



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive- Mailstop 23 Tallahassee, Florida 32308

0100706-05 – 07/01/18

Medicaid Reimbursement Rate Change Form

Shands Jacksonville Medical Center-SNU
 655 W 8th Street
 Jacksonville, FL 32209

Provider Number: 0100706-05
 Date: July 1, 2018
 County: Duval

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$223.23</u>	<u>\$228.79</u>	<u>7/1/2018</u>

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)



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0195964-00 – 07/01/18

Medicaid Reimbursement Rate Change Form

Kindred Hospitals East-SNU
 1859 Van Buren Street
 Hollywood, FL 33020

Provider Number: 0195964-00
 Date: July 1, 2018
 County: Broward

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$242.73</u>	<u>\$254.69</u>	<u>7/1/2018</u>

BASIS: Nursing Home Prospective County Average

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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- AHCA
- Contract Management

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 (No Change In Rate)