INDIANA HOSPITAL ASSOCIATION – H4T
COMPASS CLAIMS DATA MANAGEMENT MODULE
PARTICIPATION AGREEMENT

The Indiana Hospital Association (IHA) has partnered with H4T Technology, LLC (H4T) to provide data solutions to help members view claims data, understand denials information, assess trends, and create and share custom reports and dashboards. Through this partnership, IHA serves as a data administrator of the H4T Compass Claims Data Management Module (the "H4T Module") on behalf of those members contracting for those services.

_____ ("Hospital") commits to participate in the H4T Compass Claims Data Management Module as a member of the Indiana Hospital Association. By signing this letter, your organization affirms your commitment of time and resources to participate in the H4T Module.

The purpose of the H4T Module is to provide a resource for Indiana hospitals and the Indiana Hospital Association ("IHA") to utilize in state and federal advocacy efforts, to identify revenue cycle improvement opportunities, and to provide operational benchmarks. Hospital participants are responsible for providing certain data and information to H4T for purposes of H4T performing claims data management and analytics services. The H4T Module will support advocacy efforts by providing useful data analytics to your hospital and IHA.

As part of this initiative, Hospital and IHA agree:

1. Hospital will arrange for the timely and secure submission of 835 and/or 837 claims data ("Data") from its clearinghouse to H4T. In the event the clearinghouse is unable to provide this input, data can be abstracted from the member's electronic medical record system.

2. Hospital grants IHA all permissions necessary to access and use the Data and any reports and other information produced from the Data. To the extent that such Data, reports or other information contain or constitute protected health information (as defined under HIPAA), IHA shall be considered a business associate of Hospital and subject to the terms of the Business Associate Agreement attached as <u>Exhibit A</u>.

3. Hospital will compensate IHA in the amount of Three Hundred Fifty Dollars ($350) per user, per month.

4. This Letter of Commitment is effective as of the date of signature below and may be terminated by either party upon thirty (30) days' written notice.

5. Hospital acknowledges and recognizes that this Participation Agreement is subject to the terms and conditions set forth in the Master Services Agreement and Software License Agreement between IHA and H4T dated August 11th, 2020, respectively (the "Base Agreements"). Hospital shall not directly or indirectly reverse engineer or access the H4T technology in a manner that is contrary to the Base Agreements, and shall cause all those who access the H4T technology for or on behalf of Hospital to use and access the H4T technology only using such individual's assigned credentials, and only for permitted purposes. Hospital shall treat the H4T technology and the Base Agreements as confidential information of IHA and H4T, and shall not disclose to any other individual or entity such confidential information except as expressly authorized by this Participation Agreement or the terms of the Base Agreements. Hospital will implement and/or maintain

reasonable and appropriate physical, technical and administrative security safeguards on the computer network used to access the H4T technology.

6. IHA will implement and/or maintain reasonable and appropriate physical, technical and administrative security safeguards on the computer network used to access the H4T technology.

7. IHA will promptly notify Hospital of any material change in the terms and conditions of the Base Agreements, including reasonable notice of termination.

8. Hospital's primary contact to IHA for purposes of this matter shall be Adam Scott, Senior Director, Field Engagement.

9. By signing below, Hospital commits to participate with the H4T Module, as stated above.

Hospital

By: _____

Printed: _____

Title: _____

Date: _____

Indiana Hospital Association

By: _____

Printed: _____

Title: _____

Date: _____