

**NEBRASKA MEDICAID OUTPATIENT RATES**

Effective July 1, 2026



Jim Pillen, Governor

Provider Name	City	Medicaid ID	Effective Date	Outpatient Rate
BOYS TOWN NATIONAL RESEARCH HOSPITAL	OMAHA	100262836-00	7/1/2026	32%
BRYAN MEDICAL CENTER GRAND ISLAND	GRAND ISLAND	100268417-00 100268417-01	7/1/2026	25%
BRYAN MEDICAL CENTER KEARNEY	KEARNEY	100269048-03	7/1/2026	17%
BRYAN MEDICAL CENTER LINCOLN	LINCOLN	470376552-00 470376552-30 100263189-11 470376552-87	7/1/2026	18%
CHI HEALTH CREIGHTON UNIVERSITY MEDICAL CENTER BERGAN MERCY	OMAHA	470484764-00 100256202-00	2/1/2026	16%
CHI HEALTH GOOD SAMARITAN	KEARNEY	470379755-00 470379755-87 470379755-25	2/1/2026	18%
CHI HEALTH IMMANUEL	OMAHA	470376615-01 100264530-06 470376615-26 470376615-08	2/1/2026	16%
CHI HEALTH LAKESIDE	OMAHA	100251440-00	2/1/2026	14%
CHI HEALTH MIDLANDS	PAPILLION	470757164-00	2/1/2026	17%
CHI HEALTH NEBRASKA HEART	LINCOLN	100249829-00	2/1/2026	22%
CHI HEALTH ST ELIZABETH	LINCOLN	470379836-00	2/1/2026	20%
CHI HEALTH ST FRANCIS	GRAND ISLAND	470376601-01 100256432-00	2/1/2026	21%
CHILDREN'S NEBRASKA	OMAHA	470379754-00	7/1/2026	36%
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	470542043-01 100263652-12	2/1/2026	30%
DOUGLAS COUNTY HOSPITAL	OMAHA	476006455-09	2/1/2026	76%
FAITH REGIONAL HEALTH SERVICES	NORFOLK	470796875-01 100264718-06 470796875-28 100252305-00	7/1/2026	22%
GREAT PLAINS HEALTH/NORTH PLATTE NEBRASKA HOSPITAL CORP	NORTH PLATTE	470662290-00 100262455-26 470662290-26	7/1/2026	24%

LINCOLN SURGICAL	LINCOLN	100249465-00	7/1/2026	27%
MADONNA LTACH LINCOLN	LINCOLN	100251802-00	2/1/2026	38%
MADONNA LTACH OMAHA	OMAHA	100261359-11 100261359-07	2/1/2026	30%
MADONNA REHAB HOSPITAL LINCOLN	LINCOLN	470439599-02	2/1/2026	38%
MARY LANNING HEALTHCARE	HASTINGS	470378779-00 470378779-26 100254775-00	7/1/2026	27%
METHODIST HEALTH OMAHA	OMAHA	470376604-01 100258835-00 470376604-87	7/1/2026	21%
METHODIST HEATH FREMONT	FREMONT	100267502-03 100267502-14	7/1/2026	18%
MIDWEST SURGICAL	OMAHA	100256623-00	7/1/2026	17%
NEBRASKA MEDICINE BELLEVUE	BELLEVUE	100258704-00	2/1/2026	22%
NEBRASKA MEDICINE OMAHA	OMAHA	911858433-02 911858433-26 100255812-00	2/1/2026	24%
NEBRASKA SPINE HOSPITAL	OMAHA	100259716-00	7/1/2026	27%
ORTHONEBRASKA	OMAHA	100251045-00	7/1/2026	27%
REGIONAL WEST MEDICAL CENTER	SCOTTSDLUFF	470385129-02 470385129-26 470385129-87	7/1/2026	18%
SELECT SPECIALITY	OMAHA	100256413-00	2/1/2026	11%

Out of State Outpatient Rate

Peer Group 1 21%

Peer Group 2 21%

Peer Group 3 24%

Peer Group 5 25%

Peer Group 6 23%

Peer Group 9 26%

Peer Group 10 34%

*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.*