

**HOSPITAL RESEARCH PATIENT CARE
RATE AGREEMENT**

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

Date: 02/27/2024
FILING REF.: The preceding
agreement was dated
06/02/2023

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	10/1/2021	9/30/2022	Inpatient Routine Care	\$1,800.11
FINAL	10/1/2021	9/30/2022	Outpatient Routine Care	\$516.00
FINAL	10/1/2021	9/30/2022	Specialty Care (ICU)	\$4,583.83
FINAL	10/1/2021	9/30/2022	Ancillary Services	See attached Schedule of Percentage of Standard Fee
PROV.	10/1/2022	9/30/2025		Use same rates and conditions as those cited for fiscal year ended Sep 30, 2022

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	53.54%
Anesthesiology	25.59%
Radiology -- Diagnostic	58.41%
Ultrasound	4.21%
Breast Imaging	28.04%
Vascular Lab	12.49%
Radiology -- Therapeutic	21.67%
Nuclear Medicine	19.84%
Laboratory	15.12%
Blood	52.93%
IV Therapy	7.29%
Respiratory Therapy	64.73%
Physical Therapy	31.07%
Electrocardiology	6.90%
Electroencephalography	50.79%
Med/Surgical Supplies	67.88%
Drugs Charged to Patients	19.69%
Clinic	84.18%
Emergency	33.45%

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SECTION II: GENERAL

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 ended 09/30/2023 is due in our office by 03/31/2024.

BY THE INSTITUTION:

Boston Medical Center

(INSTITUTION)


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(SIGNATURE)

Tina Dasilva

(NAME)

Executive Director, Research Operations

(TITLE)

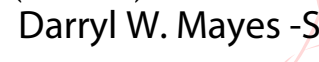
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(DATE)

BY THE COGNIZANT AGENCY ON BEHALF OF
THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

 Digitally signed by Darryl W. Mayes -S
Date: 2024.03.08 07:21:37 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

02/27/2024

(DATE)

HHS REPRESENTATIVE: Ryan McCarthy

TELEPHONE: (212) 264-2069