# Appendix A - REVISED Bid Form

Compensation for services shall be in the form of a firm fixed-rate agreement. Through submission of this form and accompanying Addendum 1: Minimum Qualifications and Addendum 2: Capability to Provide Services, the Bidder certifies the following:

1. The Bidder shall accept an award made as a result of the submission.
2. The Bidder is registered to do business in the State of Mississippi as prescribed by the Mississippi Secretary of State.
3. The Bidder has not been sanctioned by a state or federal government within the last 10 years.
4. The Bidder has a minimum of five years of experience in contractual services providing the type of services described in this IFB.
5. The Bidder has read, understands and agrees to all provisions of this IFB without reservation and without expectation of negotiation and is able to provide each required component and deliverable as detailed in the Scope of Services.

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| **R**evised: **Bid Form****Payment Methodology Services****IFB #20221110** |
| Bidder Name: |
| **COMPONENTS** | **ANNUAL RATE***Provide annual amount for each component for contract years 1-3*  | **CONTRACT****YEARS 1-3**A = Annual Rate \* 3 | **OPTIONAL****YEAR 1\***B | **OPTIONAL****YEAR 2\***C | **TOTALS***A + B + C* |
| Annual **Inpatient** Rate Setting and Payment Method Support | $ |  |  |  |  |
| Annual **Outpatient** Fee Setting and Payment Method Support | $ |  |  |  |  |
| Support for Medicaid’s Annual **Fee Schedule** Updates | $ |  |  |  |  |
| Support, Statistical Analysis and Annual/Quarterly Hospital Reports for Mississippi’s **Quality Incentive Payment Program** (QIPP) | $ |  |  |  |  |
| **Hour Pool** – Hourly Rate \* 2,000 hours: Bidder should assume the full 2,000 hours per each year of the contract are utilized for the total contract value. | $ |  |  |  |  |
|  |  |  |  |  |  |
| **Total Annual Amount** (for all components above) |  |  |  |  |  |

*Bidders shall* ***not*** *include any additional charges or additional line items in this bid form. Any additional charges included on a bid form may result in the bid being deemed non-responsive, and the bid will thereby be rejected.*

*\*NOTE: Any increase to Bidder’s proposed pricing for Optional Year 1 and Optional Year 2 shall not exceed 2% of Bidder’s Proposed price for Year 3 of the Initial Contract term.*

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| **Total Implementation Cost***Implementation will have a 4-month duration.* ***Implementation cost is requested for informational purposes only and is not included in the total contract cost or considered during the IFB evaluation.****All costs associated with implementation will be the responsibility of the vendor.  DOM will not be responsible for paying the cost of implementation.* |   |

**CERTIFICATIONS -** By signing below, the Company Representative certifies that he/she has authority to bind the company and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this IFB and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this IFB and the attachments thereto;
3. That the company agrees to all provisions of this IFB and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this IFB as required by the *Mississippi Public Procurement Review Board (PPRB) Office of Personal Service Contract Review (OPSCR) Rules and Regulations*;
4. That the company will perform, without delay, the services required at the prices quoted in this **Attachment C;**
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this IFB; and
7. That the company can and will meet all required laws, regulations, and/or procedures related to Payment Methodology Services and represents that it is licensed, certified and possess the requisite credentials to perform these services. Further, if the company is the successful bidder and the material, equipment, etc., delivered is subsequently found to be deficient pursuant to any federal and state laws and regulations in effect on the date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with aforementioned requirements shall be borne solely by Company.

**NON-DEBARMENT-** By submitting a bid, the Bidder certifies that it is not currently debarred from submitting bids for contracts issued by any political subdivision or agency of the State of Mississippi or federal government and that it is not an agent of a person or entity that is currently debarred from submitting bids for contracts issued by any political subdivision or agency of the State of Mississippi or federal government.

**INDEPENDENT PRICE DETERMINATION**- The Bidder certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder or competitor relating to those prices, the intention to submit a bid or the methods or factors used to calculate the bid offered.

**PROPSECTIVE CONTRACTOR’S RESPRESENTATION REGARDING** – The prospective contractor represents as a part of such Contractor’s bid that such contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**REPRESENTATION REGARDING CONTINGENT FEES –** The Contractor represents that it **has not** retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or other contingent fee, except as disclosed in the Contractor’s bid.

**REPRESENTATION REGARDING GRATUITIES -** The Bidder, offeror, or contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.*

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| **Signature** |  |
| **Date** |  |
| **Name and Title** |  |
| **Company Name** |  |

***Note:*** *Failure to sign the bid form may result in the bid being rejected as non-responsive.**Modifications or additions to any portion of this bid document may be cause for rejection of the bid.*

**In addition to providing the above information, please answer the following questions regarding your company. The Bidder must answer questions below in order for their bid to be considered.**

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| What year was your company started? |  |
| Please provide the physical location and mailing address of your company’s home office, principal place of business and place of incorporation.  |  |
| Company Structure/organization to include any parent or subsidiary companies. As applicable, please describe the role of any parent and/or subsidiary company in providing the services requested within this IFB.  |  |
| Is your company currently for sale or involved in any transaction to expand or become acquired by another business entity during either this solicitation period or the resultant contract? If “yes”, please provide information regarding such a transaction as it relates to your Company’s organization structure (post transaction) and your Company’s ability to continue delivery of services (post transaction) as required herein. |  |
| If your company is not physically located in Mississippi, how will you supply Payment Methodology Services in Mississippi? |  |
| List all licenses, certifications or permits your company possesses that are applicable to performing the services required in this IFB. |  |

**As an attachment to this Bid Form, please provide your organization’s Staffing Plan that identifies all key staff members, as well as others, identified in IFB Sections 2.2.6 and 2.2.7 who will be dedicated to this project. If individuals cannot be readily designated in bidder’s response, bidder may provide resumes of proposed individuals to work on the project with the understanding that a final Staffing Plan with committed project team members shall be provided to DOM for approval prior to contract execution.**

If bidder intends to subcontract components within this IFB, bidder shall identify within its response to each project component described herein, the organizations with which bidder will subcontract. The bidder must meet the minimum qualifications to be deemed responsible to this IFB either directly or by subcontracting with an organization that has the required expertise and experience.

As a separate attachment to bidder’s response, bidder shall provide supporting documentation demonstrating subcontractor’s ability to meet or exceed the minimum qualifications to be deemed responsible to this IFB as identified in, but not limited to Section 1.8: Eligibility and Minimum Qualifications; Section 1.8.2: Minimum Qualifications; Section 1.8.3: Capability to Provide Services when the subcontractor, rather than the contractor, will be relied upon to satisfy that minimum requirement.

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| If No Subcontractor, please state “No Subcontractor” |  |

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