

**NEBRASKA MEDICAID HOSPITAL NON-ACUTE ADMIN LOC RATE***Effective: January 1, 2026*

Type	LOC	CY26
Hospital Non-Acute Admin LOC	094	<b>\$296.01</b>

*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.*