

**Event Notification Service Addendum to the Florida Health Information Exchange  
Health Plan Subscription Agreement for Direct Secure Messaging Services**

By this Addendum, effective as of \_\_\_\_\_, 2014, Harris Corporation (“Vendor”), under contract with the Agency for Health Care Administration (“AHCA”) to facilitate statewide health information exchange and \_\_\_\_\_ (“Health Plan Participant”), agree to amend the current Florida Health Information Exchange Subscription Agreement for Direct Secure Messaging Services (“DSM Agreement”) in effect between Vendor and the Participant as follows:

1. Acknowledgement: The Event Notification Service (“ENS”) is intended to permit primary care providers to more quickly receive information regarding patients under their care. Under the ENS, Health Care Provider Participants (“Health Care Provider Participants” refers to those Health Care Providers making discharge notifications including emergency department visits and urgent care visits or both admission and discharge notifications available to health plans, including Health Plan Participant, through DSM) will provide notification of discharges or notifications of admissions and discharges to the Health Plan Participant through the DSM service.

Through the ENS, Vendor will compare the admission or discharge notices received from Health Care Provider Participants against the Health Plan Participant’s current member roster. When a match occurs, an alert message will be created by the Vendor and sent to the Health Plan Participant using the Health Plan Participant’s DSM address. The frequency of alert messages will be as requested by the Health Plan Participant as per the schedule offered by the Vendor (i.e., as available, daily, or weekly). The Vendor will include a re-disclosure prohibition statement in the alert message indicating types of conditions or circumstances subject to such restrictions under applicable law. A copy of the alert message will be sent to the Health Care Provider Participant using the Health Care Provider’s DSM address.

2. Health Plan Participant Obligations: Within \_\_\_\_ days after execution of this Addendum, Health Plan Participant shall provide a current member roster to Vendor consistent with templates that the Vendor shall provide to Health Plan Participant. Thereafter, Health Plan Participant will provide Vendor with updates to the member roster as appropriate. As soon as reasonably practicable upon receipt of an admission or discharge message relating to one of Health Plan Participant’s current members, Health Plan Participant shall deliver notification of the admission or discharge to the appropriate primary care provider in a manner consistent with Health Plan Participant’s obligations under all applicable laws and regulations.
3. Vendor Obligations: Vendor shall compare admissions or discharge notices received from Health Care Provider Participants to the Health Plan Participant’s current member roster. Upon matching an admission or discharge notice, Vendor shall provide Health Plan Participant with an alert message at the Health Plan Participant’s DSM address. Vendor will maintain the confidentiality of the current member roster, and other than the comparison of the admissions or discharge notices against Health Plan Participant’s current member roster, Vendor will not use the Health Plan Participant’s current member roster for any purpose not expressly permitted by the Health Plan Participant.

4. Restrictions on Use of Admission and Discharge Notifications: Other than as expressly permitted in this Addendum, the restrictions upon the use of Health Data contained in the DSM Agreement (including, without limitation, the General Terms and Conditions incorporated therein) shall apply to admissions and discharge notifications.
  
5. Fees: Health Plan Participants are charged an annual fee by the Vendor which may be billed quarterly as determined by the Vendor, subject to AHCA approval. The fee may be changed upon ninety (90) days written notice to Participants except for a fee reduction which can go into effect immediately upon AHCA approval. The fee schedule as of July 1, 2014 is displayed in Exhibit 2.
  
6. Reaffirmation of DSM Agreement: The DSM Agreement shall continue in full force and effect in accordance with its terms, except as expressly amended by this Addendum.

IN WITNESS WHEREOF, this Addendum has been entered into and executed by official duly authorized to bind their respective parties.

<p>“Vendor”</p> <p><b>Harris Corporation</b></p> <p>By: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>Health Plan Participant</p> <p>Entity Name: _____</p> <p>By: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>
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Exhibit 2  
2014 ENS Fee Schedule\*

Subscribing organizations are charged as follows:

- Health plans are charged an annual fee of \$75,000 per member panel of 50,000 members or less and \$25,000 per each additional member panel of up to 100,000 members
- There is no DSM charge for health plans that are ENS subscribers and pay the ENS fees for up to five (5) accounts; \$500 per five (5) account thereafter

\*Fees are subject to change upon ninety (90) days written notice to Participants.