



NEBRASKA MEDICAID ACUTE INPATIENT REHABILITATION HOSPITAL RATES

Effective July 1, 2027

REHABILITATION PROVIDER NAME	MEDICAID ID	CLASS OF CARE	SFY2027
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 2027

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.