

CLAIMAID CONSULTING CORPORATION
SCHOOL-BASED MEDICAID BILLING SERVICES AGREEMENT

This School-Based Medicaid Billing Services Agreement (“Agreement”) is entered into by and between ClaimAid Consulting Corporation (“ClaimAid”) and Tipton Community School Corporation (“School Corporation”).

Recitals

A. ClaimAid provides administrative Medicaid billing support services to Indiana public school corporations for eligible school-based services provided pursuant to a student’s Individualized Education Program, Individualized Health Plan, Service Plan, Behavioral Intervention Plan, and 504 Plan (collectively, “Educational Programs”).

B. The School Corporation desires to engage ClaimAid to provide administrative billing support, while retaining full control and responsibility over program administration, service delivery, documentation, and compliance.

Agreement

In consideration of the premises and the mutual covenants, promises, and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Scope of Services. ClaimAid shall provide the following Medicaid claim support for eligible school-based services reimbursable through the Indiana Health Coverage Programs (“IHCP”): (a) preparation and electronic submission of Medicaid claims (“Claims”) using documentation supplied by the School Corporation; (b) routine follow-up on submitted Claims; (c) assistance with resubmission of Claims returned for technical or formatting reasons; and (d) monthly reconciliation reports identifying Claims submitted, paid, denied, or pending. ClaimAid shall not determine student eligibility, create or certify Educational Programs, or exercise discretion over educational or medical decisions.

2. School Corporation Responsibilities. The School Corporation retains sole responsibility for (a) accuracy and sufficiency of clinical and educational documentation, (b) compliance with Medicaid, Family Educational Rights and Privacy Act (“FERPA”), The Health Insurance Portability and Accountability Act (“HIPAA”), and Indiana Department of Education (“IDOE”) requirements, (c) determining eligibility of service for Medicaid reimbursement, and (d) allowing on-site access for ClaimAid personnel to check account history and status on a regular basis. The School Corporation shall further timely forward to ClaimAid correspondence from IHCP related to Claims, provide ClaimAid with reasonable access to billing systems and remittance information, and allow ClaimAid access to any internet tools offered by IHCP that will allow immediate follow up on all rejections and appropriate posting of all payments.

3. ClaimAid Responsibilities. ClaimAid shall (a) perform services in accordance with IHCP requirements, (b) maintain billing records for at least seven (7) years, (c) cooperate

with audits or reviews conducted by IDOE, IHCP, or other authorities, (d) implement reasonable administrative, technical, and physical data safeguards, (e) code or change information to assure appropriate billing, and (f) act as agent of the School Corporation in accessing records, including medical records, patient files, and financial records in the resolution of all accounts referred under this Agreement.

4. Fees and Payment. As compensation, the School Corporation shall pay ClaimAid a fee equal to eight (8%) of the net reimbursement received for Claims submitted by ClaimAid. Net reimbursement means the federal portion of the reimbursement. No fees shall be assessed on denied or non-collectible Claims. ClaimAid shall submit invoices to the School Corporation no more frequently than monthly. All invoices shall itemize the Medicaid reimbursements received by the School Corporation during the applicable billing period and the corresponding fee due under this Agreement. The School Corporation shall remit payment within forty-five (45) days after receipt of a complete and accurate invoice.

5. Term and Termination. This Agreement shall commence on December 1, 2026, and shall remain in effect for five (5) years, unless earlier terminated in accordance with this Agreement. Any renewal or extension must be expressly agreed to in writing by both parties. Either party may terminate this Agreement upon written notice if the other party materially breaches this Agreement and fails to cure such breach within thirty (30) days following receipt of written notice specifying the breach. Upon termination, fees remain payable only on reimbursements received for Claims submitted prior to termination.

6. Compliance with Indiana Senate Bill 200. The parties acknowledge that: (a) ClaimAid is a vendor providing administrative support only; (b) the School Corporation retains full authority and oversight; (c) compensation is limited and transparent; and (d) no incentive exists to increase billable services. This Agreement shall be interpreted to comply with Indiana SB 200 (Public Law 149-2026).

7. Confidentiality and Data Security. ClaimAid shall comply with FERPA, HIPAA, and applicable Indiana privacy laws and shall notify the School Corporation within forty-eight (48) hours of any suspected data breach.

8. Independent Contractor. ClaimAid is an independent contractor and not an employee or agent of the School Corporation.

9. ClaimAid Liability. ClaimAid shall not be responsible for claims, losses, or liabilities arising from the School Corporation's service delivery, documentation, eligibility determinations, or program compliance responsibilities.

10. Exclusive Agreement. During the Initial Term of this Agreement, ClaimAid shall be the sole and exclusive provider of services to the School Corporation that are similar to the Services.

11. Miscellaneous. This Agreement sets forth the entire agreement between the parties with respect to the subject matter of this Agreement. This Agreement may not be modified, amended, or waived in any manner except by a written document executed by the parties. This Agreement shall be governed exclusively by and construed according to the internal laws of the State of Indiana, without regard to conflict of law principles.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates below.

ClaimAid Consulting Corporation

Tipton Community School Corporation

Signature

Signature

Printed Name and Title

Printed Name and Title

Dated: _____

Dated: _____