

(g) The Montana RCC and other Montana RCC-based Calculations

The table below lists the 14 regulated (acute care) hospitals in Montana with 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 Administrative Rules of Montana.

		Montana Adopted 2008					
		Calculation of Individual Facility Cost to					
Hospital Name	CMS Provider Number	Charge Ratios					
BENEFIS HEALTHCARE	270012	0.416	Notes: 1) The Daniels Memorial Hospital RCC is carried forward from 2005. 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.				
BOZEMAN DEACONESS HEALTH SERVICES	270057	0.533					
CENTRAL MONTANA MEDICAL CENTER	270011	0.566					
COMMUNITY MEDICAL CENTER	270023	0.522					
DANIELS MEMORIAL HOSPITAL	271342	0.738					
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					