



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

7700 Wisconsin Avenue, Suite 2300
Bethesda, MD 20814
PHONE: 301-492-4855
FAX: 301-492-5081

August 31, 2012

Ms. Patricia Russo
Assistant Controller
Temple University of Commonwealth
System of Higher Education, Hospital Division
1805 North Broad Street
Philadelphia, PA 19122-6094

Dear Ms. Russo:

The original and one copy of a hospital research patient care Rate Agreement is enclosed. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) or amount(s) that may be used to support your claim for hospitalization costs related to research patients under awards made by this Department.

Please have the original signed by an authorized representative of your organization and fax it to me, retaining a copy for files. Our fax number is (301) 492-5081. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

A research patient care proposal, together with the required supporting information, must be submitted to this office for each year in which your organization claims cost for research patient care costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal, based on actual costs for the fiscal year ending 06/30/2012, is due in our office by 12/31/2012.

Sincerely,

A handwritten signature in dark ink, reading "Darryl W. Mayes", is positioned above the typed name.

Darryl W. Mayes
Director
Division of Cost Allocation

Enclosures

PLEASE SIGN AND RETURN THE ORIGINAL OF THE RATE AGREEMENT

ORIGINAL

**HOSPITAL RESEARCH PATIENT CARE
RATE AGREEMENT**

EIN: 23-1371971

DATE:08/31/2012

HOSPITAL:

FILING REF.: The preceding
agreement was dated

Temple University Hospital

06/29/2011

1852 N. 10th Street

Mail Stop 083-11

Philadelphia, PA 19122-6094

The rates and/or amounts approved in this agreement are for use on grants, contracts and other agreements with the Department of Health and Human Services, subject to the conditions in Section II.

SECTION I: RESEARCH PATIENT CARE RATES/AMOUNTS

RATES/AMOUNTS TYPES: Fixed Final Provisional Predetermined

Effective PeriodRates and Applicability

<u>Type</u>	<u>From</u>	<u>To</u>	<u>Routine & Special Care Units</u> <u>(per diem/Annum)</u>
FINAL	07/01/2010	06/30/2011	General Routine Care \$1,178.34
FINAL	07/01/2010	06/30/2011	Psychiatry Units \$761.36
FINAL	07/01/2010	06/30/2011	Ancillary Services See Section II E Special Remark
PROV.	07/01/2011	Until Amended	Use same rates and conditions as those cited for fiscal year ending June 30, 2011.

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/31/2012

SECTION II: GENERAL

A. LIMITATIONS: The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the hospital were included in its indirect cost pool as finally accepted; such costs are legal obligations of the hospital and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the hospital which was used to establish the rates is not later found to be materially incomplete or inaccurate.

B. ACCOUNTING CHANGES: If a fixed or predetermined rate is in this Agreement, it is based on the accounting system purported by the hospital to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES: If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES: The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services and should be applied to grants, contracts and other agreements covered by these regulations, subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/31/2012

E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE

ANCILLARY SERVICES	FY 2011
Operating Rooms	8.58%
Short Procedure Unit	13.11%
Bone Marrow Transplant	39.80%
Delivery Rooms	18.24%
Anesthesiology	7.13%
Radiology -- Diagnostic	12.53%
Radiology -- Ultrasound	5.17%
Radiology -- Mammography	13.49%
Radiology -- Therapeutic	5.12%
Radioisotope	6.05%
Computed Tomography	2.57%
Magnetic Resonance Imaging	5.11%
Cardiac Catheterization	11.37%
Laboratory	3.18%
Blood Storing, Processing	29.67%
Respiratory Therapy	8.19%
Physical Therapy	15.02%
Occupational Therapy	8.65%
Speech Pathology	3.43%
Electrocardiology	2.42%
Electroencephalography	10.43%
Medical Supplies	25.21%
Implants Devices Charged To Patients	14.80%
Drugs Charged To Patients	12.35%
Renal Dialysis	9.02%
Histocompatibility Lab	25.37%
Clinic	42.50%
Crisis Center	16.42%
Emergency	7.88%

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AGREEMENT DATE: 8/31/2012

Observation Beds

32.08%

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SECTION II: GENERAL

E. SPECIAL REMARKS:

Rates based on as filed Medicare Cost Report for FYE 06/30/2011.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year an acquisition cost of \$1,500 or more per unit.

BY THE INSTITUTION:

Temple University Hospital

(INSTITUTION)

(SIGNATURE)

Frank Annunziato

(NAME)

Associate Vice President & Controller

(TITLE)

September 17, 2012

(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Director, Mid-Atlantic Field Office

(TITLE)

8/31/2012

(DATE) 0516

HHS REPRESENTATIVE:

Phat Chau

Telephone:

(301) 492-4855