

**NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES EFFECTIVE JULY 1, 2014**

<b>PROVIDER NAME</b>	<b>MEDICAID ID</b>	<b>REHAB PER DIEM SFY 2015</b>
FAITH REGIONAL HLTH SVCS-REHAB	10025230500	\$907
MARY LANNING MEM HOSPITAL- REHAB	10025477500	\$911
SAINT-FRANCIS MED. CTR- REHAB	10025643200	\$911
BRYAN MEM HOSP. DBA REHAB	47037655287	\$679
NEBRASKA METHODIST HOSPITAL- REHAB	47037660487	\$1051
ALEGENT HLTH IMMANUEL MED CTR- REHAB	47037661508	\$817
GOOD SAMARITAN HOSPITAL- REHAB	47037975587	\$945
REGIONAL WEST MED. CTR- REHAB	47038512987	\$911
MADONNA REHAB HOSPITAL	47043959902	\$1061
Out Of State Peer Group 6		\$910

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