

NEBRASKA MEDICAID ACUTE INPATIENT HOSPITAL COMPONENTS
Effective July 1, 2023



Name	Location	Medicaid ID	SFY 2024 Peer Group	SFY 2024 Base Rate	SFY 2024 Capital Per Diem Cost Rate	SFY 2024 Direct Medical Education (DME) Rate	SFY 2024 Indirect Medical Education (IME) Factor	SFY 2024 Cost-to-Charge Ratio (CCR) Outlier	SFY 2024 Direct Medical Education (DME) Transplant Rate	SFY 2024 Cost-to-Charge Ratio (CCR) Transplant
BOYS TOWN NATIONAL RESEARCH HOSPITAL/FATHER FLANAGAN'S BOYS' HOME	OMAHA	100262836-00	1A	\$10,270.00	\$50.00	-	-	0.3870	-	0.4130
BRYAN MEDICAL CENTER - KEARNEY	KEARNEY	100269048-03	3	\$7,870.00	\$25.00	-	-	0.3340	-	0.6504
BRYAN MEDICAL CENTER - LINCOLN	LINCOLN	470376552-00 100263189-05	1B	\$8,556.00	\$50.00	\$39.00	0.0105	0.2770	\$37.08	0.3735
CHI HEALTH - GOOD SAMARITAN	KEARNEY	470379755-00	2	\$8,306.00	\$43.00	\$33.00	0.0070	0.3330	\$31.93	0.4573
CHI HEALTH - IMMANUEL	OMAHA	470376615-01 100264530-06	1B	\$8,556.00	\$50.00	\$79.00	0.0302	0.2700	\$72.10	0.2887
CHI HEALTH - LAKESIDE	OMAHA	100251440-00	1B	\$8,556.00	\$50.00	-	-	0.2700	-	0.3065
CHI HEALTH - MIDLANDS	PAPILLION	470757164-00	1B	\$8,556.00	\$50.00	-	-	0.3870	-	0.6249
CHI HEALTH - NEBRASKA HEART	LINCOLN	100249829-00	1B	\$8,556.00	\$50.00	-	-	0.3930	-	0.5756
CHI HEALTH - ST. ELIZABETH	LINCOLN	470379836-00	1B	\$8,556.00	\$50.00	\$58.00	0.0063	0.3740	\$54.59	0.5105
CHI HEALTH - ST. FRANCIS	GRAND ISLAND	470376601-01	2	\$8,306.00	\$43.00	\$3.00	0.0138	0.3150	\$3.09	0.3983
CHI HEALTH CREIGHTON UNIVERSITY MEDICAL CENTER - BERGAN MERCY	OMAHA	470484764-00	1B	\$8,556.00	\$50.00	\$653.00	0.1953	0.2940	\$607.70	0.3798
CHILDREN'S HOSPITAL & MEDICAL CENTER	OMAHA	470379754-00	1A	\$10,270.00	\$50.00	\$361.00	0.2045	0.4210	\$334.75	0.4975
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	470542043-01	3	\$7,870.00	\$25.00	-	-	0.7120	-	0.7187
FAITH REGIONAL HEALTH SERVICES	NORFOLK	470796875-01 100264718-06	2	\$8,306.00	\$43.00	-	-	0.3860	-	0.5744
GRAND ISLAND REGIONAL MEDICAL CENTER	GRAND ISLAND	100268417-00 100268417-01	1B	\$8,556.00	\$50.00	-	-	0.2970	-	0.4893
GREAT PLAINS HEALTH/NORTH PLATTE NEBRASKA HOSPITAL CORP	NORTH PLATTE	470662290-00 100262455-26	2	\$8,306.00	\$43.00	-	-	0.3090	-	0.4856
LINCOLN SURGICAL HOSPITAL	LINCOLN	100249465-00	1B	\$8,556.00	\$50.00	-	-	0.7210	-	0.1845
MARY LANNING HEALTHCARE	HASTINGS	470378779-00 100265342-58	2	\$8,306.00	\$43.00	-	-	0.4320	-	0.4945
METHODIST FREMONT HEALTH	FREMONT	100267502-03	2	\$8,306.00	\$43.00	-	-	0.3330	-	0.5252
METHODIST HOSPITAL/METHODIST WOMEN'S HOSPITAL	OMAHA	470376604-01 100258835-00	1B	\$8,556.00	\$50.00	\$53.00	0.0193	0.3420	\$49.44	0.4179
MIDWEST SURGICAL HOSPITAL	OMAHA	100256623-00	1B	\$8,556.00	\$50.00	-	-	0.2510	-	0.3644

