



DEPT. OF HEALTH AND HUMAN SERVICES

NEBRASKA MEDICAID SWING BED RATE

Effective: January 1, 2026

Туре	LOC	CY26
Swing Bed	092	\$296.01

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.