

**HOSPITAL RESEARCH PATIENT CARE  
RATE AGREEMENT**

EIN: 23-1371971

DATE:02/19/2015

HOSPITAL:

FILING REF.: The preceding  
agreement was dated  
05/29/2014

Temple University Hospital  
1852 N. 10th St., 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.

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**SECTION I: RESEARCH PATIENT CARE RATES/AMOUNTS**

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RATES/AMOUNTS TYPES:    Fixed                      Final                      Provisional                      Predetermined

| <u>Effective Period</u> |             |            | <u>Rates and Applicability</u>                                     |   |
|-------------------------|-------------|------------|--|---|
| <u>Type</u>             | <u>From</u> | <u>To</u>  | <u>Routine &amp; Special Care Units</u><br><u>(per diem/Annum)</u> |   |
| FINAL                   | 07/01/2013  | 06/30/2014 | General<br>Routine Care  | \$1,332.84 Per Diem/Annum   |
| FINAL                   | 07/01/2013  | 06/30/2014 | Psychiatry<br>Units  | \$636.59 Per Diem/Annum   |
| FINAL                   | 07/01/2013  | 06/30/2014 | Ancillary<br>Services  | See Section II E -<br>Special Remarks   |
| PROV.                   | 07/01/2014  | 06/30/2016 |  | Use same rates and<br>conditions as those<br>cited for fiscal<br>year ending        June<br>30, 2014. |

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 2/19/2015

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**SECTION II: GENERAL**

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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.

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AGREEMENT DATE: 2/19/2015

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E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE

| ANCILLARY SERVICES               | FYE        |
|----------------------------------|------------|
|                                  | 06/30/2014 |
| Operating Rooms                  | 10.41%     |
| Short Procedure Unit             | 12.94%     |
| Bone Marrow Transplant           | 22.74%     |
| Delivery & Labor Room            | 15.83%     |
| Anesthesiology                   | 5.37%      |
| Radiology -- Diagnostic          | 12.04%     |
| Radiology -- Ultrasound          | 6.10%      |
| Radiology -- Mammography         | 12.39%     |
| Radiology -- Therapeutic         | 4.97%      |
| Radioisotope                     | 7.29%      |
| Computed Tomography (CT) Scan    | 2.01%      |
| Magnetic Resonance Imaging (MRI) | 4.06%      |
| Cardiac Catherization            | 14.12%     |
| Laboratory                       | 3.24%      |
| Blood Storage Processing         | 28.89%     |
| Respiratory Therapy              | 7.99%      |
| Physical Therapy                 | 12.00%     |
| Occupational Therapy             | 8.25%      |
| Speech Pathology                 | 6.16%      |
| Electrocardiology                | 2.25%      |
| Electroencephalography           | 11.78%     |
| Med Supplies Charged to Patients | 32.52%     |
| Impl. Dev. Charged to Patients   | 15.20%     |
| Drugs Charged to Patients        | 14.93%     |
| Renal Dialysis                   | 8.07%      |
| Histocompatibility Lab           | 30.79%     |
| Clinic                           | 40.35%     |
| Crisis Center                    | 18.58%     |
| Emergency                        | 7.47%      |

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AGREEMENT DATE: 2/19/2015

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Observation Beds

21.90%

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AGREEMENT DATE: 2/19/2015

**SECTION II: GENERAL**

E. SPECIAL REMARKS:

Rates based on as filed Medicare Cost Report for FYE 06/30/2013. <sup>4</sup> ~~2H~~

EQUIPMENT DEFINITION:

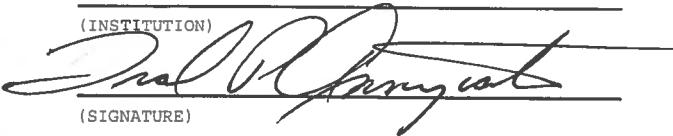
Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year an acquisition cost of \$1,500 or more per unit.

The next indirect cost proposal based on actual costs for the fiscal year ending 06/30/2015, is due by 12/31/2015.

BY THE INSTITUTION:

Temple University Hospital

(INSTITUTION)



(SIGNATURE)

**Frank Annunziato**

(NAME)

**Assoc. Vice President & Controller**

(TITLE)

**March 16, 2015**

(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Darryl W. Mayes - S**

Digitally signed by Darryl W. Mayes S  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, 0.9.2342.19200300.100.1.1=2000131669,  
cm=Darryl W. Mayes S  
Date: 2015.02.25 16:41:50-0500

(SIGNATURE)

for

**Arif Karim**

(NAME)

**Director, Cost Allocation Services**

(TITLE)

2/19/2015

(DATE) 7977

HHS REPRESENTATIVE:

**Denise Shirlee**

Telephone:

**(214) 767-3261**