



MISSISSIPPI DIVISION OF  
**MEDICAID**

**OFFICE OF PROCUREMENT  
QUOTE REQUEST (QR) 20260430  
RFX # 3150006823**

**MEDICAL PAYMENT CLAIMS  
INTEGRITY REVIEW AND  
PERFORMANCE AUDIT SERVICES**

**Issue Date: Thursday, April 30, 2026**

**Question Deadline: Thursday, May 14, 2026, by 2:00 p.m. CST**

**Response Deadline: Friday, May 29, 2026, by 2:00 p.m. CST**

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**DOM WELCOMES PARTICIPATION OF MINORITY BUSINESSES**

## **1.0 PROCUREMENT OVERVIEW**

### **1.1 Introduction**

The Mississippi Division of Medicaid (DOM), Office of Procurement, is seeking a qualified, experienced entity specializing in professional accounting and/or auditing services to perform Medical Payment Claims Integrity Review and Performance Audit services in support of the agency's Medicaid claims management system. The selected Offeror shall demonstrate specialized expertise in Medical Payment Claims Integrity Review and Performance Auditing, with a proven track record of delivering services directly aligned with the scope of this procurement.

DOM requires a comprehensive analysis of 100% of medical claims payment data for a specified timeframe based on dates of service, with the objective of identifying potentially incorrect payment calculations within claims adjudication processes. In addition, the Offeror will be expected to conduct global analyses and produce reports that highlight payment integrity trends across both current and historical claims data.

This audit includes all claims – both fee for service claims and managed care paid encounters. Anywhere this Quote Request uses the term 'claim(s)', it is meant to include fee for service and managed care. **This audit excludes all outpatient pharmacy claims but includes Physician Administered Drug (PAD) claims.**

It is understood that any resultant contract awarded pursuant to this Quote Request (QR) is exempt from approval by the State of Mississippi's Public Procurement Review Board (PPRB); however, the contract will be subject to review by the Department of Finance and Administration's Office of Personal Services Contract Review (OPSCR), for the purpose of conducting a review to ensure compliance with applicable exempt contract requirements. DOM intends to award one contract for the services required herein. DOM further reserves the right to reject any and all quotes provided in response to this solicitation at any point of the evaluation, award and/or contract execution process.

### **1.2 Authority**

#### ***Medicaid Program***

This solicitation is issued under the authority of Title XIX (Medicaid) and XXI (Children's Health Insurance Program) of the Social Security Act, as amended, including applicable implementing regulations, and in accordance with the Mississippi Code of 1972, as amended. All prospective Contractors are charged with presumptive knowledge of all requirements of the cited authorities in this Quote Request (QR). The submission of a valid executed quote response by any prospective Contractor shall constitute admission of such knowledge on the part of each prospective Contractor. Any quote response submitted by any prospective

Contractor which fails to meet any published requirement of the cited authorities shall, at the option of DOM, be rejected without further consideration.

Medicaid is a joint federal and state program providing medical assistance to eligible individuals, funded through a combination of state appropriations and federal matching funds under Title XIX and XXI of the Social Security Act. Section 1902(a)(30)(A) of the Act (42 U.S.C. § 1396a(a)(30)(A)) mandates that state Medicaid agencies implement methods and procedures to safeguard against unnecessary utilization of services and to ensure efficiency, economy, and quality of care.

### **1.3 Term of Contract**

The term for the services required herein shall begin on July 1, 2026, and end on June 30, 2031. The contract shall remain under the same prices, terms, and conditions throughout the term of the contract.

Quotes for the required services must be received by the DOM Office of Procurement no later than the deadline specified in this QR. Payment and performance obligations for future fiscal years will be subject to the appropriation and availability of funding.

### **1.4 Contract Type and Compensation**

The resulting contract will be a firm fixed-price agreement, under which the Auditor's proposed rates shall remain constant for the entire contract term. Invoices must be submitted in the format prescribed by DOM and shall itemize all services provided in alignment with the rates specified in the Quote Form (**Attachment A**).

### **1.5 Travel**

Operational costs shall include all necessary travel as it relates to the performance of this service. Travel expenses will not be reimbursed.

### **1.6 Selected Vendor Requirements**

The awarded vendor will be required to register with the Mississippi Accountability System for Government Information and Collaboration (MAGIC) system. Registering with MAGIC allows vendors to receive notifications for upcoming RFX opportunities based on your entity's product categories. Businesses can search the MAGIC system for upcoming RFXs, respond electronically to some solicitations, receive purchase orders by email and receive payments electronically. To register, visit: <https://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/>.

