicaid Nursing Facility Rate | | | | | | |

## Missoula/Missoula County

| Rev Code | Description | Wage | Index | Indexed | Unweighted | | Total | Hour | 15 Min |
|---|---|---|---|---|---|---|---|---|---|
| 651 | Routine Home Care | $ 153.45 | 0.9403 | $ 105.44 | $ 48.01 | $ 99.15 | **$ 147.16** | | |
| 652 | Continuous Home Care | $ 895.56 | 0.9403 | $ 615.34 | $ 280.22 | $ 578.60 | **$ 858.82** | **$ 35.78** | **$ 8.95** |
| 655 | Inpatient Respite Care | $ 158.72 | 0.9403 | $ 85.92 | $ 72.80 | $ 80.79 | **$ 153.59** | | |
| 656 | General Inpatient Care | $ 682.59 | 0.9403 | $ 436.93 | $ 245.66 | $ 410.85 | **$ 656.51** | | |
| 659 | Nursing Facility (Room and Board) | | *Medicaid Nursing Facility Rate | | | | | | |

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## Carbon

| Rev Code | Description | Wage | Index | Indexed | Unweighted | | Total | Hour | 15 Min |
|---|---|---|---|---|---|---|---|---|---|
| 651 | Routine Home Care | $ 153.45 | 0.8809 | $ 105.44 | $ 48.01 | $ 92.88 | **$ 140.89** | | |
| 652 | Continuous Home Care | $ 895.56 | 0.8809 | $ 615.34 | $ 280.22 | $ 542.05 | **$ 822.27** | **$ 34.26** | **$ 8.57** |
| 655 | Inpatient Respite Care | $ 158.72 | 0.8809 | $ 85.92 | $ 72.80 | $ 75.69 | **$ 148.49** | | |
| 656 | General Inpatient Care | $ 682.59 | 0.8809 | $ 436.93 | $ 245.66 | $ 384.89 | **$ 630.55** | | |
| 659 | Nursing Facility (Room and Board) | | *Medicaid Nursing Facility Rate | | | | | | |