

**ATTACHMENT I**  
**Medical Payment Claims Integrity Review and Performance Audit Services**  
**Quote Response Checklist**  
**All attachments are to remain unmodified.**

Offeror Name:		✓	N/A
<b>QUESTIONS / CLARIFICATIONS</b>			
1	Questions or Clarifications regarding QR submitted to: <a href="mailto:procurement@medicaid.ms.gov">procurement@medicaid.ms.gov</a> <b>Due Date: Thursday, May 14, 2026 by 2:00 p.m. CST</b>		
<b>ACKNOWLEDGEMENT OF AMENDMENTS</b>			
2	Amendment – Answers to Questions are received and acknowledgement of receipt has been submitted to: <a href="mailto:procurement@medicaid.ms.gov">procurement@medicaid.ms.gov</a> <b>Due Date: Notated on Acknowledgement of Receipt Form</b>		
<b>QUOTE SUBMISSION PACKET</b>			
3	a	Attachment A – Quote Form <b>(Signature Required)</b>	
	b	Attachment B – Addendum 1: Minimum Qualifications Adhere to required information to be submitted as well as page limitations and submission format.	
	c	Attachment B – Addendum 2: Capability to Provide Services Adhere to required information to be submitted as well as page limitations and submission format.	
	d	Attachment B – Addendum 3: Additional Support (not required).	
	e	Attachment C – Disclosure of Subcontractor Information (if required).	
	f	Attachment D – DHHS Certification Drug-Free Workplace <b>(Signature Required)</b>	
	g	Attachment E – Certification Debarment, Suspension, and Other Responsibility Matters <b>(Signature Required)</b>	
	h	Attachment F – Acknowledgement of Amendments <b>(Signature Required)</b>	
	i	Attachment G – Proprietary Information Form <b>(Signature Required)</b> If redacted copy is submitted, it is clearly marked “Public Copy”. Submitted in searchable format and not password protected. Provide the required indication for Public Records release.	
	j	Attachment H – Business Associate Agreement <b>(Signature Required)</b>	
	k	Attachment I – Quote Checklist <b>(Signature Required)</b>	
	l	Follow the quote submission format for all required documents. Ensure each page of the quote and attachments are numbered and identified with the Offeror’s name in the header, with the exception of pre-existing documents.	
4	Unredacted and redacted quote responses (if vendor submits a redacted copy) are to be submitted via email as separate PDF files. Both files must be in a searchable format and must not include any embedded web links. Quote submissions must be received by the due date and time. Email to: <a href="mailto:procurement@medicaid.ms.gov">procurement@medicaid.ms.gov</a> <b>Due Date and Time: Friday, May 29, 2026, by 2:00 p.m. CST</b>		

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Authorized Signature

\_\_\_\_\_  
Date

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Quote Submitted By