

**HOSPITAL RESEARCH PATIENT CARE  
RATE AGREEMENT**

EIN: 23-1371971

DATE:08/01/2017

HOSPITAL:

FILING REF.: The preceding agreement was dated 02/10/2016

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> <u>(per diem/Annum)</u>	
FINAL	07/01/2015	06/30/2016	Inpatient Routine Care	\$1,481.57 Per Diem
FINAL	07/01/2015	06/30/2016	Psychiatry Units	\$690.82 Per Diem
FINAL	07/01/2015	06/30/2016	Ancillary Services	See Section II E - Special Remarks
PROV.	07/01/2016	06/30/2018		Use same rates and conditions as those cited for fiscal year ending June 30, 2016.

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/1/2017

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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.

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/1/2017

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E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE

ANCILLARY SERVICES	06/30/2016
Operating Rooms	13.61%
Short Procedure Unit	15.38%
Bone Marrow Transplant	45.60%
Delivery & Labor Room	16.48%
Anesthesiology	9.81%
Radiology -- Diagnostic	9.96%
Radiology -- Ultrasound	4.95%
Radiology -- Mammography	9.71%
Radiology -- Therapeutic	8.63%
Radioisotope	7.69%
Computed Tomography (CT) Scan	2.42%
Magnetic Resonance Imaging (MRI)	2.83%
Cardiac Catherization	16.03%
Laboratory	3.14%
Blood Storage Processing	22.63%
Respiratory Therapy	9.59%
Physical Therapy	11.13%
Occupational Therapy	8.66%
Speech Pathology	4.42%
Electrocardiology	2.15%
Electroencephalography	11.84%
Med Supplies Charged to Patients	49.49%
Impl. Dev. Charged to Patients	14.22%
Drugs Charged to Patients	10.17%
Renal Dialysis	9.84%
Histocompatibility Lab	22.64%
Hyperbaric Oxygen Therapy	2.04%
Clinic	52.30%
Crisis Center	29.96%
Emergency	8.79%

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/1/2017

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Observation Beds

15.71%

HOSPITAL: Temple University Hospital

AGREEMENT DATE: 8/1/2017

**SECTION II: GENERAL**

**E. SPECIAL REMARKS:**

Rates based on as filed Medicare Cost Report for FYE 06/30/2015.

**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 06/30/2017 is due by 12/31/2017

BY THE INSTITUTION:

Temple University Hospital

(INSTITUTION)

*Michele Masucci*

(SIGNATURE)

Michele Masucci

(NAME)

Vice President for Research

(TITLE)

8/24/17

(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,  
cn=Darryl W. Mayes - S  
Date: 2017.08.16 07:59:03 -0400

(SIGNATURE)

for

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

8/1/2017

(DATE) 6526

HHS REPRESENTATIVE:

Denise Shirlee

Telephone:

(214) 767-3261