

**NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES EFFECTIVE
 JULY 1, 2015**

PROVIDER NAME	MEDICAID ID	REHAB PER DIEM SFY 2016
FAITH REGIONAL HLTH SVCS-REHAB	10025230500	\$925
MARY LANNING MEM HOSPITAL- REHAB	10025477500	\$929
SAINT-FRANCIS MED. CTR- REHAB	10025643200	\$929
BRYAN MEM HOSP. DBA REHAB	47037655287	\$693
NEBRASKA METHODIST HOSPITAL- REHAB	47037660487	\$1072
ALEGENT HLTH IMMANUEL MED CTR- REHAB	47037661508	\$833
GOOD SAMARITAN HOSPITAL- REHAB	47037975587	\$964
REGIONAL WEST MED. CTR- REHAB	47038512987	\$929
MADONNA REHAB HOSPITAL	47043959902	\$1082
Out Of State Peer Group 6		\$928