Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100706-05
Date: July 1, 2018
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>$223.23</td>
<td>$228.79</td>
<td>7/1/2018</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, 2018
County: Broward

Provider Type:

**HOSPITAL – SNU**

<table>
<thead>
<tr>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$242.73</td>
<td>$254.69</td>
<td>7/1/2018</td>
</tr>
</tbody>
</table>

BASIS: Nursing Home Prospective County Average

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**
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