



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

0100706-05 – 07/01/12

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100706-05
 Date: July 1, 2012
 County: Duval

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 196.29</u>	<u>\$202.36</u>	<u>07/01/12</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)



Florida Agency For Health Care Administration
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 2727 Mahan Drive- Mailstop 23 Tallahassee, Florida 32308

0212946-00 -07/01/12

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0212946-00
 Date: July 1, 2012
 County: St. Johns

Provider Type:

HOSPITAL – SNU

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>\$ 208.27</u>	<u>\$ 217.53</u>	<u>07/01/12</u>

BASIS: Nursing Home Prospective County Average

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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- AHCA
- Contract Management

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 (No Change In Rate)