



## COMMONWEALTH of VIRGINIA

### *Department of Medical Assistance Services*

GREGG A. PANE, M.D., M.P.A.  
DIRECTOR

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### **MODIFICATION NO. 2 TO THE BUSINESS ASSOCIATE AGREEMENT BETWEEN THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) AND \_\_\_\_\_ (SCHOOL DISTRICT)**

#### **GENERAL CONDITIONS**

This Modification No. 2, entered into as of the date below, modifies Article III (Special Provisions) of the Scope of Work Attachment to the Business Associate Agreement signed between the parties on \_\_\_\_\_, 20\_\_\_\_. This Modification adds an additional term to the Scope of Work, as follows:

#### **Section III.B Special Provisions**

**DMAS Contact:** Ashley Barton, Maternal and Child Health Division

**School District Contact:**

(Name)

(Point of Contact Name and Title)

#### **Purpose:**

School District (hereinafter, "School District"), already accesses the Medicaid eligibility file for its school district and surrounding districts. The purpose of this modification is to permit School District to access the Medicaid eligibility file for its school district and surrounding districts in order to match and delete from its student outreach list the names of current FAMIS Plus (Children's Medicaid) and FAMIS enrollees in order to target its outreach efforts more efficiently.

**Type and Format of the Data to be Exchanged:** N/A - School District already accesses the Medicaid eligibility file for its school district and surrounding districts.

**Security and Confidentiality**

All data provided by DMAS to School District is subject to all applicable security and confidentiality limitations described in the Business Associate Agreement signed by the parties on \_\_\_\_\_, 20\_\_\_\_.

**Responsibilities:**

Department of Medical Assistance Services and School District agree to the following:

School District shall use the Medicaid Eligibility File for the purposes stated in this Modification in addition to the uses covered in the BAA previously signed between the parties. Any other uses by the School District must be made the subject of additional modifications.

**Reimbursement:** N/A

EACH PARTY has caused this Modification No. 2 to be properly executed on its behalf as of the date below.

BY: \_\_\_\_\_  
(Signature)

Gregg A. Pane, M.D., M.P.A. – Director  
(Name and Title)

\_\_\_/\_\_\_/\_\_\_\_\_  
Date

BY: \_\_\_\_\_  
(Signature)

(Name and Title)

\_\_\_/\_\_\_/\_\_\_\_\_  
Date