

HOSPITAL RESEARCH PATIENT CARE RATE AGREEMENT

DATE: July 2, 2009

EIN #: 1746000949A1

HOSPITAL:

University of Texas Medical Branch at Galveston
 4.236 Rebecca Sealy Hospital
 301 University Blvd.
 Galveston, TX 77550-0115

FILING REF: The preceding Agreement was dated April 14, 2008

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

TYPE OF RATES/AMOUNTS: Fixed, Final, Prov. (Provisional), or Pred. (Predetermined)

<u>Type</u>	<u>Effective Period</u>		<u>Rates/Amounts and Applicability</u>
	<u>From</u>	<u>To</u>	<u>General Clinical Research Center:</u>
			<u>Grant # M01RR000073-42A1</u>
Final	09/01/07	08/31/08	<u>Inpatient Routine Service Costs</u> \$890,848 Per Annum
			<u>Grant # M01RR000073-42A1S1 (Bed Rest Unit)</u>
Final	09/01/07	08/31/08	<u>Inpatient Routine - \$808,794 Per Annum</u>
Final	09/01/07	08/31/08	<u>Inpatient Routine Care Offset - \$756.19 Per Day</u>
Final	09/01/07	08/31/08	<u>Ancillary Services - % of Standard Fee</u> <u>Schedule Charges for Departments as Follows</u>
			Operating Room 43.0 %
			Recovery Room 41.4 %
			Delivery & Labor Room 101.7 %
			Anesthesiology 15.2 %
			Radiology Diagnostic 13.7 %
			Radiation Oncology 23.9 %
			Laboratory 16.4 %
			Cytopathology Lab 42.3 %
			Pediatric Cardiac Lab 12.4 %
			Pulmonary Function Lab 26.5 %
			Surgical Pathology Lab 41.7 %
			Tissue Antigen Lab 18.1 %
			Vascular Lab 21.1 %
			Blood Storing/Processing 51.4 %
			Intravenous Therapy 91.2 %
			Respiratory Therapy 14.3 %

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Ancillary Services - % of Standard Fee Charges
Schedule Charges

Physical Therapy	73.1%
Occupational Therapy	69.6%
Recreational Therapy	79.5%
Audiology & Speech Pathol	38.1%
Electrocardiology	7.3%
Electroencephalography	43.0%
Medical Supplies Charges	41.7%
Drugs Charges to Patients	52.7%
Renal dialysis	41.1%
Cardiac Catheterization	25.1%
Electrophysiological Lab	46.3%
GI Endoscopy	26.8%
Austin Women Unit	
Ancillary	130.3%
Nuclear Medicine	16.8%
Extracorp Memb Oxygen	327.4%
Echocardiography	10.4%
Electromyography	14.6%
Pulmonary Sleep Lab	25.1%
Burn Tub Room	32.2%
Outpatient Clinic	87.9%
Day Surgery Units	72.4%
Emergency	22.4%
Rferral Lab Testing	82.2%

PROV 09/01/08 UNTIL
 AMENDED

Use same rates and conditions as those cited
 for fiscal year ended August 31, 2008

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SECTION II: GENERAL (CONTINUED)

A. LIMITATIONS: The rate(s) and/or amount(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) and/or amount(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) and/or amount(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 disallowance.

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) and/or amount(s) in this Agreement is 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.

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SECTION II: GENERAL (CONTINUED)

E. SPECIAL REMARKS:

Equipment Definition -
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:

BY THE COGNIZANT AGENCY
ON BEHALF OF THE FEDERAL GOVERNMENT:

University of Texas Medical
Branch at Galveston -GCRC
Hospital

Department of Health & Human Services
Agency


Signature


Signature

David Connaughton

Henry Williams

Name

Name

Asst. Vice President and CFO of
Title UTMB Health System

Director, Division of Cost Allocation
Title

July 09, 2009

July 2, 2009
Date (0319)

Date

DHHS Representative: Naren Gandhi
Telephone: (214) 767-3230