### **1.7 Eligibility and Minimum Qualifications**

#### **1.7.1 Organizations Eligible to Submit Proposals (Attachment A – Quote Form)**

1. To be eligible to submit a quote, the Offeror must submit a completed and signed “**Attachment A – Quote Form.**” This form shall include all required pricing, certifications, and attestations. Any costs included elsewhere in the Offeror’s submission will not be considered part of the contract and will not be paid.
2. The Offeror must submit all narrative responses and documentation required under Sections **1.7.2 Minimum Qualifications** and **1.7.3 Capability to Provide Services** as part of the proposal package.

Failure to complete and sign (1) and provide required information noted in (2) above will result in the Offeror being deemed non-responsive.

**1.7.2 Minimum Qualifications (Attachment B: Addendum 1)**  
**(No page limit)**

*Note: Offerors must create this document based on the requirements below.  
A template is not provided by DOM.*

The following minimum requirements are mandatory and must be addressed in full. Offerors shall fully respond to and provide any necessary documentation of how their quote response meets or exceeds each qualification as an addendum entitled, “**Attachment B: Addendum 1: Minimum Qualifications**”.

Offerors should note:

- a. Failure to provide the necessary documentation specified in Sections 1.7.2 will result in the Offeror being deemed non-responsive.
- b. Failure to meet or exceed any of the minimum qualifications will result in the Offeror being deemed non-responsible.
- c. Offerors deemed non-responsive and/or non-responsible will be disqualified from further consideration.

Please ensure that your vendor response includes the total number of years and types of experience of your company to support how your company meets the minimum requirement.

**1.7.2.1 Offeror Experience Requirement**

1. The Offeror must demonstrate the ability to manage complex audit engagements, including development and execution of detailed project management methodologies, timelines, and deliverables. The Offeror must have experience producing comprehensive audit reports, maintaining complete and accessible electronic records, and providing supporting documentation (e.g., spreadsheets, methodologies, and calculations) in client-approved formats. Experience presenting findings to executive leadership and providing

advisory recommendations, including legislative or legal support is required. (*Offeror to provide three (3) distinct, complex audit projects of similar size and scope within the previous five (5) years [January 1, 2021 to present] and should include client name, scope, and complexity of work, contractual time period and summary of activities.*)

2. The Offeror must have a minimum of five (5) years' experience performing large-scale medical claims audits, including high volume or up to full population (100%) electronic claims re-adjudication. Three (3) years of this experience must be in performing audits of Medicaid Fee-for-Service (FFS) and/or managed care claims. Experience must include comprehensive analysis of Medicaid payment accuracy, including provider/member eligibility validation, NCCI edits, and coordination of benefits (COB). Additionally, the auditor must have proven expertise in verifying medical necessity and pricing accuracy based on Medicaid State Plan methodologies. (*Offeror to provide two (2) to three (3) projects meeting the experience requirements listed above involving high-volume and/or full population medical claims audits. Should include client name, contractual time period and list of activities associated with each project.*)
3. The Offeror must agree to perform all services required in this quote in accordance with customary and reasonable industry standards, as well as in strict conformance to all laws, statutes, and the applicable rules, regulations, methods and procedures of all required government boards, bureaus, offices, and other agents whether currently in place, updated and replaced, or newly created. The Offeror shall be responsible for the complete performance of all work; for the methods, means, and equipment used; and for furnishing all materials, tools, apparatus, and property of every description used in connection therewith. No statement within this quote shall negate compliance with any applicable governing regulation. The absence of detailed specifications or the omission of detailed description shall be recognized as meaning that only the best commercial practices are to prevail, and that only first quality materials and workmanship are to be used. *Offeror must confirm compliance.*
4. **References:** References provided by an Offeror must be familiar with the Offeror's abilities in the areas involved with this solicitation and must be from the experience the Offeror identified in **Section 1.7.2.1 (1) – (2)**. DOM staff will use these references to determine the Offeror's ability to perform the services. The Offeror is responsible for verifying that all reference contact information is accurate and up to date prior to submitting its response. DOM staff will not be responsible for locating references. Client references that cannot be contacted for verification will not be considered. The determination of the length of time an entity has provided these services will be based upon the initial date the Offeror established a contractual relationship to provide such services.

For each client provided, please specify:

- a. Client contact information, including the name, title, address, email address, and phone number of a person whom we may contact to confirm as needed,
- b. The specific type of work your entity provided to the client, include the type of claims and performance audit performed by your company,
- c. The number of covered lives in the client's group,
- d. Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client.

