



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

7700 Wisconsin Avenue, Suite 2301
Bethesda, MD 20814
PHONE: (301)492-4855
FAX: (301) 492-5081

April 30, 2014

Ms. Elaine Younce
Director of revenue Management Finance
University of Kentucky, Albert B. Chandler Medical Center
2347 Sterlington Road Suite 300
Lexington, KY 40517-4024

Dear Ms. Younce,

A copy of a research patient care agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the original signed by an authorized representative of your organization and fax it to me, retaining the copy for your 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 agreement, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/2014, is due in our office by 12/31/2014.

Sincerely,

Darryl W. Mayes
Director, Mid-Atlantic Field Office
Division of Cost Allocation

Enclosures

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

ORIGINAL

**HOSPITAL RESEARCH PATIENT CARE
RATE AGREEMENT**

EIN: 1616001218A1

DATE: 04/30/2014

HOSPITAL:

FILING REF.: The preceding agreement was dated 09/10/2013

University of Kentucky, Albert B.
Chandler Medical Center
2347 Sterlington Road
Suite 300
Lexington, KY 40517-4024

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 Period

Rates and Applicability

<u>Type</u>	<u>From</u>	<u>To</u>	<u>Routine & Special Care Units</u> <u>(per diem/Annum)</u>
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FINAL	07/01/2012	06/30/2013	Inpatient Routine Care \$881.52 per Diem
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PROV.	07/01/2013	06/30/2015	
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Use same rates and conditions as those cited for fiscal year ending June 30, 2013.

HOSPITAL: University of Kentucky, Albert B. Chandler Medical Center
AGREEMENT DATE: 4/30/2014

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: University of Kentucky, Albert B. Chandler Medical Center
 AGREEMENT DATE: 4/30/2014

E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE	07/01/2012	06/30/2013
ANCILLARY SERVICES		
Operating Rooms	17.92%	
Gill Operating Room	19.90%	
Recovery Rooms	24.90%	
Gill Recovery Room	29.61%	
Radiology - Diagnostic	17.96%	
Radiology - Therapeutic	8.89%	
CT Scan	2.28%	
Magnetic Resonance Imaging (MRI)	4.35%	
Cardiac Catheterization	46.94%	
Laboratory	13.85%	
Blood Storing, Processing, and Transfusion	32.11%	
Respiratory Therapy	19.44%	
Physical Therapy	42.15%	
Occupational Therapy	1.26%	
Speech Pathology	34.58%	
Electrocardiology	8.59%	
Electroencephalography	18.92%	
Medical Supplies Charged to Patients	66.90%	
Gill Medical Supplies Charged to Patient	33.99%	
IMP Device Charged to Patients	32.80%	
Implantable Device Charged to Patients	12.61%	
Drugs Charged to Patients	42.99%	
Drugs Outpatients	52.92%	
Renal Dialysis	28.13%	
Laboratory - Pathology	25.54%	
Pulmonary Function Testing	28.83%	
Reproductive Medicine	0.59%	
Cardiac Rehab	152.54%	
Hyperbaric Medicine	17.21%	

HOSPITAL: University of Kentucky, Albert B. Chandler Medical Center
AGREEMENT DATE: 4/30/2014

Lithotripsy	61.02%
Emergency	17.27%
Observation Beds (Non-Distinct)	74.39%
Observation Beds (Distinct)	139.56%
Vascular Lab	12.28%
Markey Outpatient	45.01%
Transplant Clinic and Administration	263.36%
Sleep Center	32.32%
Wound Center	90.98%
Outpatient Center	317.95%
Peds Cardiology Clinic	188.32%
Infusion	34.69%
Pain Clinic	20.06%
Anesthesiology	42.57%
Delivery & Labor Room	57.05%
Gill Anesthesiology	4.10%

HOSPITAL: University of Kentucky, Albert B. Chandler Medical Center
AGREEMENT DATE: 4/30/2014

SECTION II: GENERAL

E. SPECIAL REMARKS:

Equipment means an article of nonexpendable tangible personal property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit.

Your next proposal based on actual costs for the fiscal year ending 06/30/2014, is due in our office by 12/31/2014.

BY THE INSTITUTION:

University of Kentucky, Albert B. Chandler Medical Center

(INSTITUTION)

Elaine Younce

(SIGNATURE)

Elaine Younce

(NAME)

Dir. of Reimbursement

(TITLE)

05/19/2014

(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Division of Cost Allocation

(TITLE)

4/30/2014

(DATE) 0378

HHS REPRESENTATIVE:

Lucy Slow

Telephone:

(301) 492-4855