



## NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES EFFECTIVE JULY 1, 2020

REHABILITATION PROVIDER NAME	MEDICAID ID	Class Code	SFY2021
Bryan Medical Center	47037655287	87	\$ 985.00
CHI Health - Good Samaritan	47037975587	87	\$ 1,023.00
CHI Health - Immanuel	47037661508	87	\$ 884.00
CHI Health - St. Francis Medical Center	10025643200	87	\$ 986.00
Faith Regional Health Services	10025230500	87	\$ 982.00
Madonna Rehabilitation Hospital - Lincoln	47043959902	87	\$ 1,149.00
Madonna Rehabilitation Hospital - Omaha	10026135901	87	\$ 1,947.00
Mary Lanning Memorial Hospital	10025477500	87	\$ 986.00
Nebraska Methodist Hospital	47037660487	87	\$ 1,137.00
Regional West Medical Center	47038512987	87	\$ 986.00