

May. 27. 2011 12:54PM DIVISION OF COST ALLOCATION

No. 4598 P. 2/5



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost AllocationOCA Western Field Office
90 7th Street, Suite 4-600
San Francisco, CA 94103

MAY 27 2011

Greg Stone
Medicaid Senior Financial Analyst
Oregon Health Sciences Hospital (PT Care)
3181 S.W. Sam Jackson Park Rd.
Portland, OR 97201-3098

Dear Mr. Stone:

A copy of a research patient care Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for research patient care cost on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organization 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 fiscal year in which your organization claims research patient care costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on your fiscal year ending 06/30/11, is due in our office by 12/31/11.

Sincerely,

Handwritten signature of Wallace Chan in black ink.

Wallace Chan
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

RESEARCH PATIENT CARE RATE AGREEMENT
HOSPITALS

OREGON HEALTH SCIENCES UNIVERSITY
 3181 S.W. SAM JACKSON PARK ROAD
 PORTLAND, OR 97201

DATE: May 25, 2011
 FILING REF.: The preced-
 ing agreement was dated:

02/23/10 H32080

The rates 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 contained in Section II.

SECTION I: RATES

Fixed = W Final = X Provisional = Y Predetermined = Z

Type	Effective Period		Rates and Applicability
	From	To	
X	07/01/09	06/30/10	Routine Inpatient Services \$1,193.11 per day*
			<u>Ancillary Services</u>
			Anesthesiology 8.6% of SFSC
			Operating Room 35.5% of SFSC
			Recovery Room (PACU) 65.6% of SFSC
			Delivery Room & Labor Room 48.7% of SFSC
			Radiology-Diagnostic 25.3% of SFSC
			Computed Tomographic Scan 8.2% of SFSC
			Angiography 10.1% of SFSC
			Ultrasound 21.0% of SFSC
			MRI 10.2% of SFSC
			Radiology-Therapeutic 19.9% of SFSC
			Nuclear Medicine (Radioisotope) 48.9% of SFSC
			Laboratory 24.8% of SFSC
			Blood Storing, Processing and Transfusion 45.3% of SFSC
			Respiratory Therapy 16.7% of SFSC
			Physical Therapy 33.2% of SFSC
			Electrocardiology (EKG) 19.2% of SFSC
			Electroencephalography (EEG) 24.4% of SFSC
			Medical Supplies Charged to Patients 54.4% of SFSC

* Does not include cost of ancillary services.

HOSPITAL: OREGON HEALTH SCIENCES UNIVERSITY

AGREEMENT DATE: May 25, 2011

<u>Type</u>	<u>Effective Period</u>		<u>Rates and Applicability</u>
	<u>From</u>	<u>To</u>	
			<u>Ancillary Services</u>
			Drugs Charged to Patients 38.3% of SFSC
			Drugs Charged to Outpatients 49.3% of SFSC
			Hemodialysis (Renal Dialysis) 45.8% of SFSC
			Immunogenetics 68.2% of SFSC
			Cardiac Catheterization 22.2% of SFSC
			Gastro Intestinal Laboratory 25.2% of SFSC
			Echocardiography 19.8% of SFSC
			Medical Genetics 84.6% of SFSC
			Pathology 34.2% of SFSC
			Vascular Laboratory 13.2% of SFSC
			Intravenous Therapy 59.2% of SFSC
			CEI OR Services 28.8% of SFSC
			DCH OR Services 40.2% of SFSC
			Adult Bone Marrow 72.0% of SFSC
			Short Stay Unit 64.6% of SFSC
			Internal Medicine Clinic 100.0% of SFSC
			Oncology Clinic 100.0% of SFSC
			Adult Eye Clinic 85.3% of SFSC
X	07/01/09	06/30/10	<u>Outpatient Services</u>
			Clinic 70.8% of SFSC
			Emergency 41.7% of SFSC
X	07/01/09	06/30/10	<u>Special Units</u>
			Medical-Surgical ICUs \$2,148.53 per day
			Neonatal ICUs \$1,622.54 per day
			Pediatric ICUs \$2,333.21 per day
			Nursery \$570.01 per day
Y	07/01/10	06/30/12	Use rates/amounts cited above.

HOSPITAL: OREGON HEALTH SCIENCES UNIVERSITY

AGREEMENT DATE: May 25, 2011

SECTION III: GENERAL

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 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 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 organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES: This Agreement is based on the accounting system purported by the organization 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.

BY THE HOSPITAL:

OREGON HEALTH SCIENCES UNIVERSITY

(HOSPITAL)

Christyne Belden

(SIGNATURE)

Christyne Belden

(NAME)

Contracts Coordinator

(TITLE)

6/2/11

(DATE)

BY THE COGNIZANT AGENCY

ON BEHALF OF THE FEDERAL GOVERNMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Wallace Chan

(SIGNATURE)

Wallace Chan

(NAME)

Director, Division of Cost Allocation

(TITLE)

May 25, 2011

(DATE)

HHS Representative Patrick J. Smith

Telephone: (415) 437-7820

FAX TRANSMISSION

Division of Cost Allocation
Dept. of Health & Human Services
90 7th Street, Suite 4-600
San Francisco, CA 94103-6705
Phone: (415) 437-7820

We are faxing (instead of mailing) agreements to you. If you have any problems with the legibility of any part of the agreement please contact this office.

Note: Please only return the signed page of the agreement by fax or email as soon as possible.
(Also, if applicable, Exhibit A, concurrence signatures, etc.)

Fax (cover sheet not required): **(415) 437-7823**

-or-

Email: **dcasf@psc.hhs.gov**