

NEBRASKA MEDICAID ACUTE INPATIENT HOSPITAL COMPONENTS
Effective July 1, 2026

Name	Location	Medicaid ID	SFY 2027 Peer Group	SFY 2027 Base Rate	SFY 2027 Capital Per Diem Cost Rate	SFY 2027 Direct Medical Education (DME) Rate	SFY 2027 Indirect Medical Education (IME) Factor	SFY 2027 Cost-to-Charge Ratio (CCR) Outlier	SFY 2027 Direct Medical Education (DME) Transplant Rate	SFY 2027 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	-	-	0.3890	-	0.3760
BRYAN MEDICAL CENTER KEARNEY	KEARNEY	100269048-03	3	\$7,870.00	\$25.00	-	-	0.2680	-	0.6831
BRYAN MEDICAL CENTER GRAND ISLAND	GRAND ISLAND	100268417-00 100268417-01	1	\$8,556.00	\$50.00	-	-	0.3690	-	0.3502
BRYAN MEDICAL CENTER LINCOLN	LINCOLN	470376552-00 100263189-05	1	\$8,556.00	\$50.00	\$39.00	0.0119	0.2850	\$37.00	0.3617
CHI HEALTH CREIGHTON UNIVERSITY MEDICAL CENTER-BERGAN MERCY	OMAHA	470484764-00	1	\$8,556.00	\$50.00	\$653.00	0.1893	0.2740	\$608.00	0.3837
CHI HEALTH GOOD SAMARITAN HOSPITAL	KEARNEY	470379755-00	2	\$8,306.00	\$43.00	\$33.00	0.0090	0.2680	\$32.00	0.5009
CHI HEALTH IMMANUEL	OMAHA	470376615-01 100264530-06	1	\$8,556.00	\$50.00	\$79.00	0.0282	0.2740	\$72.00	0.2987
CHI HEALTH LAKESIDE	OMAHA	100251440-00	1	\$8,556.00	\$50.00	-	-	0.2810	-	0.3064
CHI HEALTH MIDLANDS	PAPILLION	470757164-00	1	\$8,556.00	\$50.00	-	-	0.4490	-	0.5435
CHI HEALTH NEBRASKA HEART	LINCOLN	100249829-00	1	\$8,556.00	\$50.00	-	-	0.3410	-	0.5038
CHI HEALTH ST. ELIZABETH	LINCOLN	470379836-00	1	\$8,556.00	\$50.00	\$58.00	0.0173	0.3020	\$55.00	0.5132
CHI HEALTH ST. FRANCIS	GRAND ISLAND	470376601-01	1	\$8,556.00	\$50.00	\$3.00	0.0285	0.3040	\$3.00	0.4497
CHILDREN'S NEBRASKA	OMAHA	470379754-00	10	\$10,270.00	\$50.00	\$361.00	0.3730	0.4291	\$335.00	0.4952
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	470542043-01	3	\$7,870.00	\$25.00	-	-	0.6880	-	0.8033
FAITH REGIONAL HEALTH SERVICES	NORFOLK	470796875-01 100264718-06	2	\$8,306.00	\$43.00	-	-	0.3730	-	0.5977
GREAT PLAINS HEALTH/NORTH PLATTE NEBRASKA HOSPITAL CORP	NORTH PLATTE	470662290-00 100262455-26	2	\$8,306.00	\$43.00	-	-	0.2960	-	0.4704
LINCOLN SURGICAL HOSPITAL	LINCOLN	100249465-00	1	\$8,556.00	\$50.00	-	-	0.3000	-	0.2317
MARY LANNING HEALTHCARE	HASTINGS	470378779-00 100265342-58	2	\$8,306.00	\$43.00	-	-	0.4220	-	0.5050
METHODIST FREMONT HEALTH	FREMONT	100267502-03	2	\$8,306.00	\$43.00	-	-	0.3050	-	0.5949
METHODIST HOSPITAL/METHODIST WOMEN'S HOSPITAL	OMAHA	470376604-01 100258835-00	1	\$8,556.00	\$50.00	\$53.00	0.0337	0.3330	\$49.00	0.4279
MIDWEST SURGICAL HOSPITAL	OMAHA	100256623-00	1	\$8,556.00	\$50.00	-	-	0.2080	-	0.3659

Name	Location	Medicaid ID	SFY 2027 Peer Group	SFY 2027 Base Rate	SFY 2027 Capital Per Diem Cost Rate	SFY 2027 Direct Medical Education (DME) Rate	SFY 2027 Indirect Medical Education (IME) Factor	SFY 2027 Cost-to-Charge Ratio (CCR) Outlier	SFY 2027 Direct Medical Education (DME) Transplant Rate	SFY 2027 Cost-to-Charge Ratio (CCR) Transplant
NEBRASKA MEDICINE	OMAHA	911858433-02	1	\$8,556.00	\$50.00	\$446.00	0.3511	0.2640	\$416.00	0.3612
NEBRASKA MEDICINE - BELLEVUE MEDICAL CENTER	BELLEVUE	100258704-00	1	\$8,556.00	\$50.00	-	-	0.3250	-	0.7255
NEBRASKA SPINE HOSPITAL	OMAHA	100259716-00	1	\$8,556.00	\$50.00	-	-	0.1360	-	0.1912
ORTHONEBRASKA	OMAHA	100251045-00	1	\$8,556.00	\$50.00	-	-	0.7800	-	0.8558
REGIONAL WEST MEDICAL CENTER	SCOTTSBLUFF	470385129-02	2	\$8,306.00	\$43.00	-	-	0.2800	-	0.4179

CHILDREN'S HOSPITAL COLORADO	AURORA COLORADO	840166760-00	10	\$10,270.00	\$50.00	-	-	0.2988	-	0.3962
MARIAN HEALTH CENTER-MERCYONE SIOUXLAND MEDICAL CENTER	SIOUX CITY IOWA	311407377-00	1	\$8,556.00	\$50.00	-	-	0.3540	-	0.4544
METHODIST JENNIE EDMUNDSON HOSPITAL	COUNCIL BLUFFS IOWA	420680355-00	1	\$8,556.00	\$50.00	-	-	0.3540	-	0.4958
MONUMENT HEALTH RAPID CITY HOSPITAL	RAPID CITY SOUTH DAKOTA	100263337-29	1	\$8,556.00	\$50.00	-	-	0.2610	-	1.2413
PSL MEDICAL CENTER/HCA HEALTHONE LLC	DENVER COLORADO	100251650-08	1	\$8,556.00	\$50.00	-	-	0.0930	-	0.1760
SACRED HEART HOSPITAL	YANKTON SOUTH DAKOTA	460225483-01	2	\$8,306.00	\$43.00	-	-	0.2580	-	0.3766
ST LUKES REGIONAL MEDICAL CENTER/NORTHWEST IOWA HOSPITAL CORPORATION	SIOUX CITY IOWA	421019872-00	1	\$8,556.00	\$50.00	-	-	0.3660	-	0.2521

Out-Of-State	10	\$10,270.00	\$50.00	0.3431	0.4356
Out-Of-State	1	\$8,556.00	\$50.00	0.3266	0.4293
Out-Of-State	2	\$8,306.00	\$43.00	0.3240	0.5144
Out-Of-State	3	\$7,870.00	\$25.00	0.4780	0.7432

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 2027. 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.