MONTANA
Department of Public Health & Human Services

October 1, 2007
Montana Medicaid Notice
Hospice Providers

Rate Increase

Effective October 1, 2007, Hospice rates will be:

Hospice Rates							
Montana						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 92.96	0.9163	$ 85.18	$ 42.33	**$ 127.51**	
652	Continuous Home Care	$ 542.03	0.9163	$ 496.66	$ 246.83	**$ 743.49**	**$ 7.74**
655	Inpatient Respite Care	$ 79.64	0.9163	$ 72.97	$ 67.48	**$ 140.45**	
656	General Inpatient Care	$ 384.71	0.9163	$ 352.51	$ 216.31	**$ 568.82**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Billings/Yellowstone County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 92.96	0.9293	$ 86.39	$ 42.33	**$ 128.72**	
652	Continuous Home Care	$ 542.03	0.9293	$ 503.71	$ 246.83	**$ 750.54**	**$ 7.82**
655	Inpatient Respite Care	$ 79.64	0.9293	$ 74.01	$ 67.48	**$ 141.49**	
656	General Inpatient Care	$ 384.71	0.9293	$ 357.51	$ 216.31	**$ 573.82**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Great Falls/Cascade County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 92.96	0.9171	$ 85.25	$ 42.33	**$ 127.58**	
652	Continuous Home Care	$ 542.03	0.9171	$ 497.10	$ 246.83	**$ 743.93**	**$ 7.75**
655	Inpatient Respite Care	$ 79.64	0.9171	$ 73.04	$ 67.48	**$ 140.52**	
656	General Inpatient Care	$ 384.71	0.9171	$ 352.82	$ 216.31	**$ 569.13**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Missoula/Missoula County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 92.96	0.9523	$ 88.53	$ 42.33	**$ 130.86**	
652	Continuous Home Care	$ 542.03	0.9523	$ 516.18	$ 246.83	**$ 763.01**	**$ 7.95**
655	Inpatient Respite Care	$ 79.64	0.9523	$ 75.84	$ 67.48	**$ 143.32**	
656	General Inpatient Care	$ 384.71	0.9523	$ 366.36	$ 216.31	**$ 582.67**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Hospice Rates (continued)							
Carbon County						Rates	
Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 min
651	Routine Home Care	$ 92.96	0.9293	$ 86.39	$ 42.33	**$ 128.72**	
652	Continuous Home Care	$ 542.03	0.9293	$ 503.71	$ 246.83	**$ 750.54**	**$ 7.82**
655	Inpatient Respite Care	$ 79.64	0.9293	$ 74.01	$ 67.48	**$ 141.49**	
656	General Inpatient Care	$ 384.71	0.9293	$ 357.51	$ 216.31	**$ 573.82**	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Note

Medicaid Nursing Facility rates can be found at http://www.dphhs.mt.gov/sltc/services/nursing facilities.

Contact Information

For claims questions or additional information, contact Annette Marron at 406-444-4142 or Abby Hulme at 406-444-4564, Senior and Long Term Care Division, or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

http://www.mtmedicaid.org