

**HOSPITAL RESEARCH PATIENT CARE  
RATE AGREEMENT**

EIN: 1066000798G4

DATE: 01/30/2015

HOSPITAL:

FILING REF.: The preceding agreement was dated 04/11/2014

John Dempsey Hospital  
University of Connecticut Health Center  
263 Farmington Avenue  
Farmington, CT 06030-5335

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>	
PRED.	07/01/2014	06/30/2015	Inpatient-Adults & Ped.	\$1,854.14
PRED.	07/01/2014	06/30/2015	Intensive Care Unit	\$2,913.19
PRED.	07/01/2014	06/30/2015	Subprovider I	\$2,160.65
PRED.	07/01/2014	06/30/2015	Ancillary Services	See Special Remarks Percent of Standard Fee Schedule.
PROV.	07/01/2015	Until Amended		Use same rates and conditions as those cited for fiscal year ending June 30, 2014.

HOSPITAL: John Dempsey Hospital University of Connecticut Health Center  
AGREEMENT DATE: 1/30/2015

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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.

E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE

ANCILLARY SERVICES	06/30/15
Operating Room	47.98%
Recovery Room	77.43%
Delivery & Labor Rooms	67.80%
Anesthesiology	50.31%
Radiology - Diagnostic	43.30%
Radiology - Therapeutic	31.08%
Radioisotope	31.06%
CAT Scan	6.21%
Magnetic Resonance Imaging	11.76%
Cardiac CATH Lab	16.89%
Laboratory	32.58%
Blood Storing	64.14%
Intravenous Therapy	27.76%
Respiratory Therapy	51.10%
Physical Therapy	64.63%
Electrocardiology	51.32%
Electroencephalography	63.13%
Medical Supplies Chargeto Patients	42.51%
Impl. Dev. Charged to Patients	42.51%
Drugs Charge to Patients	29.57%
Renal Dialysis	
Treatment / ASC Room	68.94%
Ultra Sounds	40.83%
Pathology	41.77%
Electroshock Therapy	49.42%
Vascular Lab	111.08%
Emergency	31.80%
Dermatology	35.62%
Psychiatric Day Care	88.05%
Psychiatric Outpatient	45.79%

HOSPITAL: John Dempsey Hospital University of Connecticut Health Center  
AGREEMENT DATE: 1/30/2015

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Dental	100.00%
Cancer Center	66.78%
Observation	51.71%
Urgent Care	471.37%
Prof. Fee	100.00%

HOSPITAL: John Dempsey Hospital University of Connecticut Health Center  
AGREEMENT DATE: 1/30/2015

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**SECTION II: GENERAL**

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**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.

BY THE INSTITUTION:

John Dempsey Hospital University of Connecticut Health Center

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(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)

1/30/2015

(DATE) 0883

HHS REPRESENTATIVE:

Telephone:

Digitally signed by Darryl W. Mayes-S  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, o=2342.19200300.100.11+2000131669,  
cn=Darryl W. Mayes-S  
Date: 2015.02.11 10:24:24 -0500

Edwin Miranda

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