Medicaid Reimbursement Rate Change Form

Shands Jacksonville Medical Center-SNU  
655 W 8th Street 
Jacksonville, FL 32209

Provider Number: 0100706-05  
Date: July 1, 2017  
County: Duval

Provider Type:  
HOSPITAL – SNU

<table>
<thead>
<tr>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$223.23</td>
<td>7/1/2017</td>
</tr>
</tbody>
</table>

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)
Medicaid Reimbursement Rate Change Form

Kindred Hospitals East-SNU
1859 Van Buren Street
Hollywood, FL 33020

Provider Number: 0195964-00
Date: July 1, 2017
County: Broward

Provider Type:

HOSPITAL – SNU

Current Rate $ New Rate $242.73 Effective Date 7/1/2017

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)