

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

EPSDT Data Management Simple 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, Inc. doing business as da Vinci Network Services (**da Vinci**).

RECITALS:

da Vinci provides a billing and data management service that will enable **the District** to obtain or verify the Medicaid eligibility of **the District's** students and to submit claims for reimbursement from Medicaid for those services eligible for reimbursement. **da Vinci** desires to provide these services to **the District**. **The District** desires to obtain these services from **da Vinci**.

THEREFORE, the parties agree as follows:

1. **da Vinci** will provide data management services to **the District** to assist **the District** in tracking services performed by its personnel and contractors. Services will include: (a) permanent, electronic storage and retrieval of appropriate student, therapist, and service information; (b) assist **the District** in tracking and obtaining the Medicaid eligibility of its students; (c) submission of claims to Oklahoma Medicaid from stored data as indicated; (d) reconciliation of the electronic Remittance Statement; (e) convenient resubmission of denied billing; and (f) reporting that summarizes the data entered, submitted, and reconciled.
2. **The District** agrees to be limited to one user account for the service.
3. **The District** will provide **da Vinci** with the information necessary to enable **da Vinci** to file complete and accurate Oklahoma Medicaid claims on its behalf. In performing its services under this Contract, **da Vinci** will require access to confidential information maintained by **the District**. **da Vinci** will maintain the confidentiality of this information and will comply with state and federal law and regulations addressing such information.
4. **The District** must arrange to receive electronic remittance results and grant **da Vinci** clerk permissions to upload and download on the Provider Services account during the term of this Contract.

5. **The District** is required to use **da Vinci's** service, <http://www.milanmedical.com>, as the sole method of data entry or manipulation for Medicaid billing. The OHCA website is to be used for information gathering and verification purposes only.

6. **da Vinci** will issue an invoice for the amount of \$300 when the contract commences. **The District** will pay this invoice within thirty (30) days.

7. **The District** agrees to hold **da Vinci** harmless from billing errors or Oklahoma Medicaid claims against **the District** that result from inaccurate information provided to **da Vinci** by **the District**, its agents, officers, or employees. **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.

8. The parties will not solicit for employment any employee of the other during the term of this Contract and for one (1) year thereafter.

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

10. 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__