Reference contacts shall be contacted randomly until two (2) references identified as meeting the minimum qualifications have been contacted and Reference Survey Score Sheets (**Appendix 1**) are completed. No further references shall be contacted; however, Offerors are encouraged to submit additional references to ensure that at least three references are available for interview. DOM staff shall be able to contact three references within three business days after quote submission or the Offeror may be rejected. Please provide reference contact information for two (2) unique clients. If a single client satisfies multiple requirements under Minimum Qualifications 1 through 3, please provide additional client references to ensure the DOM has two distinct points of contact. If you are unable to provide two (2) unique clients that meet the minimum qualification above, provide as many as you have and indicate in response that additional references meeting this requirement are not available.

Offeror must score a minimum of nine (9) points on each Reference Survey Score Sheet to be utilized by DOM Procurement staff when interviewing Offeror-provided references. A total reference score of 18 points (combined minimum scoring of nine (9) points for each of the individual Reference Survey Score Sheets) is required to be considered responsive and meeting the reference requirement.

5. **Insurance:** The Offeror must agree to provide and maintain, throughout the term of the Contract, at its own expense the following insurance coverage. The insurance must be issued by an insurance company authorized to do business under the laws of the State of Mississippi, meaning the insurance carrier must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. DOM must be named as Certificate Holder on the policy. The Contractor shall annually provide DOM a current Certificate of Insurance.
  - a. **Professional Liability** insurance shall cover any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Such policy of insurance shall provide a minimum coverage in the

amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) annual aggregate. ***Please confirm that this coverage will be provided by the contractor as the awarded vendor.***

- b. ***Employee Dishonesty or Fidelity Bond*** insurance with third party liability coverage shall be provided with minimum limits of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) annual aggregate. ***Please confirm that this coverage will be provided by the contractor as the awarded vendor.***
- c. ***Cyber Liability*** insurance shall be provided at a minimum coverage in the amount of Two Million Dollars (\$2,000,000.00). Coverages must include security and privacy liability, business interruption, business interruption waiting period, data recovery, regulatory proceedings, and cyber extortion. ***Please confirm that this coverage will be provided by the contractor as the awarded vendor.***

### **1.7.2.2 Staffing Requirement**

The Offeror must clearly demonstrate its ability to successfully perform all required audit services under this contract. The Offeror should identify all proposed personnel, their qualifications, roles, and relevant experience, and must demonstrate that the Offeror has assembled a team with the appropriate expertise, certifications, and experience to meet the requirements of the contract.

At a minimum, the Offeror must include the following in this Section:

1. A detailed description of the overall staffing strategy for delivering all required audit services.
2. **Key Personnel:** The Offeror must provide an Account Manager (but not necessarily exclusive to DOM's account) who will serve as the primary point of contact for DOM's team. The Account Manager shall possess a minimum of five (5) years of experience in project management and direct experience conducting and supervising high volume medical payment claims integrity reviews and performance audits and must be qualified at a senior auditor level. This individual shall be responsible for the overall management and oversight of all contract activities, including deliverables, staffing, and performance, and shall ensure successful execution of all requirements under the contract.
3. The Offeror must propose other key personnel and any additional staff necessary to fulfill the requirements of this quote. For all key personnel, include their name, assigned role and responsibilities and identification of roles requiring professional licensure/designation. Also, provide a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on

any special training or designation, and each person's respective total number of years of experience related to the services being requested in this Quote. For other personnel include the titles, their roles and responsibilities and identify if any roles require professional licensure/designation. DOM understands that auditor(s) will be assigned to projects based on the type of project to be undertaken and the expertise and experience of the individual auditor.

4. The Offeror should ensure staffing levels are sufficient to meet all project goals regardless of those initially proposed and must maintain both the system capability and qualified personnel required to re-adjudicate all processed claims and perform audit services.  
***Please confirm.***
5. All staff provided under this contract must perform services exclusively within the United States. Compliance with this domestic performance requirement is mandatory for all personnel, including contractors and subcontractors, for the duration of the contract. ***Please confirm that you will comply.***
6. The Offerors must provide detailed resumes for all identified key personnel. Resumes should be tailored to highlight, at a minimum, the specific qualifications, education, and professional history relevant to the scope of work defined in this Quote, including any professional designations held (e.g., Certified Public Accountants (CPAs), Certified Internal Auditors (CIAs), Certified Fraud Examiner (CFE), etc.).

Resumes of all key personnel should demonstrate/highlight the following relevant qualifications and experience:

- a. A summary of demonstrated experience and knowledge related to Medicaid beneficiaries, Medicaid policies, Data Systems and processes.
- b. A summary of the proposed staff's experience and expertise in auditing medical payment claims or similar projects and must include at least two relevant projects.
- c. A summary of the proposed staff's demonstrated experience and knowledge of quality assessment methodologies, performance improvement methods, and quality and performance improvement projects.

