

**da Vinci Network Services
7201 Robert S Kerr, Suite 210
Oklahoma City, OK 73102**

Medicaid Eligibility Verification Contract

This Contract is made on _____20____, by and between _____ PUBLIC SCHOOLS of _____ COUNTY, OKLAHOMA, doing business as _____ Public Schools (**the District**), and da Vinci Motion Graphics, LLC. doing business as da Vinci Network Services (**da Vinci**).

RECITALS:

da Vinci provides a data management service that will enable **the District** to obtain or verify the Medicaid eligibility of **the District's** students. **da Vinci** desires to provide this service to **the District**. **The District** desires to obtain this service from **da Vinci**.

THEREFORE, the parties agree as follows:

1. **da Vinci** will provide a data management service to **the District** to assist **the District** in tracking and obtaining the Medicaid eligibility of its students. **da Vinci** will provide 5 hours of technical support via phone or email and process 1 student list for the duration of this Contract.
2. **The District** will provide **da Vinci** with the information necessary to enable **da Vinci** to submit eligibility inquiries to the Oklahoma Medicaid Management Information System on its behalf. In performing its services under this Contract, **da Vinci** will require access to confidential information maintained by **the District**.
3. HIPAA Compliance: The parties have entered into a Business Associate Agreement for purposes of complying with HIPAA. Said agreement is incorporated herein by reference. The parties agree that it is not feasible for **da Vinci** to return or destroy all of the Protected Information. As a result, **da Vinci** agrees to take the following steps to ensure the security of said Information after termination of this Agreement:

All Protected Information concerning the customer will be removed from all mutable media under **da Vinci's** control with the exception of backups.

Protected Information concerning the customer will remain in backups indefinitely. In the event that **da Vinci** extracts data from a backup that includes Protected Information, **da Vinci** will either avoid the extraction of Protected Information or it will remove the extracted Protected Information in a reasonably short period of time.
4. In order to assist **da Vinci** in the processing of eligibility inquiries, **the District** must get a Provider Services account(s) for the Oklahoma Health Care Authority (OHCA) Secure Medicaid Website. **The District** must also grant **da Vinci** clerk permissions to upload and download on said account(s).
5. **da Vinci** will issue an invoice for the amount of \$150 when the contract commences. **The District** will pay this invoice within thirty (30) days. For the duration of the contract da Vinci will submit an eligibility inquiry and process the results on a monthly basis and as requested through the service. After an initial list is submitted, student information must be entered into the system by **the District** using software provided by **da Vinci**. Additional lists may be processed at da Vinci's discretion.
6. **da Vinci** will indemnify and hold **the District**, its agents, officers and employees harmless against any claim, demand or action (including defense costs) against **the District**, arising from or growing out of the negligence of **da Vinci** in the performance of services provided pursuant to this Contract.

7. This Contract commences on _____20__ and expires on June 30, 20__.

8. This Contract may be terminated by **the District** any time after the invoice has been paid.

Agreed on behalf of **da Vinci** by _____, its duly authorized representative.

X _____ 20__

Agreed on behalf of **the District** by _____, (name)

its _____.

X _____ 20__

Student List Formats

To facilitate entering or updating information for a large number of students da Vinci can import a list of students into the system as long as the information is provided in a specific format. Required information for every student is first name, last name, social security number, and date of birth. Optional information is gender, facility, and Medicaid number. da Vinci supports several formats for bulk submission of student information. Please select the format that is most convenient for you.

Format 1: Microsoft Excel Spreadsheet

Microsoft Excel is a very popular spreadsheet program, and is therefore the preferred method. Each row in the spreadsheet should correspond to a specific student, with columns for social security number, date of birth, first name, last name, and optionally middle name/initial and old Medicaid number. The columns can be in any order.

Format 2: Old OHCA Data Match Format

The format that was used by the OHCA for doing an eligibility data match is also accepted. That format consists of a simple text file where each line corresponds to a specific student. The order of the information is last name, first name, date of birth, social security number, and optionally old Medicaid number. Each piece of information needs to be separated by at least one space or tab.

Format 3: CSV Format

The CSV (comma separated value) format is a universal format similar to the old OHCA data match format except that a single comma is used instead of spaces or tabs. Each value may optionally be enclosed in quotes.

The resulting file can be submitted in the following ways:

- Email – Simply emailing us the unprotected file is not recommended due to the confidential nature of the information it contains.
- Floppy – Sending the file on a floppy disk via the US Post Office is an excellent choice. Sending it certified provides even greater protection.
- WWW – After being assigned a user name and password, files may be uploaded to our website using the Light Client located at <http://www.epsdtmanagement.com>.