

Lump Sum/Rate Change Summary

Provider Name: SEDGWICK COUNTY HEALTH CENTER
 Provider Number: 081610
 Fiscal Year End: 12/31/2024
 Auditor: Sara Biles
 PS&R Effective Date: 07/23/2024
 Determination Date: 09/05/2024
 Worksheet Ref #: 15.1

Provider Name:	Payment Type	Effective Date	New Rate	Previous Rate	LSA	CCN #
SEDGWICK COUNTY HEALTH CENTER	Part A Per Diem	08/20/2024	\$ 3,718.00 *	\$ 3,789.00	\$ (8,370)	081310
	Part B Percentage	08/20/2024	41%	45%	\$ (132,011)	
	LSA SUBTOTAL				\$ (140,381)	
	Part A Per Diem	08/20/2024	\$ 3,239.00	\$ 3,482.00	\$ (30,720)	082310
	Part B Percentage		*	0%	\$ -	
SEDGWICK COUNTY HEALTH CENTER	LSA SUBTOTAL				\$ (30,720)	
TOTAL LUMP SUM ADJUSTMENT					\$ (171,101)	

cc: Rate Review File
 * = No Change