

**HOSPITAL RESEARCH PATIENT CARE
RATE AGREEMENT**

EIN: 23-1371971
 HOSPITAL:
 Temple University Hospital
 1852 N. 10th St., Mail Stop 083-11
 Philadelphia, PA 19122-6094

Date: 09/15/2024
 FILING REF.: The preceding
 agreement was dated
 07/09/2021

The rates and/or amounts approved in this agreement are for us 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	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
<u>Effective Period</u>			<u>Rates and Applicability</u>		
TYPE	FROM	TO	<u>Routine & Special Care Units</u> <u>(per diem/Annum)</u>		
FINAL	7/1/2020	6/30/2021	Inpatient Routine Care	\$1,314.82	Per Diem
FINAL	7/1/2020	6/30/2021	Psychiatry Units	\$829.62	Per Diem
FINAL	7/1/2020	6/30/2021	Ancillary Services		See Section II E – Special Remarks
PROV.	7/1/2021	6/30/2024			Use same rates and conditions as those cited for fiscal year ending June 30, 2021

SECTION II: GENERAL

A. LIMITATIONS:

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:

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 this method of accounting for costs which affect the amount of reimbursement resulting from use of this Agreement require the 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:

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 the actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

USE BY OTHER FEDERAL AGENCIES: The rates in this Agreement were approved in accordance with the costs 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.

E. SPECIAL REMARKS:**PERCENT OF STANDARD FEE SCHEDULE****ANCILLARY SERVICES**

Operating Rooms	8.72%
Short Procedure Room	16.78%
Bone Marrow Transplant	140.11%
Delivery Rooms	14.95%
Anesthesiology	0.76%
Radiology -- Diagnostic	8.30%
Radiology Ultrasound	3.45%
Radiology Mammography	5.65%
Radiology -- Therapeutic	13.21%
Radioisotope	6.12%
Computed Tomography	1.36%
Magnetic Resonance Imaging	2.59%
Cardia catheter lab	8.90%
Laboratory	2.54%
Blood Storing, Proceession	22.29%
Respiratory Therapy	6.17%
Physical Therapy	8.06%
Occupational Therapy	6.66%
Speech Pathology	4.07%
Electrocardiology	1.63%
Electraoencephalography	10.15%
Med Supplies Charged to Patients	35.28%
Impl. Dev. Charged	15.91%
Drugs Charged to Patients	7.77%
Renal Dialysis	5.64%
Histocompatibility Lab	13.51%
Hyperbaric Oxygen Therapy	1.87%
Clinic	61.00%
Crisis Center	17.89%
Clinic - EH Campus	178.52%
Emergency	7.34%
Observation Beds	11.60%

SECTION II: GENERAL

E. SPECIAL REMARKS:

Rates based on as filed Medicare Cost Report for FYE 06/30/2021. The next indirect cost proposal based on actual costs for the fiscal year ending 06/30/2024 is due by 12/31/2024.

BY THE INSTITUTION:

Temple University Hospital

(INSTITUTION)



(SIGNATURE)

Joseph Gladden

(NAME)

Vice President for Research

(TITLE)

11/20/24

(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF
THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

09/15/2024

(DATE)

HHS REPRESENTATIVE: Ernest Kinneer

TELEPHONE: (301) 492-4855
