



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

0100706-05 – 07/01/13

Medicaid Reimbursement Rate Change Form

METHODIST MEDICAL CENTER-SNU
 580 West 8th Street
 Jacksonville, Florida 32209


Provider Number: 0100706-05
 Date: July 1, 2013
 County: Duval

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 202.36</u>	<u>\$207.50</u>	<u>07/01/13</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)