### **1.7.3 Capability to Provide Services (Attachment B: Addendum 2) (Not to exceed 20 pages)**

***Note: Offerors must create this document based on the requirements below.  
A template is not provided by DOM.***

Offerors shall provide written, detailed responses validating Offeror's capability to provide services and include the questionnaire as Attachment B entitled, "**Attachment B: Addendum 2: Capability to Provide Services Narrative.**" ***Please respond to the entire Section 1.7.3 (1.7.3.1***

**through 1.7.3.6).** These experience requirements may be met at the organization level or staff level.

Offerors should note:

- a. Failure to provide the necessary documentation specified in Sections 1.7.3 will result in the Offeror being deemed non-responsive.
- b. Offerors deemed non-responsive will be disqualified from further consideration.

### **1.7.3.1 Offeror Capabilities**

Provide detailed, descriptive responses to the following questions and/or prompts, stating the Offeror's experience with medical payment claims auditing or related services, including:

1. Years in industry: How long has the Offeror been operating in the industry?
2. Provide a detailed description of your familiarity with CMS requirements and state Medicaid regulations.
3. Describe your understanding of the MS Medicaid Program and its unique requirements and challenges.
4. Describe your ability to adjust deliverables and timelines based on project needs, stakeholder feedback, and evolving project plans.
5. Provide examples of your flexibility in managing changes and providing innovative solutions to emerging challenges.
6. Provide a brief description of any outside vendors or subcontractors that will be involved in providing key services detailed within your proposal. Please include the term of your current contract with each vendor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.
7. Has your company ever been involved in a lawsuit involving any area covered by this quote? If the answer is yes, please provide details including dates and outcomes.
8. Has your company had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last five (5) years? If the answer is yes, please describe the circumstances and the corrective action in detail.
9. The selected auditor must cooperate with DOM and with all other contractors of DOM with respect to ongoing coordination and delivery of services and in any transition of responsibilities. Confirm your company will comply with this requirement.
10. DOM must have prompt and direct access to the auditor(s) throughout the contract period. Describe in detail how your company will provide this access.

11. What auditing standards does your organization adhere to?

#### **1.7.3.2 Contractor Representative Requirements**

1. Subcontractor(s): Will the Offeror use subcontractors to perform any aspects of the service?
2. Provide a narrative description of the background check process used for contractor representatives who have access to confidential information. Specify the type of background check conducted (e.g., criminal history, credit check, reference verification, Medicaid and Medicare exclusions and suspensions) and the level of detail included. **Note that employees of DOM cannot be used as Subcontractors.**

#### **1.7.3.3 MS Secretary of State Business Registration**

Offerors must comply with Mississippi Code Annotated § 79-4-15.01, confirming they are authorized to conduct business within the State of Mississippi. **Please comply and indicate your status.**

1. The Offeror is registered to do business in the State of Mississippi, as prescribed by the Mississippi Secretary of State and must provide the registration number.
2. If not registered and awarded the contract, this registration must be completed within five (5) business days.

#### **1.7.3.4 U.S. Based Operations**

All services provided under this contract must be performed entirely within the United States. **Please confirm that you will comply.**

#### **1.7.3.5 Independent Entity Requirement**

The Offeror must operate as an independent entity. Entities such as insurance companies or medical claims administrators are not eligible.

Additionally, Offerors that are majority-owned by such entities are also ineligible. Offerors must provide sufficient documentation to verify their independence, if requested. **Please confirm your agreement with these statements.**

#### **1.7.3.6 Standards of Performance and Legal Compliance**

All services must be delivered in accordance with prevailing industry standards and in full compliance with all applicable local, state, and federal laws and regulations.

The Offeror is responsible for the complete execution of services, including all materials, tools, equipment, and methodologies used.

Where specific technical specifications are not provided in this procurement, the Offeror must interpret this absence to require the use of the highest commercial standards, best practices, and first-quality materials and workmanship. ***Please confirm your agreement with these statements.***

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## **2.0 SCOPE OF SERVICES**

This section defines the core services and procedural obligations that the selected Auditor shall fulfill for the Mississippi Division of Medicaid (DOM), either directly or through approved subcontractors. While not exhaustive, these descriptions outline critical expectations and may require additional operational planning or system programming by the Auditor.

The selected Auditor shall perform the following services:

### **2.1 Account Management**

The Auditor must:

1. Adhere to all staffing minimums as specified in this procurement.
2. Ensure all contract-related services are performed exclusively from locations within the United States.

