

Lump Sum/Rate Change Summary

Provider Name: SEDGWICK COUNTY HEALTH CENTER
Provider Number: 061310
Fiscal Year End: 12/31/2023
Auditor: Sara Belegu
PS&R thru date: 08/02/2023
Determination Date: 08/16/2023
Workpaper Ref #: IR-1-1

Provider Name:	Payment Type	Effective Date	New Rate	Previous Rate	LSA	CON #:
SEDGWICK COUNTY HEALTH CENTER	Part A Per Diem	08/30/2023	\$ 3,779.00 *	\$ 2,790.00	\$ 148,323	061310
	Part B Percentage	08/30/2023	45%	47%	(\$ 70,449)	
	LSA SUBTOTAL				\$ 77,874	
	Part A Per Diem	08/30/2023	\$ 3,482.00	\$ 2,539.00	\$ 95,186	
SEDGWICK COUNTY HEALTH CENTER	Part B Percentage		*	0%	-	062310
	LSA SUBTOTAL				\$ 95,186	
TOTAL LUMP SUM ADJUSTMENT					\$ 173,060	

cc: Rate Review File
 * = No Change