

TO: Nursing Facilities

APPLICABLE TO: All Medicare Certified Skilled Nursing Facilities

SUBJECT: Submission of Medicare Rate Changes

EFFECTIVE: Immediately

ACTION: In the past, all Medicare rate changes were reported to the should be forwarded to the Bureau of Institutional and Provider Reimbursement at the following address:

Division of Medical Assistance
and Health Services
Bureau of Institutional
and Provider Reimbursement
Mail Code #25
CN-712
Trenton, New Jersey 08625-0712

If you have any questions regarding this Newsletter, please contact the Chief, Bureau of Institutional and Provider Reimbursement, at 609-588-2691.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")