

NEBRASKA MEDICAID ACUTE INPATIENT HOSPITAL COMPONENTS

Effective July 1, 2024



Jim Pillen, Governor

Name	Location	Medicaid ID	SFY 2025 Peer Group	SFY 2025 Base Rate	SFY 2025 Capital Per Diem Cost Rate	SFY 2025 Direct Medical Education (DME) Rate	SFY 2025 Indirect Medical Education (IME) Factor	SFY 2025 Cost-to-Charge Ratio (CCR) Outlier	SFY 2025 Direct Medical Education (DME) Transplant Rate	SFY 2025 Cost-to-Charge Ratio (CCR) Transplant
BOYS TOWN NATIONAL RESEARCH HOSPITAL/ FATHER FLANAGAN'S BOYS' HOME	OMAHA	100262836-00	10	\$10,270.00	\$50.00	-	-	0.4394	-	0.3637
BRYAN MEDICAL CENTER-KEARNEY	KEARNEY	100269048-03	3	\$7,870.00	\$25.00	-	-	0.3490	-	0.6224
BRYAN MEDICAL CENTER-LINCOLN	LINCOLN	470376552-00 100263189-05	1	\$8,556.00	\$50.00	\$39.00	0.0118	0.2660	\$37.08	0.3889
CHI HEALTH-CREIGHTON UNIVERSITY MEDICAL CENTER-BERGAN MERCY	OMAHA	470484764-00	1	\$8,556.00	\$50.00	\$653.00	0.1960	0.3040	\$607.70	0.3673
CHI HEALTH-GOOD SAMARITAN HOSPITAL	KEARNEY	470379755-00	2	\$8,306.00	\$43.00	\$33.00	0.0089	0.3040	\$31.93	0.5009
CHI HEALTH-IMMANUEL	OMAHA	470376615-01 100264530-06	1	\$8,556.00	\$50.00	\$79.00	0.0352	0.2840	\$72.10	0.2745
CHI HEALTH-LAKESIDE	OMAHA	100251440-00	1	\$8,556.00	\$50.00	-	-	0.2890	-	0.2863
CHI HEALTH-MIDLANDS	PAPILLION	470757164-00	1	\$8,556.00	\$50.00	-	-	0.4240	-	0.5704
CHI HEALTH-NEBRASKA HEART	LINCOLN	100249829-00	1	\$8,556.00	\$50.00	-	-	0.3660	-	0.6181
CHI HEALTH-ST. ELIZABETH	LINCOLN	470379836-00	1	\$8,556.00	\$50.00	\$58.00	0.0111	0.3640	\$54.59	0.5245
CHI HEALTH-ST. FRANCIS	GRAND ISLAND	470376601-01	2	\$8,306.00	\$43.00	\$3.00	0.0184	0.3090	\$3.09	0.4060
CHILDREN'S NEBRASKA	OMAHA	470379754-00	10	\$10,270.00	\$50.00	\$361.00	0.1872	0.4181	\$334.75	0.5010
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	470542043-01	3	\$7,870.00	\$25.00	-	-	0.7240	-	0.7068
FAITH REGIONAL HEALTH SERVICES	NORFOLK	470796875-01 100264718-06	2	\$8,306.00	\$43.00	-	-	0.4140	-	0.5356
GRAND ISLAND REGIONAL MEDICAL CENTER	GRAND ISLAND	100268417-00 100268417-01	1	\$8,556.00	\$50.00	-	-	0.5380	-	0.2701
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	1	\$8,556.00	\$50.00	-	-	1.1980	-	0.1110
MARY LANNING HEALTHCARE	HASTINGS	470378779-00 100265342-58	2	\$8,306.00	\$43.00	-	-	0.4470	-	0.4779
METHODIST FREMONT HEALTH	FREMONT	100267502-03	2	\$8,306.00	\$43.00	-	-	0.3260	-	0.5365
METHODIST HOSPITAL/METHODIST WOMEN'S HOSPITAL	OMAHA	470376604-01 100258835-00	1	\$8,556.00	\$50.00	\$53.00	0.0196	0.3550	\$49.44	0.4026
MIDWEST SURGICAL HOSPITAL	OMAHA	100256623-00	1	\$8,556.00	\$50.00	-	-	0.2510	-	0.3644

NEBRASKA MEDICINE	OMAHA	911858433-02	1	\$8,556.00	\$50.00	\$446.00	0.1907	0.2600	\$416.12	0.3140
NEBRASKA MEDICINE -BELLEVUE MEDICAL CENTER	BELLEVUE	100258704-00	1	\$8,556.00	\$50.00	-	-	0.3060	-	0.7326
NEBRASKA SPINE HOSPITAL	OMAHA	100259716-00	1	\$8,556.00	\$50.00	-	-	0.1430	-	0.2541
ORTHONEBRASKA	OMAHA	100251045-00	1	\$8,556.00	\$50.00	-	-	0.9060	-	0.4213
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	10	\$10,270.00	\$50.00	-	-	0.3180	-	0.3962
MARIAN HEALTH CENTER-MERCYONE SIOUXLAND MEDICAL CENTER	SIOUX CITY IOWA	311407377-00	1	\$8,556.00	\$50.00	-	-	0.3660	-	0.3762
METHODIST JENNIE EDMUNDSON HOSPITAL	COUNCIL BLUFFS IOWA	420680355-00	1	\$8,556.00	\$50.00	-	-	0.3530	-	0.4452
MONUMENT HEALTH RAPID CITY HOSPITAL	RAPID CITY SOUTH DAKOTA	100263337-29	1	\$8,556.00	\$50.00	-	-	0.3080	-	1.2776
PSL MEDICAL CENTER/HCA HEALTHONE LLC	DENVER COLORADO	100251650-08	1	\$8,556.00	\$50.00	-	-	0.1020	-	0.2347
SACRED HEART HOSPITAL	YANKTON SOUTH DAKOTA	460225483-01	3	\$7,870.00	\$25.00	-	-	0.2790	-	0.3928
ST LUKES REGIONAL MEDICAL CENTER/NORTHWEST IOWA HOSPITAL CORPORATION	SIOUX CITY IOWA	421019872-00	1	\$8,556.00	\$50.00	-	-	0.4610	-	0.1947

<i>Out-Of-State</i>	<i>10</i>	<i>\$10,270.00</i>	<i>\$50.00</i>	<i>0.4169</i>	<i>0.3933</i>
<i>Out-Of-State</i>	<i>1</i>	<i>\$8,556.00</i>	<i>\$50.00</i>	<i>0.3480</i>	<i>0.4810</i>
<i>Out-Of-State</i>	<i>2</i>	<i>\$8,306.00</i>	<i>\$43.00</i>	<i>0.5365</i>	<i>0.6646</i>
<i>Out-Of-State</i>	<i>3</i>	<i>\$7,870.00</i>	<i>\$25.00</i>	<i>0.4288</i>	<i>0.4323</i>

Please note the Base Rate, Capital Per Diem, DME, and Transplant DME rates do not reflect an increase from the previous fee schedule as there were no rate increase appropriations for this State Fiscal Year 2025. IME Factor, CCR Outlier, and CCR Transplant were adjusted as these components are independent from appropriations.

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.