Name	Location	Medicaid ID	SFY 2024 Peer Group	SFY 2024 Base Rate	SFY 2024 Capital Per Diem Cost Rate	SFY 2024 Direct Medical Education (DME) Rate	SFY 2024 Indirect Medical Education (IME) Factor	SFY 2024 Cost-to-Charge Ratio (CCR) Outlier	SFY 2024 Direct Medical Education (DME) Transplant Rate	SFY 2024 Cost-to-Charge Ratio (CCR) Transplant
NEBRASKA MEDICINE	OMAHA	911858433-02	1B	\$8,556.00	\$50.00	\$446.00	0.1839	0.2350	\$416.12	0.3474
NEBRASKA MEDICINE -BELLEVUE MEDICAL CENTER	BELLEVUE	100258704-00	1B	\$8,556.00	\$50.00	-	-	0.3230	-	0.6940
NEBRASKA SPINE HOSPITAL	OMAHA	100259716-00	1B	\$8,556.00	\$50.00	-	-	0.1520	-	0.2391
ORTHONEBRASKA	OMAHA	100251045-00	1B	\$8,556.00	\$50.00	-	-	0.4730	-	0.8070
REGIONAL WEST MEDICAL CENTER	SCOTTSBLUFF	470385129-02	2	\$8,306.00	\$43.00	-	-	0.3270	-	0.4243

Children's Hospital Colorado	Aurora Colorado	840166760-00	1A	\$10,270.00	\$50.00	-	-	0.2940	-	0.4285
Marian Health Center-MercyOne Siouxland Medical Center	Sioux City Iowa	311407377-00	1B	\$8,556.00	\$50.00	-	-	0.3130	-	0.4399
Methodist Jennie Edmundson Hospital	Council Bluffs Iowa	420680355-00	1B	\$8,556.00	\$50.00	-	-	0.3080	-	0.5102
Monument Health Rapid City Hospital	Rapid City South Dakota	100263337-29	1B	\$8,556.00	\$50.00	-	-	0.2920	-	1.3476
PSL Medical Center/HCA Healthone	Denver Colorado	100251650-08	1B	\$8,556.00	\$50.00	-	-	0.1260	-	0.1900
Sacred Heart Hospital	Yankton South Dakota	460225483-01	3	\$7,870.00	\$25.00	-	-	0.3010	-	0.3641
St Lukes Regional Medical Center/Northwest Iowa Hospital Corp	Sioux City Iowa	421019872-00	1B	\$8,556.00	\$50.00	-	-	0.3210	-	0.2796

<i>Out-Of-State</i>	<i>1A</i>	<i>\$10,270.00</i>	<i>\$50.00</i>	<i>-</i>	<i>-</i>	<i>0.4040</i>	<i>-</i>	<i>0.4553</i>
<i>Out-Of-State</i>	<i>1B</i>	<i>\$8,556.00</i>	<i>\$50.00</i>	<i>-</i>	<i>-</i>	<i>0.3373</i>	<i>-</i>	<i>0.4402</i>
<i>Out-Of-State</i>	<i>2</i>	<i>\$8,306.00</i>	<i>\$43.00</i>	<i>-</i>	<i>-</i>	<i>0.3479</i>	<i>-</i>	<i>0.4799</i>
<i>Out-Of-State</i>	<i>3</i>	<i>\$7,870.00</i>	<i>\$25.00</i>	<i>-</i>	<i>-</i>	<i>0.5230</i>	<i>-</i>	<i>0.6846</i>

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.