

# Florida Agency For Health Care Administration

0195964-00 - 07/01/21

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mailstop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

Kindred Hospitals East-SNU Provider Number: 0195964-00
1859 Van Buren Street Date: July 7, 2021
Hollywood, FL 33020 County: Broward

## **Provider Type:**

**HOSPITAL - SNU** 

 Current Rate
 New Rate
 Effective Date

 \$243.91
 \$246.04
 7/1/2021

**BASIS: Nursing Home Prospective County Average** 

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:** 

Hospital AHCA Contract Management

\_\_\_ For Information Only (No Change In Rate)



0100706-05 - 07/01/21

July 7, 2021

Duval

# Medicaid Reimbursement Rate Change Form

Shands Jacksonville Medical Center-SNU Provider Number: 0100706-05 655 W 8th Street Date: Jacksonville, FL 32209 County:

# **Provider Type:**

## **HOSPITAL - SNU**

<b>Current Rate</b>	New Rate	<b>Effective Date</b>
\$223.97	\$227.02	7/1/2021

**BASIS: Nursing Home Prospective County Average** 

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

#### **DISTRIBUTION:**

Hospital **AHCA** Contract Management

> For Information Only (No Change In Rate)



# Florida Agency For Health Care Administration

0111341 - 01 - 07/01/21

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mailstop 23 Tallahassee, Florida 32308

### Medicaid Reimbursement Rate Change Form

Lee Memorial Health System-SNU 13960 Plantation Road Fort Myers, FL 33912 Provider Number: <u>0195964-00</u>

Date: July 7, 2021
County: Lee

# **Provider Type:**

**HOSPITAL - SNU** 

 Current Rate
 New Rate
 Effective Date

 \$231.29
 \$233.96
 7/1/2021

**BASIS: Nursing Home Prospective County Average** 

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:** 

Hospital
AHCA
Contract Management

\_\_\_ For Information Only (No Change In Rate)