



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

0100706-05 – 01/01/14

Medicaid Reimbursement Rate Change Form

SHANDS JACKSONVILLE -SNU
 580 West 8th Street
 Jacksonville, Florida 32209

Provider Number: 0100706-05
 Date: January 1, 2014
 County: Duval

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 207.50</u>	<u>\$208.18</u>	<u>01/01/14</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)