### **2.2 Medical Payment Claims Integrity Review and Performance Audit Services**

The Auditor shall conduct a comprehensive and objective Medical Claims Integrity Review and Performance Audit of the DOMs Medical payment claims annually. The annual audit will be a retrospective review of a defined 12-month period of claims processed by DOM's Fiscal Agent and Managed Care Organizations based on the dates of service. See the Quote Form (**Attachment A**) for more information about the audit periods and due dates. Claims processed by DOM's Managed Care Organizations are also stored by the Fiscal Agent and will not require a direct audit of the managed care organizations' claims processing systems. Physician Administered Drug (PAD) medical claims are to be included in these audit services. Pharmacy claims are excluded from this audit. The audit shall evaluate compliance with the Mississippi Medicaid State Plan, Administrative Code Title 23, DOM's published fee schedules, member benefit plans, contractual terms, industry best practices, and all applicable state and federal laws.

1. The areas of evaluation shall include, but are not limited to, a thorough review of processed Medical payment claims, including:
  - a. re-adjudication to assess the accuracy and effectiveness of related processes and systems, relating to such areas as eligibility (member and provider);
  - b. coding (including NCCI edits and modifier usage);
  - c. pricing (including correct application of allowable charges and discount agreements in accordance with DOM's State Plan Reimbursement Methodologies, DOM's published fee schedules and DOM's managed care contracts);
  - d. identification of duplicate claims;

- e. coordination of benefits (COB);
- f. subrogation;
- g. use of prior authorizations (limited to use of review, enforcement, and loading of authorizations and restrictions and does not include medical necessity determination);
- h. validation of ineligible/eligible charges;
- i. timeliness of processing;
- j. interaction with other vendors; and
- k. adequacy of file documentation.

## **2.2.1 Audit Components (includes, but are not limited to the following):**

### ***2.2.1.1 Medical Claims Payment and Pricing***

The Auditor shall:

1. Re-adjudicate 100% of all claim transactions electronically to evaluate whether claims have been completed in accordance with applicable member benefit plan, contractual obligations, industry standards, and relevant state and federal regulations.
2. Conduct the Medical Payment Claims Integrity Review and Performance Audit services using a statistically valid stratified random sampling methodology. This approach must be designed to achieve a minimum confidence level of 95% with a margin of error not to exceed  $\pm 3\%$ , ensuring that the audit findings are both mathematically sound and representative of the entire claims population.
3. Report on specific key performance indicators (KPIs) for all audit findings to ensure comprehensive oversight. These KPIs must include, at a minimum, the following:
  - a. Financial accuracy – to verify the correctness of the total dollar amounts paid;
  - b. Payment accuracy - to confirm that the right providers received the correct funds for the appropriate services;
  - c. Processing accuracy - to evaluate how consistently claims are adjudicated according to established policies; and
  - d. Claims processing turnaround time - to measure the efficiency and speed of the payment lifecycle.

4. In addition to the statistically valid random sample audit, the Auditor shall perform an electronic screening of 100% of processed Medical payment claims, with targeted sample analysis to identify process improvements and cost recovery opportunities. The Auditor will identify Medical payment claims containing material errors across a range of high-risk categories to flag potential issues. The Auditor will document the methodology used and provide a report to DOM.

The categories subject to review include, but are not limited to:

- a. Medical claims payment and pricing;
- b. Duplicate payments to providers and/or members;
- c. Provider discounts and fee structures;
- d. Coordination of benefits (COB);
- e. Benefit limitations and exclusions;
- f. Multiple surgical procedures;
- g. Large claim review;
- h. Denial of mandated benefits;
- i. Subrogation and third-party recovery rights; and
- j. Fraud, waste, and abuse assessment.

#### ***2.2.1.2 Operational Review of Fiscal Agent (FA)***

A comprehensive operational audit of the Medical payment claims Fiscal Agent (FA) shall be conducted and shall include, but is not limited to, an assessment of the following areas:

- a. Claims payment systems and associated procedures;
- b. Exception processing protocols;
- c. Receipt, tracking, and management of paper claims (mail processing);
- d. Forms utilization and communication process;
- e. Employee training programs and performance evaluation processes;
- f. Availability and adequacy of procedural manuals for claims processing, customer service, and related functions;
- g. Safeguards in place to ensure the security and confidentiality of records and data;

- h. Security controls and override procedures for claims approvals and record access;
- i. Internal control and audit methodologies and effectiveness;
- j. Compliance with HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act, including verification of Offeror compliance during annual claims and performance audits;
- k. Customer service performance, including the clarity and consistency of benefit communications, adherence to policies and procedures, and audit of performance guarantees such as call response time and call abandonment rate; and
- l. Implementation and effectiveness of cost containment procedures.

