

ATTACHMENT A

Quote Form

PROJECT INFORMATION	
QR Number	20260430
Project Name	Medical Payment Claims Integrity Review and Performance Audit Services

QR SUBMISSION INFORMATION	
Submissions are to be made electronically by email to procurement@medicaid.ms.gov . A PDF file using the naming convention below must be used when submitting the electronic files.	
File Name	Offeror's Name - QR # 20260430 - Medical Payment Claims Audit Services

OFFEROR INFORMATION	
Company Name	
Address	
Tax ID	
MS Business License	

CONTACT INFORMATION	
Provide contact information for the individual that can be contacted for clarification regarding this proposal.	
Name	
Title	
Address	
Email	
Telephone	

GENERAL	
Compensation for services shall be in the form of a firm fixed-rate agreement. By submitting this form and the accompanying Addendum 1: Minimum Qualifications and Addendum 2: Capability to Provide Services , the Offeror certifies the following:	
1	The Offeror is registered to do business in the State of Mississippi, as prescribed by the Mississippi Secretary of State and has provided the registration number. If not registered and awarded the contract, this registration must be completed within five (5) business days.
2	Offeror shall accept an award made as a result of the submission.
3	The Offeror has not been sanctioned by a state or federal government within the last ten (10) years.
4	The Offeror has read, understands, and agrees to all provisions of this QR without reservation and without expectation of negotiation and is able to provide each required component and deliverable as detailed in the Scope of Services.

PROPOSAL FORM

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

The pricing quoted shall constitute entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations hereunder, regardless of the difficulty, materials, or equipment required. No additional compensation will be provided for any expenses, cost, or fee not specifically authorized by the resulting contract. Offeror shall invoice DOM in six (6) or seven (7) installments, upon completion of the services of each of the six (6) or seven (7) phases of the contract by the deliverable dates set forth in the award contract. The Deliverables and Due Date Schedule shall be strictly adhered to by the Offeror.

Deliverables	Services Performed	Due Date	Firm, Fixed Price
Status Meetings	Review audit progress; submit reports identified in QR requirements list (e.g., 2.3) but not listed as deliverables in this table	Monthly	N/A
YEAR 1 (Audit Period: July 1, 2024 – June 30, 2025 Dates of Service)			
Phase 1	Planning and Preparation / Pre-Audit Work		
Phase 2	Audit Start and Data Requests		
Phase 3	Data Compilation and Integrity Testing		
Phase 4	Audit Field Work / TPA Interaction		
Phase 5	Draft Audit Report Summarizing Findings		
Phase 6	Review of TPA Responses / Final Audit Report of Summarized Findings		June 30, 2027
YEAR 1 TOTAL			
YEAR 2 (Audit Period: July 1, 2025 – June 30, 2026 Dates of Service)			
Phase 1	Planning and Preparation / Pre-Audit Work		
Phase 2	Audit Start and Data Requests		
Phase 3	Data Compilation and Integrity Testing		
Phase 4	Audit Field Work / TPA Interaction		
Phase 5	Review Prior Year Audit Findings		
Phase 6	Draft Audit Report Summarizing Findings		
Phase 7	Review of TPA Responses / Final Audit Report of Summarized Findings	June 30, 2028	
YEAR 2 TOTAL			
YEAR 3 (Audit Period: July 1, 2026 – June 30, 2027 Dates of Service)			

Phase 1	Planning and Preparation / Pre-Audit Work		
Phase 2	Audit Start and Data Requests		
Phase 3	Data Compilation and Integrity Testing		
Phase 4	Audit Field Work / TPA Interaction		
Phase 5	Review Prior Year Audit Findings		
Phase 6	Draft Audit Report Summarizing Findings		
Phase 7	Review of TPA Responses / Final Audit Report of Summarized Findings	June 30, 2029	
		YEAR 3 TOTAL	
YEAR 4 (Audit Period: July 1, 2027 – June 30, 2028 Dates of Service)			
Phase 1	Planning and Preparation / Pre-Audit Work		
Phase 2	Audit Start and Data Requests		
Phase 3	Data Compilation and Integrity Testing		
Phase 4	Audit Field Work / TPA Interaction		
Phase 5	Review Prior Year Audit Findings		
Phase 6	Draft Audit Report Summarizing Findings		
Phase 7	Review of TPA Responses / Final Audit Report of Summarized Findings	June 30, 2030	
		YEAR 4 TOTAL	
YEAR 5 (Audit Period: July 1, 2028 – June 30, 2029 Dates of Service)			
Phase 1	Planning and Preparation / Pre-Audit Work		
Phase 2	Audit Start and Data Requests		
Phase 3	Data Compilation and Integrity Testing		
Phase 4	Audit Field Work / TPA Interaction		
Phase 5	Review Prior Year Audit Findings		
Phase 6	Draft Audit Report Summarizing Findings		
Phase 7	Review of TPA Responses / Final Audit Report of Summarized Findings	June 15, 2031	
		YEAR 5 TOTAL	
		TOTAL CONTRACT PERIOD TOTAL (YEARS 1-5)	

