

**DEPT. OF HEALTH AND HUMAN SERVICES** 



## **NEBRASKA MEDICAID SWING BED RATE**

Effective: January 1, 2025

Туре	LOC	CY25
Swing Bed	092	\$288.52

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.