



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

0100706-05 – 10/01/19

Medicaid Reimbursement Rate Change Form

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


Provider Number: 0100706-05
 Date: October 1, 2019
 County: Duval

Provider Type:

HOSPITAL - SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
\$219.54	\$220.58	10/1/2019

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 – 10/01/19

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0195964-00
 Date: October 1, 2019
 County: Broward

Provider Type:

HOSPITAL - SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$238.91</u>	<u>\$240.64</u>	<u>10/1/2019</u>

BASIS: Nursing Home Prospective County Average

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DISTRIBUTION:
 Hospital
 AHCA
 Contract Management

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