

**HOSPITAL RESEARCH PATIENT CARE
RATE AGREEMENT**

EIN: 1043314093A1
HOSPITAL:
Boston Medical Center
One Boston Medical Center Place
Boston, MA 02118-2999

Date: 06/02/2023
FILING REF.: The preceding
agreement was dated
04/11/2022

The rates and/or amounts approved in this agreement are for us 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 PROV. (PROVISIONAL) PRED. (PREDETERMINED)

<u>Effective Period</u>			<u>Rates and Applicability</u>	
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>Routine & Special Care Units (per diem/Annum)</u>	
FINAL	10/1/2020	9/30/2021	Inpatient Routine Care	\$1732.82
FINAL	10/1/2020	9/30/2021	Outpatient Routine Care	\$453.00
FINAL	10/1/2020	9/30/2021	Specialty Care (ICU)	\$3796.82
FINAL	10/1/2020	9/30/2021	Ancillary Services	See Attached Schedule of Percentage of Standard Fee
PROV.	10/1/2021	9/30/2024		Use same rates and conditions as those cited for fiscal year ending Sep 30, 2021

HOSPITAL: Boston Medical Center

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SECTION II: GENERAL

A. LIMITATIONS:

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:

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 this method of accounting for costs which affect the amount of reimbursement resulting from use of this Agreement require the 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:

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 the actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

USE BY OTHER FEDERAL AGENCIES: The rates in this Agreement were approved in accordance with the costs 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.

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E. SPECIAL REMARKS:**PERCENT OF STANDARD FEE SCHEDULE****ANCILLARY SERVICES**

Operating Rooms	46.61%
Anesthesiology	25.41%
Radiology -- Diagnostic	51.04%
Ultrasound	3.96%
Breast Imaging	22.76%
Vascular Lab	12.23%
Radiology -- Therapeutic	20.31%
Nuclear Medicine	20.64%
Laboratory	14.87%
Blood	40.65%
IV Therapy	6.17%
Respiratory	60.74%
Physical Therapy	32.37%
Electrocardiology	8.52%
Electroencephalography	44.02%
Med/Surgical Supplies	79.42%
Drugs Charged to Patients	19.75%
Clinic	83.83%
Emergency	28.00%

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E. SPECIAL REMARKS:

1. Boston Medical Center was formerly Boston University Medical Center Hospital, Boston City Hospital and Boston Specialty & Rehabilitation Hospital, and Trustees of Health and Hospitals of the City of Boston, Inc. 2. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. Your next Patient Care Proposal based on actual costs for the fiscal year ending 09/31/2022 is due in our office by 03/31/2023 (proposal in-house).

BY THE INSTITUTION:

Boston Medical Center

(INSTITUTION)

Tina DaSilva

-854AE4B41ACA479

(SIGNATURE)

Tina DaSilva

(NAME)

Executive Director

(TITLE)

08/09/2023

(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF
THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes

Digitally signed by Darryl W. Mayes
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People,
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(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

06/02/2023

(DATE)

HHS REPRESENTATIVE: Ryan McCarthy

TELEPHONE: (212) 264-2069
