

Revised Vent Bed Facility Rates

Effective March 1, 2020 - March 9, 2020

NPI	Provider Name	Effective 11/1/2011	Effective 7/1/2012	Effective 3/1/2020
1134298615	Kindred Hospital East Greensboro - Vent Unit	\$498.64	\$502.07	\$502.07
1285886226	Oak Forest Health and Rehabilitation, LLC	\$456.58	\$459.73	\$459.73
1689640583	Valley Nursing Center - Vent Unit	\$313.13	\$315.28	\$315.28

Vent Bed Facility Rates

Effective March 10, 2020 - March 31, 2020

NPI	Provider Name	Effective 11/1/2011	Effective 7/1/2012	Effective 3/10/2020
1134298615	Kindred Hospital East Greensboro - Vent Unit	\$498.64	\$502.07	\$527.17
1285886226	Oak Forest Health and Rehabilitation, LLC	\$456.58	\$459.73	\$482.71
1689640583	Valley Nursing Center - Vent Unit	\$313.13	\$315.28	\$331.05

* Note: The 5% increase is effective on 3/10/2020. Claims reimbursed at the increased rate with dates of service between 3/1-20 - 3/9/20 will be reprocessed at a later date.