

**RATE AGREEMENT
RESEARCH PATIENT CARE**

DATE: April 15, 2006

EIN #: 1580566256A1

HOSPITAL: Emory University
Office of Grants and Contracts
Suite 530, North Decatur Bldg.
1784 North Decatur Road
Atlanta, GA 30322

FILING REF.: The preceding
Agreement was dated
August 25, 2000

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 (W) Final (X) Provisional (Y)
Predetermined (Z)

Type	Effective Period		Rates / Amounts and Applicability
	From	To	
			General Clinical Research Center Routine Services:
X	09/01/99	08/31/00	Inpatient Routine Care \$854,521 Per Annum (A)
X	09/01/00	08/31/01	Inpatient Routine Care \$827,152 Per Annum (A)
X	09/01/01	08/31/02	Inpatient Routine Care \$716,728 Per Annum (A)
X	09/01/02	08/31/03	Inpatient Routine Care \$1,059,467 Per Annum(A)
X	09/01/99	08/31/00	Inpatient Routine Care Off-Set Per Diem Rate (A) \$532.67
			Intensive Care Unit Off-Set Per Diem Rate (A) \$1,031.91
			Bone Marrow Unit Off-Set Per Diem Rate (A) \$530.97
			Coronary Care Unit Off-Set Per Diem Rate (A) \$1,105.32

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SECTION I: RESEARCH PATIENT CARE RATES / AMOUNTS

TYPE OF RATES/AMOUNTS:		Fixed (W) Final (X) Provisional (Y) Predetermined (Z)
Type	Effective Period From To	Rates / Amounts and Applicability
		General Clinical Research Center Routine Services:
X	09/01/00 08/31/01	Inpatient Routine Care Off-Set Per Diem Rate (A) \$571.96 Intensive Care Unit Off-Set Per Diem Rate (A) \$1,055.59 Bone Marrow Unit Off-Set Per Diem Rate (A) \$587.23 Coronary Care Unit Off-Set Per Diem Rate (A) \$1,086.81
X	09/01/01 08/31/02	Inpatient Routine Care Off-Set Per Diem Rate (A) \$602.02 Intensive Care Unit Off-Set Per Diem Rate (A) \$1,198.35 Bone Marrow Unit Off-Set Per Diem Rate (A) \$628.25 Coronary Care Unit Off-Set Per Diem Rate (A) \$1,125.29
X	09/01/02 08/31/03	Inpatient Routine Care Off-Set Per Diem Rate (A) \$657.45 Intensive Care Unit Off-Set Per Diem Rate (A) \$1,294.74 Bone Marrow Unit Off-Set Per Diem Rate (A) \$680.94 Coronary Care Unit Off-Set Per Diem Rate (A) \$1,213.94

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SECTION I: RESEARCH PATIENT CARE RATES / AMOUNTS

TYPE OF RATES/AMOUNTS:		Fixed (W) Final (X) Provisional (Y) Predetermined (Z)
Type	Effective Period From To	Rates / Amounts and Applicability
		General Clinical Research Center Routine Services:
X	09/01/99 08/31/03	Ancillary Services: See attached Schedule of Standard Fee. (A)
Y	09/01/03 Until Amended	Use same rates cited for FYE 08/31/03

(A) Work performed at Emory University Hospital.

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SECTION II: 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 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.

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SECTION II: GENERAL

E. SPECIAL REMARKS:

PERCENT OF STANDARD FEE SCHEDULE
ANCILLARY SERVICES

Fiscal Year	09/01/99 to 08/31/00	09/01/00 to 08/31/01	09/01/01 to 08/31/02	09/01/02 to 08/31/03
Operating Room	39.9%	35.1%	35.0%	29.7%
Recovery Room	47.8%	49.7%	59.3%	44.8%
Anesthesiology	23.5%	23.0%	23.1%	20.6%
Radiology -- Diagnostic	24.0%	22.7%	20.3%	18.0%
Electro-Physiology	23.7%	27.6%	20.7%	17.6%
Radiology -- Pet Scanner	171.3%	91.6%	45.8%	30.6%
Radiology -- Therapeutic	89.8%	89.4%	63.8%	65.8%
Radioisotope	36.9%	42.6%	40.4%	33.4%
Laboratory	57.4%	61.4%	56.7%	50.5%
Pathology	90.7%	119.9%	78.5%	77.7%
Hemapheresis	82.1%	109.4%	76.3%	64.4%
Endoscopy	43.4%	44.5%	34.3%	24.4%
Respiratory Therapy	32.3%	34.5%	36.5%	34.4%
Pulmonary Function	80.8%	68.2%	66.0%	42.8%
Physical Therapy	57.6%	62.5%	54.8%	49.4%
Occupational Therapy	37.3%	39.0%	34.5%	32.2%
Speech Pathology	114.2%	78.0%	55.1%	44.7%
Electrocardiology	80.9%	73.9%	67.9%	36.8%
Electroencephalography	82.1%	67.2%	51.6%	35.3%
Echocardiogram	21.8%	21.0%	17.1%	13.5%
Electroshock Therapy	80.5%	96.5%	88.4%	54.4%
Med. Supplies Chrgd to Patients	61.7%	58.0%	59.0%	71.6%
Drugs Charged to Patients	37.5%	39.3%	33.7%	23.8%
Renal Dialysis	51.1%	55.8%	53.9%	51.5%
Emergency	115.9%	103.1%	94.3%	110.3%
Heart Failure Center	1694.3%	2853.4%	3625.2%	1470.9%
Psych Partial Hospitalization	126.9%	0.0%	0.0%	0.0%

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.

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SECTION II: GENERAL

BY THE INSTITUTION:

Emory University
(Institution)


(Signature)

Kathleen G. Hall

(Name)

Director, Grants & Contracts

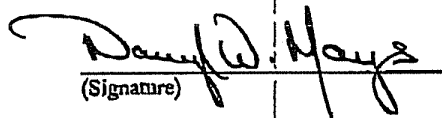
(Title)

May 12, 2006

(Date)

BY THE COGNIZANT AGENCY ON BEHALF
OF THE FEDERAL GOVERNMENT:

Department of Health & Human Services
(Agency)


(Signature)

Darryl Maves
(Name)

Director, Mid-Atlantic Field Office
(Title)

April 15, 2006
(Date)

HHS Representative: Jason M. Madigan
Telephone: (202) 260-8265