



NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES EFFECTIVE JULY 1, 2017

PROVIDER NAME	MEDICAID ID	REHAB PER DIEM SFY 2018
FAITH REGIONAL HLTH SVCS-REHAB	10025230500	\$944
MARY LANNING MEM HOSPITAL- REHAB	10025477500	\$948
SAINT-FRANCIS MED. CTR- REHAB	10025643200	\$948
BRYAN MEM HOSP. DBA REHAB	47037655287	\$947
NEBRASKA METHODIST HOSPITAL- REHAB	47037660487	\$1093
ALEGENT HLTH IMMANUEL MED CTR- REHAB	47037661508	\$850
GOOD SAMARITAN HOSPITAL- REHAB	47037975587	\$983
REGIONAL WEST MED. CTR- REHAB	47038512987	\$948
MADONNA REHAB HOSPITAL	47043959902	\$1104
Out Of State Peer Group 6		\$947