

**Attachment B  
Bid Form for TPL**

Budget Summary  
Third Party Data Matching and Recovery Services  
IFB #20180612

**Name of Bidder:**

**Implementation Cost:**

<b>Service</b>	<b>Operations Term Cost (3 years) 10/1/18 – 9/30/21</b>	<b>Renewal Year 1 10/1/21 - 9/30/22</b>	<b>Renewal Year 2 10/1/22 – 9/30/23</b>	<b>Total</b>
Price Per New Policy (add) delivered and accepted				
Estimated Matches				
Price Per Update to existing policy (term)				
Estimated Matches				
<b>Total Data Match Price</b>				
Percentage of Commercial/Medicare Recovery Activities				
Estimated Commercial/Medicare Recoveries				
<b>Total Price for Commercial/Medicare Recoveries</b>				
Percentage of Casualty Recovery Activities				
Estimated Casualty Recoveries				
<b>Total Price for Casualty Recoveries</b>				
Percentage of Credit Balance/LTC Recovery Activities				
Estimated Credit Balance/LTC Recoveries				

<b>Total Price for MCO Come Behind Recoveries</b>				
Percentage of MCO Come Behind Recoveries Activities				
Estimated MCO Come Behind Recoveries				
<b>Total Price for Estate Recoveries</b>				
Percentage of Estate Recoveries Activities				
Estimated Estate Recoveries				
<b>Total Price for Special Needs Trust Recoveries</b>				
Percentage of Special Needs Trust Activities				
Estimated Special Needs Trust Recoveries				
<b>Total Contract Price</b>				
Total:				

1. Bidder must submit a single proposed price per new policies and a single proposed price for policy updates for Contract year 1, 2 and 3 as outlined on the Budget Summary above.
2. Bidder must submit a proposed percentage of recoveries for Commercial/Medicare Recovery Activity, Casualty Recovery Activity, Credit Balance and LTC Recovery Activity, MCO Come-Behind Recovery Activity, Estate Recovery Activity, and Special Needs Trust Activity for Contract year 1, 2 and 3 as outlined on the Budget Summary above.
3. Bidder must provide, as an attachment to the Budget Summary, a detailed worksheet by line item of all cost as it pertains to the Contractor responsibilities outlined in the IFB.
4. Bidder may explain assumptions used to calculate their proposed price per policies delivered and accepted, total contract price, percentage of recoveries or estimated recoveries, or any other information regarding their cost Budget Summary as an attachment to the Budget Summary.
5. DOM will provide three (3) years of data if requested by Bidder.

**I certify that I am legally obligating the above named Bidder to the conditions of this contract.**

**Signature:**

**Date:**

**Printed Name:**

**Title:**

The pricing must include ALL associated costs with no additional or hidden fees.  
Please see the below Data Sheet for pricing info.

**CAV**

SFY	Number of Policies Delivered & Accepted	Number of Term Policies Delivered
2015	92,247	10,289
2016	78,865	8,766
2017	72,237	13,769

**Commercial/Medicare Recoveries**

SFY	Commercial Recoveries	Medicare Recoveries
2015	\$10,059,679	\$1,628,789
2016	\$5,818,494	\$967,304
2017	\$5,859,069	\$920,066

**Casualty**

SFY	Cases Opened	Cases Closed No Recovery	Cases Closed with Recovery	Recovery Amount
2015	7,763	7,502	1,340	\$2,169,068
2016	5,068	4,406	1,826	\$4,181,529
2017	4,595	3,189	1,685	\$3,891,293

**Credit Balance/LTC Recoveries**

SFY	CB Recoveries	LTC Recoveries (began 03/2018, no data available)

2015	\$541,611	
2016	\$1,068,546	
2017	\$582,388	

**Estate Recovery**

SFY	Recovery Amount
2015	\$542,428
2016	\$713,235
2017	\$582,450

**Special Needs Trust**

SFY	Number of SNT Recovered	Amount of Recovered SNT
2015	174	\$514,541.90
2016	194	\$874,131.72
2017	171	\$959,761.30

## Third Party Data Matching and Recovery Services

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

1. That he/she has read and understood all terms and provisions of the IFB.
2. That he/she agrees and will comply with all provisions of the IFB without reservation, deviation, exception and without expectation of negotiation.
3. The company is registered to do business and in "Good Standing" with the State of Mississippi and providing their corporate charter number to work in Mississippi, if applicable.
4. Company confirms it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract, and it shall not employ, in the performance of this contract, any person having such interest.
5. Certification that the Bidders submitted Bid will firm and binding for one hundred and eighty (180) days.
6. The Bidder's acknowledgment that the State will not reimburse the Bidder until: (1) the Agency's contract administrator has approved the Bidder's invoice; and (2) the Agency has received and approved all deliverables due during the month covered by the invoice.
7. The details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Bidder or any of its officers, directors, employees, agents or subcontractors of which the Bidder has knowledge, or a statement that there are none. The Agency reserves the right to reject a Bid solely on the basis of this information.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it has/has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's bid.
9. **REPRESENTATION REGARDING GRATUITIES**  
The bidder or Contractor represents that it has/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 Rules and Regulations.
10. **CERTIFICATION OF 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 prices bid.

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**11. PROSPECTIVE CONTRACTOR’S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor’s bid that such Contractor has/has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**12. 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.

Name/Title: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Note: Please be sure to circle the applicable word or words provided above. Failure to circle the applicable word or words and/or to sign the bid form may result in the bid being rejected as nonresponsive. Modifications or additions to any portion of this bid document may be cause for rejection of the bid.

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