



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Program Support Center  
Financial Management Service  
Division of Cost AllocationCohen Building-Room 1067  
330 Independence Avenue, S.W.  
Washington, DC 20201  
PHONE: (202)-401-2808  
FAX: (202)-619-3379

March 31, 2010

Ms. Elaine Younce  
Associate Director of Managed Care Finance  
University of Kentucky Hospital, Chandler Medical Center  
Department of Managed Care  
191-A West Lowry Lane  
Lexington, KY 40503

Dear Ms. Younce:

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 your files. Our fax number is (202) 619-3379. 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 06/30/10, is due in our office by 12/31/10.

Sincerely,

Darryl W. Mayes  
Director  
Division of Cost Allocation

Enclosures

PLEASE SIGN AND FAX THE RATE AGREEMENT

**ORIGINAL**

**HOSPITAL RESEARCH PATIENT CARE RATE AGREEMENT**

EIN: 1616001218A1  
 HOSPITAL NAME:  
 University of Kentucky Hospital  
 Chandler Medical Center  
 Department of Managed Care  
 191-A West Lowry Lane  
 Lexington, KY 40503

DATE: March 31, 2010  
 FILING REF: The preceding  
 Agreement was dated:  
 March 16, 2009

The rates/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 III.

SECTION I: RESEARCH PATIENT CARE RATES/AMOUNTS

RATE TYPES:    FIXED [W]    FINAL [X]    PROVISIONAL [Y]    PREDETERMINED [Z]

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		General Clinical Research Center <u>Routine Care</u>	<u>Per Diem Rates</u>
	<u>FROM</u>	<u>TO</u>		
X	07/01/08	06/30/09	Inpatient – General Routine Care	\$ 761.54 per day
X	07/01/08	06/30/09	Ancillary Services; See attached Schedule of Standard Fee	
X	07/01/08	06/30/09	Outpatient Ancillary Services; See attached Schedule of Standard Fee	
Y	07/01/09	Until Amended	Use same rates cited for FYE 06/30/09	

HOSPITAL NAME: University of Kentucky Hospital  
 AGREEMENT DATE: March 31, 2010

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SECTION II: GENERAL

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PERCENT OF STANDARD FEE SCHEDULE

ANCILLARY SERVICES

<u>FINAL</u>	<u>07/01/08 - 06/30/09</u>
Operating Room	33.42%
Gill Operating Room	57.87%
Recovery Room	48.64%
Gill Recovery Room	67.31%
Delivery & Labor Room	66.44%
Anesthesiology	83.46%
Gill Anesthesiology	21.41%
Radiology - Diagnostic	18.96%
Radiology-Therapeutic	22.85%
Laboratory	19.12%
Blood Storing, Processing & Trans.	40.05%
Respiratory Therapy	26.13%
Physical Therapy	52.12%
Occupational Therapy	01.78%
Speech Pathology	44.49%
Electrocardiology	11.63%
Electroencephalography	42.10%
Med Supplies Charged to Patients	45.59%
Gill Med Supplies Charged to Patients	48.07%
Drugs Charged to Patients	31.96%
<del>Drugs Outpatient</del>	<del>84.06%</del> - KY clinic
Renal Dialysis	30.91%
Laboratory - Pathology	35.26%
Psych Testing	93.82%
Pulmonary Function Testing	36.32%
Ophthalmology	0.00%
Cardiac Cath Lab	40.99%
Reproductive Medicine	38.93%
Lithotripsy	00.68%

H3 0378

HOSPITAL NAME: University of Kentucky Hospital  
AGREEMENT DATE: March 31, 2010

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**SECTION II: GENERAL**

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**OUTPATIENT ANCILLARY SERVICES:**

<u>FINAL</u>	<u>07/01/08 - 06/30/09</u>
Emergency	23.10%
Observation Beds - Non-Distinct	121.47%
Observation Beds - Distinct	277.36%
Vascular Lab	12.07%
Markey Outpatient	68.67%
Transplant Clinic & Admin	248.79%
Sleep Center	237.24%
Pain Center	93.84%
Wound Center	108.33%
Outpatient Center	705.69%

H3 0908

HOSPITAL NAME: University of Kentucky Hospital  
Chandler Medical Center

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AGREEMENT DATE: March 31, 2010

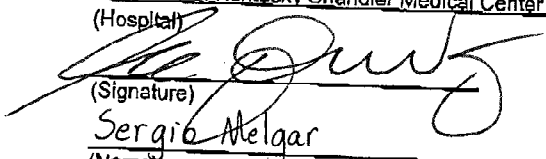
**SECTION III: GENERAL**

- A. **LIMITATIONS:** The rate(s) in this Agreement is 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 rate(s) is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing costs principles. (2) The same costs that have been treated as indirect costs are not claimed as direct costs. (3) Similar type of costs have been accorded consistent accounting treatment. (4) The information provided by the organization which was used to establish the rate(s) is not later found to be materially incomplete or inaccurate.
- B. **ACCOUNTING CHANGES:** If a fixed or predetermined rate(s) is contained in this Agreement, it is based on the accounting system in effect at the time the agreement was negotiated. 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 costs from indirect to direct. Failure to obtain such approval may result in costs disallowances.
- C. **FIXED RATES:** If a fixed rate(s) is contained in this Agreement, it is based on an estimate of the costs for the period covered by the rate(s). When the actual costs for this period are determined, an adjustment will be made in a subsequent Agreement to compensate for the difference between the costs used to establish the fixed rate(s) and actual costs.
- D. **USE BY OTHER FEDERAL AGENCIES:** The rate(s) in this Agreement are 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 this Agreement to other Federal Agencies to give them early notification of the Agreement.
- E. **SPECIAL REMARKS:**  
Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

BY THE HOSPITAL:

University of Kentucky Chandler Medical Center

(Hospital)



(Signature)

Sergio Melgar

(Name)

Sr VP for Health Svcs./CFO

(Title)

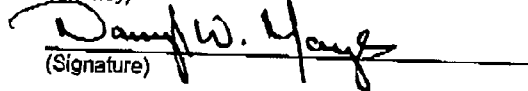
04/20/2010

(Date)

BY THE COGNIZANT AGENCY ON BEHALF OF THE  
FEDERAL GOVERNMENT:

Dept of Health & Human Services

(Agency)



(Signature)

Darryl Mayes

(Name)

National Director

Division of Cost Allocation

(Title)

(Date)

MHS REPRESENTATIVE: Robbin Powell

TELEPHONE: (202) 401-2808