

Lump Sum/Rate Change Summary

Provider Name: SEDGWICK COUNTY HEALTH CENTER
Provider Number: 061310
Fiscal Year End: 12/31/2024
Auditor: Sara Balagu
PSR Effective Date: 10/01/2024
Determination Date: 11/19/2024
Worksheet Ref #: R-21

Provider Name	Payment Type	Effective Date	New Rate	Previous Rate	LSA	CCN #
SEDGWICK COUNTY HEALTH CENTER	Part A Per Diem		*	\$ 3,716.00	\$ (4,006)	062310
	Part B Percentage		*	41%	\$ (59,886)	
	LSA SUBTOTAL				\$ (63,892)	
	Part A Per Diem	12/03/2024	\$ 3,247.00	\$ 3,239.00	\$ (15,167)	
	Part B Percentage		*	0%	-	
SEDGWICK COUNTY HEALTH CENTER	LSA SUBTOTAL				\$ (15,167)	
	TOTAL LUMP SUM ADJUSTMENT				\$ (79,059)	

cc: Rate Review File
 * = No Change