



NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES

Effective January 1, 2026

| REHABILITATION PROVIDER NAME | MEDICAID ID | CLASS OF CARE | SFY2026 |
|---|--------------|---------------|-------------|
| Bryan Medical Center-Lincoln | 470376552-87 | 87 | \$ 1,055.85 |
| CHI Health - Good Samaritan | 470379755-87 | 87 | \$ 1,095.78 |
| CHI Health - Immanuel | 470376615-08 | 87 | \$ 947.64 |
| CHI Health - St. Francis Medical Center | 100256432-00 | 87 | \$ 1,056.90 |
| Faith Regional Health Services | 100252305-00 | 87 | \$ 1,052.70 |
| Madonna Rehabilitation Hospital - Lincoln | 470439599-02 | 87 | \$ 1,644.82 |
| Madonna Rehabilitation Hospital-Omaha | 100261359-07 | 87 | \$ 1,799.02 |
| Mary Lanning Healthcare | 100254775-00 | 87 | \$ 1,056.90 |
| Methodist Hospital | 470376604-87 | 87 | \$ 1,218.70 |
| Phelps Memorial Health Center | 100265014-03 | 87 | \$ 1,186.13 |
| Regional West Medical Center | 470385129-87 | 87 | \$ 1,046.64 |
| Out of State Rate | | 87 | \$ 1,185.00 |

Please note rates do not reflect an increase from the previous fee schedule as there were no rate increase appropriations for this State Fiscal Year 2026

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.