



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive- Mailstop 21 Tallahassee, Florida 32308

0212946-00 -07/01/11

Medicaid Reimbursement Rate Change Form

FLAGLER HOSPITAL-SNU  
 400 Health Park Boulevard  
 St. Augustine, Florida 32086


Provider Number: 0212946-00  
 Date: July 1, 2011  
 County: St. Johns

**Provider Type:**

**HOSPITAL – SNU**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 216.15</u>	<u>\$ 208.27</u>	<u>07/01/11</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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0100706-05 – 07/01/11

Medicaid Reimbursement Rate Change Form

METHODIST MEDICAL CENTER-SNU  
 580 West 8<sup>th</sup> Street  
 Jacksonville, Florida 32209


Provider Number: 0100706-05  
 Date: July 1, 2011  
 County: Duval

**Provider Type:**

**HOSPITAL – SNU**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 203.74</u>	<u>\$196.29</u>	<u>07/01/11</u>

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W. Rydell Samuel  
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Hospital  
 AHCA  
 Contract Management

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