## **2.3 Reporting, Data Management and Collaboration Requirements**

### **2.3.1 Audit Reporting**

For any Medical Payment Claims Integrity Review and Performance Audit conducted, the Auditor shall provide a comprehensive, detailed written report. The report shall include the audit methodology, key findings, and specific recommendations for the Division of Medicaid (DOM). The Auditor must perform annual audits and deliver final audit report by due dates specified on the Quote Form (**Attachment A**) for a duration of five (5) years. The Auditor is also required to deliver an oral presentation of the report to DOM Executive staff members. Failure to submit the final audit report by the annual deadline may result in liquidated damages unless a delay is mutually agreed upon. (see **Section 3.1** Liquidated Damages).

The Auditor is required to hold monthly meetings with DOM staff to review audit progress. In these meetings, the Auditor must provide both verbal and written monthly progress reports to the DOM contract managers and/or staff involved in claims operations. Meetings may be conducted remotely.

### **2.3.2 Data Retention and Ownership**

The Auditor shall maintain complete and accurate records pertaining to all matters covered under the contract. All data shall be stored permanently in electronic format at secure, monitored storage sites or data centers. This data shall remain the sole property of DOM and shall be accessible to DOM at all times. Under no circumstances may the data be released or destroyed unless expressly authorized in writing by DOM or as required by state or federal law.

### **2.3.3 Data Transparency and Accessibility**

Upon request, the Auditor shall provide DOM with copies of all spreadsheets, underlying assumptions, and calculations related to any DOM-authorized and funded project. All materials shall be submitted in a format acceptable to DOM.

#### **2.3.4 Strategic Recommendations and Proactive Engagement**

Based on the results of Medical Payment Claims Integrity Review and Performance Audit, the Auditor shall proactively offer recommendations and insights to DOM concerning the management and evaluation of the Medicaid program. The Auditor is also encouraged to share innovative ideas aimed at improving healthcare quality and enhancing program design.

#### **2.3.5 Participation in Quality Initiatives**

Throughout the duration of the contract, the Auditor shall collaborate with DOM on the development, implementation, and assessment of quality improvement initiatives and innovative program designs, as requested and approved by DOM. Input on forward-thinking strategies to improve services is strongly encouraged.

#### **2.3.6 Testimony and Legal Support**

If requested by DOM, the Auditor shall agree to provide testimony before the State Legislature, the Performance Evaluation and Expenditure Review (PEER) Committee, and/or participate in legal or audit proceedings related to services performed under this contract.

#### **2.3.7 Non-Exclusive Agreement**

Both parties acknowledge and agree that this is a non-exclusive contract. DOM reserves the right to engage other Auditors or professionals to perform services similar to those outlined in the resulting contract.

#### **2.3.8 Cooperation with Other Contracted Auditors**

The Auditor shall collaborate, as necessary, with other Auditors contracted by the Division of Medicaid (DOM) to ensure the effective coordination and continuous delivery of services. The Auditor shall also support the seamless transfer of responsibilities, when applicable, to maintain service continuity and operational efficiency.

### **2.4 Security and Privacy**

The Contractor shall establish and maintain a comprehensive system of manual and automated internal controls, approved in writing by DOM, to ensure the integrity, accuracy, and confidentiality of all medical payment claims audit data. This framework must prioritize the secure handling of Protected Health Information (PHI) in strict compliance with HIPAA regulations and the DOM Business Associate Agreement (BAA) and the Data Use Agreement (DUA), if necessary. To prevent unauthorized access, the Contractor is required to implement robust physical and electronic safeguards, including active system monitoring and incident response capabilities. Furthermore, all personnel and approved subcontractors must execute formal confidentiality and/or acceptable use agreements, with system access granted strictly on a "need-to-know" basis and managed to prevent the sharing of credentials.

In alignment with Mississippi state and federal laws, all information, reports, and files processed under this contract must be treated as confidential. Crucially, all work products, data sets, and analyses generated during the performance of these audit services are the sole property of DOM and may not be used or disclosed for any purpose outside the scope of the contract without prior written consent. The Contractor remains responsible for the secure storage and eventual disposition of all reports according to State requirements, ensuring that the operational integrity of the Medicaid program is preserved throughout the contract lifecycle.

## **2.5 Administrative Training Requirements**

The Auditor shall provide ongoing training for its personnel and, when designated by DOM, DOM staff, to maintain sufficient proficiency in all contractual functions.

The Auditor shall report regularly to DOM on training activities and outcomes.

## **2.6 Staffing Requirements**

### **2.6.1 General Staffing**

The Contractor is solely responsible for hiring, managing, and ensuring the qualifications of all personnel and subcontractors. Staffing must be sufficient to meet all project goals, regardless of the level proposed in the original quote.