CERTIFICATIONS	
By signing below, the Company Representative certifies that he or she has authority to bind the company and further acknowledges on behalf of the company:	
1	That he or she has thoroughly read and understands this QR and the attachments thereto.
2	That the company meets all requirements and acknowledges all certifications contained in this QR and the attachments thereto.
3	That the company agrees to all provisions of this QR and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this QR as required by the <i>Mississippi Public</i>

	<i>Procurement Review Board (PPRB), Office of Personal Service Contract Review (OPSCR) Rules and Regulations.</i>
4	That the company will perform, without delay, the services required at the prices quoted in this Attachment A .
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 QR; and
7	That the company can and will meet all required laws, regulations, and/or procedures related to Medical Payment Claim Audit Services and represents that it is licensed, certified, and possesses the requisite credentials to perform these services. Further, if the company is the successful Offeror and the services and deliverables, 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 services or deliverables, etc. into compliance with aforementioned requirements shall be borne solely by the Company.

NON-DEBARMENT

By submitting a proposal, the Offeror certifies that it is not currently debarred from submitting proposals 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 proposals for contracts issued by any political subdivision or agency of the State of Mississippi or federal government.

INDEPENDENT PRICE DETERMINATION

By providing a proposal, the Offeror certifies that the prices submitted in response to the solicitation have been arrived at independently and without any collusion, consultation, communication, or agreement with any other Offeror or competitor for the purpose of restricting competition.

REPRESENTATION REGARDING CONTINGENT FEES

By responding to this solicitation and executing the contract, the offeror or contractor represents that it has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract. If the offeror or contractor cannot make such a representation, a full and complete explanation shall be submitted in writing with the offeror's response or to DOM prior to contract execution.

REPRESENTATION REGARDING GRATUITIES

The Offeror or Contractor represents that it has not, is not, and will not offer, give, or agree to give any employee or former employee of DOM a gratuity or offer of employment in connection with any approval, disapproval, recommendation, development, or any other action or decision related to the solicitation and resulting contract. The Offeror or Contractor further represents that no employee or former employee of DOM has or is soliciting, demanding, accepting, or agreeing to accept a gratuity or offer of employment for the reasons previously stated; any such action by an employee or former employee in

the future, if any, will be rejected by contractor. The Offeror or Contractor further represents that it is in compliance with the Mississippi Code Annotated §§ 25-4-101 through 25-4-121 and has not solicited any employee or former employee to act in violation of said law.

Failure to sign the proposal form **will result in the proposal being rejected** as non-responsive.

Authorized Signature	
Printed Name	
Title	
Company Name	
Date	

Modifications or additions to any portion of this proposal document **will be cause for rejection** of the proposal.

COMPANY INFORMATION				
Please answer the following questions regarding your company. The Offeror must answer the questions below for their proposal to be considered.				
1	What year was your company started?			
2	Please provide the physical location of your company's home office.			
3	Please provide the mailing address of your company's home office.			
4	Please provide the principal place of business of your company.			
5	Please provide the place of incorporation of your company.			
6	Please provide your company structure or organization, including 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 QR.			
7	Is your company currently for sale or involved in any transaction to expand or become acquired by another business entity during either this solicitation or the resultant contract period? 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.	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">No</td> <td>Yes, please explain.</td> </tr> </table>	No	Yes, please explain.
No	Yes, please explain.			
8	If your company is not physically located in Mississippi, how will you administer the Medical Payment Claims Auditing?			

9	List all licenses, certifications, or permits your company possesses that are applicable to performing the services required in this QR.	
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SUBCONTRACTOR		
<p>If Offeror intends to subcontract components within this QR, Offeror shall identify within its response to each project component described herein, the organizations with which Offeror will subcontract. The Offeror must meet the minimum qualifications to be deemed responsible to this QR either directly or by subcontracting with an organization that has the required expertise and experience.</p>		
<p>As a separate attachment to Offeror’s response, Offeror shall provide supporting documentation demonstrating subcontractor’s ability to meet or exceed the minimum qualifications to be deemed responsible to this QR as identified in, but not limited to, Section 1.7: Eligibility and Minimum Qualifications; Section 1.7.2: Minimum Qualifications; and Section 1.7.3: Capability to Provide Services when the subcontractor, rather than the contractor, will be relied upon to satisfy that minimum requirement.</p>		
<p>The Offeror should also complete Attachment C, Disclosure of Subcontractor Information, for any subcontractors.</p>		
<p>If No Subcontractor will be used, please state: “No Subcontractor”.</p>		