



NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES

Effective July 1, 2022

REHABILITATION PROVIDER NAME	MEDICAID ID	Class of Care Code	SFY2023
Bryan Medical Center	47037655287	87	\$ 1,025.00
CHI Health - Good Samaritan	47037975587	87	\$ 1,064.00
CHI Health - Immanuel	47037661508	87	\$ 920.00
CHI Health - St. Francis Medical Center	10025643200	87	\$ 1,026.00
Faith Regional Health Services	10025230500	87	\$ 1,022.00
Madonna Rehabilitation Hospital - Lincoln	47043959902	87	\$ 1,195.00
Madonna Rehabilitation Hospital-Omaha	10026135907		\$ 2,026.00
Mary Lanning Memorial Hospital	10025477500	87	\$ 1,026.00
Nebraska Methodist Hospital-Rehab	47037660487	87	\$ 1,183.00
Phelps Memorial Health Center	10026501403	87	\$ 1,152.00
Regional West Medical Center	47038512987	87	\$ 1,026.00
*Out of State Peer Group 6 - Average of State Rehab		87	\$ 1,151.00