



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

0100706-05 – 07/01/15

Medicaid Reimbursement Rate Change Form

SHANDS JACKSONVILLE -SNU  
 580 West 8<sup>th</sup> Street  
 Jacksonville, Florida 32209

Provider Number: 0100706-05  
 Date: July 1, 2015  
 County: Duval

**Provider Type:**

**HOSPITAL – SNU**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 218.33</u>	<u>\$215.96</u>	<u>07/01/15</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)