

WORKSHEET S-3, PART V
HOSPITAL CONTRACT LABOR AND BENEFIT COST

Row	Clmn	Component	PROVIDER CCN: 110034 AU Medical Center 7/1/2020 6/30/2021	PROVIDER CCN: 110028 University Hospital 1/1/2021 12/31/2021	PROVIDER CCN: 110177 Doctors Hospital 4/1/2021 3/31/2022	PROVIDER CCN: 110113 Burke Medical Center 6/22/2021 12/31/2021	PROVIDER CCN: 110111 University Hospital McDuffie 1/1/2021 12/31/2021	
Contract Labor								
1	1	Total facility contract labor	84,652,212	17,410,071	411,729		290,076	1
2	1	Hospital	84,652,212	17,410,071			290,076	2
4	1	Subprovider - IRF			411,729			4
Benefit Cost								
1	2	Total facility benefit cost	59,250,133	41,782,544	21,127,468	582,606	1,289,307	1
2	2	Hospital	59,250,133	41,024,821	20,494,241	582,606	1,289,307	2
4	2	Subprovider - IRF			502,793			4
18	2	Other		757,723	130,434			18

FORM CMS-2552-10 (04/2020) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.1)

Rev. 2

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