The Contractor shall maintain sufficient professional and technical staff to carry out the duties and responsibilities of this program function and agree to the following requirements:

1. Personnel commitments made in the Contractor's quote that resulted in award of this Contract shall not be changed except as herein provided, or due to the resignation of any named individual.
2. All assigned personnel are either employees of the Contractor or its approved Subcontractors and are fully qualified to perform all work outlined in this contract. The Contractor shall ensure that experienced and appropriately credentialed professionals are provided to support DOM.
3. The Contractor shall notify DOM in writing within forty-eight (48) hours of receipt of notice of a Key Personnel's resignation/departure and notify DOM immediately in the event of Key Personnel termination or departure without notice. Experience requirement levels listed under Key Personnel (See Section 2.6.4) must be maintained throughout the contract period.
4. The Contractor shall provide an interim resource with accompanying resume for DOM's approval within five (5) business days of receiving notice of a vacancy, or within five (5) business days of the vacancy occurring, whichever is earlier. The

interim resource will have the required qualifications and/or can perform roles and responsibilities as the proposed staff.

5. The Contractor shall provide a permanent resource for DOM's approval within thirty (30) calendar days, and appropriately staff, within forty-five (45) calendar days from the date of interim resource approval, for any Key Personnel replacements unless exception is granted in writing by DOM. The proposed permanent resource must meet or exceed the minimum qualifications specified for Key Personnel and shall be consistent with the roles, classifications, and/or rates proposed in the Contractor's Staff Proposal (Section 1.7.2.2).
6. Failure to meet staffing commitments may result in the imposition of Liquidated Damages, as specified in the contract and Section 3.1, Liquidated Damages. If the Contractor proposes a replacement that does not meet the minimum experience requirements set forth in the Quote, the position will be deemed 'vacant' and liquidated damages will continue to accrue until a qualified candidate is presented.

### **2.6.2 Accessible Staffing**

DOM reserves the right to review and approve all personnel assigned to this Contract, including Key Personnel and Subcontractor staff, and may require reassignment at its discretion to ensure effective contract performance.

The Contractor shall maintain sufficient, qualified staffing to meet all project requirements and shall ensure that personnel are accessible to DOM as needed to support ongoing activities and deliverables.

The Contractor shall track and maintain detailed resource cost information, including personnel and associated technical resources, for all active projects in a manner that supports DOM's reporting and oversight requirements. Upon request, the Contractor shall provide such cost information in a format mutually agreed by DOM and the Contractor and compliant with applicable CMS requirements.

### **2.6.3 Subcontracted Staff**

Contractor shall submit fully executed copies of DOM-approved subcontracts prior to the subcontractor starting work or within 30 calendar days of contract execution, whichever is earlier. Contractor must notify DOM within 10 calendar days of any subcontractor noncompliance related to contractual tasks, including an action plan to resolve issues. The notice must include corrective plans, an implementation timeline, and other relevant details.

Prior written approval from DOM is required to substitute any previously approved subcontractor. Contractor shall notify DOM within 48 hours of a subcontractor's resignation and immediately upon any termination. The Contractor retains sole responsibility for all services,

including those delivered by subcontractors, and will be the exclusive payee for all DOM payments.

#### **2.6.4 Key Personnel**

Key Personnel are essential to contract performance and must demonstrate expertise in medical payment claims auditing, including electronic claims re-adjudication and the evaluation of Medicaid-compliant cost-containment strategies. Proposed key staff must have documented experience in Medicaid State Plan Reimbursement Methodologies, NCCI edits, modifier usage, and COB/subrogation protocols. Additionally, Key Personnel must demonstrate proficiency in auditing Fiscal Agent medical review processes, including medical necessity determinations, authorization enforcement, and the security of HIPAA/HITECH-protected data. The Contractor must submit current resumes for all proposed Key Personnel with its quote or at least thirty (30) calendar days before the contract start date for DOM's written approval. Resumes must include a detailed description of the individual's intended roles and responsibilities. DOM reserves the right to interview all proposed personnel.

The Contractor shall not change Key Personnel positions, assignments, or responsibilities without prior written approval from DOM. One individual may serve in multiple roles with DOM approval. If additional Key Personnel are proposed, the Contractor must identify each role and explain how it supports contract performance. For any Key Personnel who are not Contractor employees, the Contractor must disclose their status and provide subcontract agreements; no subcontractor may be used without DOM approval. The Contractor must propose sufficient key and supporting staff to meet all contract requirements, regardless of initial staffing levels.

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### 3.0 PERFORMANCE STANDARDS

#### 3.1 Liquidated Damages

The parties declare and agree that time and punctuality are material and essential elements of this Agreement, and that its terms must be strictly and literally carried out. DOM may, at its sole discretion, assess liquidated damages as a reasonable estimate of difficult-to-calculate losses rather than as a penalty. These assessments do not waive DOM's right to pursue actual damages in addition to liquidated damages, or contract termination for continued violations. In the event such actual damages arise from the same event for which the Contractor has been assessed liquidated damages, the amount of any such liquidated damages paid by Contractor shall be credited against the amount of actual damages assessed for the same event. Upon written notice, DOM may collect damages via direct payment or by offsetting current or future invoices.

