



NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES EFFECTIVE JULY 1, 2019

Updated: August 6, 2019

REHABILITATION PROVIDER NAME	MEDICAID ID	Class Code	SFY2020
Bryan Medical Center	47037655287	87	\$ 966.00
CHI Health - Good Samaritan	47037975587	87	\$ 1,003.00
CHI Health - Immanuel	47037661508	87	\$ 867.00
CHI Health - St. Francis Medical Center	10025643200	87	\$ 967.00
Faith Regional Health Services	10025230500	87	\$ 963.00
Madonna Rehabilitation Hospital	47043959902	87	\$ 1,126.00
Madonna Rehabilitation Hospital-Omaha	10026135901	87	\$ 1,909.00
Mary Lanning Memorial Hospital	10025477500	87	\$ 967.00
Nebraska Methodist Hospital	47037660487	87	\$ 1,115.00
Regional West Medical Center	47038512987	87	\$ 967.00