

(f) The Montana RCC and other Montana RCC-based Calculations			
The table below lists the 14 regulated (acute care and long-term care) hospitals in Montana and their RCCs (Ratio of Costs to Charges) in 2008. These RCCs are based on research and analysis conducted by the Centers for Medicare and Medicaid Services (CMS), utilizing financial reports submitted by each of the hospitals.			
When claim outliers are calculated, the individual hospital's RCC will be used as the basis in calculations.			
Reimbursement rates in this fee schedule remain unchanged until the next revision of this fee schedule section referenced in the <u>Administrative Rules of Montana</u> .			
		CMS' 2008	
		Calculation	
		of Individual	
		Facility	
		Cost to	
		Charge	
Hospital	CMS		
Name	Provider Number	Ratios	Notes:
ADVANCED CARE HOSPITAL OF MONTANA			1) Advanced Care Hospital of Montana in Billings had not yet been given an RCC or CMS provider number at the time this data table was developed.
BENEFIS HEALTHCARE	270012	0.416	
BOZEMAN DEACONESS HEALTH SERVICES	270057	0.533	
CENTRAL MONTANA MEDICAL CENTER	270011	0.566	
COMMUNITY MEDICAL CENTER	270023	0.522	2) Sources for the data table include a number of CMS database report sections, particularly "HCRIS 2005 Report of Total Costs, IP Charges and Inpatient Charges from Worksheet C, Part I, Line 101, Column 5, 6, and 7," et. seq., HCRIS' CostsCharges0907, subset "2005 Hospital Complex Total Costs and Charges," et. seq., and "Hospital2007_09_07 FY2005" et. seq.
BILLINGS CLINIC	270004	0.371	
HEALTHCENTER NORTHWEST	270087	0.838	
HOLY ROSARY HEALTH CENTER	270002	0.416	
KALISPELL REGIONAL MEDICAL CENTER	270051	0.443	
NORTHERN MONTANA HOSPITAL	270032	0.418	
SAINT JAMES COMMUNITY HOSPITAL	270017	0.454	
ST. PATRICK HOSPITAL	270014	0.377	
ST. PETERS HOSPITAL	270003	0.427	
SAINT VINCENT HEALTHCARE	270049	0.377	