In order to appeal DOM's imposition of any damages, the Contractor shall request a review in accordance with the Disputes provisions noted at **Section 3.2, Disputes** below. Note that the assessment of liquidated damages is not automatically stayed pending appeal. Pending final determination of any dispute hereunder, the Contractor shall proceed diligently with the performance of this Contract and in accordance with the Contract Officer's direction.

The determination of the below liquidated damage amounts shall be at DOM's sole discretion up to the amounts below for each requirement:

<b>Liquidated Damages</b>		
<b>Section Reference</b>	<b>Requirement</b>	<b>Liquidated Damages</b>
2.3.1	Failure to submit the final audit report by the annual deadline.	\$500.00 (per business day the report remains outstanding)
2.6.1	Failure to provide an interim resource with the required qualifications and resume for DOM approval within five (5) business days of a vacancy or notice thereof.	\$500.00 (per business day until a qualified interim resource is approved)
2.6.1	Failure to provide a permanent resource for DOM approval within thirty (30) calendar days, or failure to have that resource appropriately staffed within forty-five (45) calendar days of interim approval.	\$1,000.00 (per calendar day until the position is filled by a qualified permanent resource)

#### 3.2 Disputes

Any disputes regarding the terms and conditions of the resulting Contract shall be decided by the Executive Director, or the Executive Director's designee. Such decision shall be in writing and mailed or otherwise furnished to the Contractor. Any assessment of liquidated or actual damages

shall be considered a decision of the Executive Director or designee. The decision of the Executive Director, or designee, shall be final and conclusive, unless within ten (10) calendar days following the date of such decision, the Contractor mails or otherwise furnishes a written appeal to the DOM's Executive Director.

The Contractor shall be afforded an opportunity to offer evidence in support of its appeal. Pending final determination of any dispute hereunder, the Contractor shall proceed diligently with the performance of this Contract and in accordance with the decision rendered by the Executive Director or designee that is the subject of the appeal until a final determination is rendered by the Executive Director or designee. This does not impair Contractor's right to any available judicial remedies upon exhaustion of internal dispute process as outlined in this section.

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## 4.0 PROCUREMENT PROCESS

### 4.1 Approach

This Quote Request (QR) is intended to equip Offerors with the necessary information to prepare a competitive quote. The QR process is structured to ensure that the Mississippi Division of Medicaid (DOM) receives high-quality services at the most cost-effective price from a responsive and responsible Offeror. DOM reserves the right to interpret the language and requirements of this QR in a manner that best serves the interests of the State.

### 4.2 Contact and Questions

All questions regarding this QR must be submitted in writing via email to **Procurement@medicaid.ms.gov** no later than **2:00 p.m. CST on Thursday, May 14, 2026**. The subject line of the email should read:

**“Questions – Medical Payment Claims Audit Services – QR # 20260430”**

Only information formally issued by DOM in writing as an amendment shall be considered binding. Verbal communications or informal statements, whether written or oral, shall not be binding unless officially issued as an amendment to this QR.

DOM anticipates issuing written answers in the form of an amendment by **2:00 p.m. CST on Thursday, May 21, 2026**. If any amendment is issued, Offerors must complete and return the Acknowledgement of Amendment form by the quote submission deadline. A copy of the signed Acknowledgement of Amendments (**Attachment F**) form, if applicable, should be submitted with the Offeror’s quote submission.

Respondents and their representatives are strictly prohibited from contacting any DOM personnel regarding this QR except as directed within this section. All communication must be submitted in the prescribed manner to the designated DOM Procurement Contact (noted on the **Cover Page**).

### 4.3 Quote Submission Requirements

Submissions must be submitted via email and clearly labeled with the subject line:

**“[Offeror Name] – QR # 20260430 - Medical Payment Claims Audit Services”**

Email responses should be directed to: **Procurement@medicaid.ms.gov**

Submissions must be received by the DOM Office of Procurement no later than **2:00 p.m. CST on Friday, May 29, 2026**. Responses received after this deadline are considered late and will be deemed non-responsive and disqualified from consideration. Late submissions will only be accepted if the Agency provides written authorization stating that accepting the late response is in DOM’s best interest and does not prejudice other Offerors. Any exceptions to the deadline or submission method must be authorized via a written amendment from the DOM Office of Procurement.

DOM will provide written notice to any Offeror whose submission is deemed non-responsive and/or non-responsible. Non-responsive submissions will not be considered for award; these submissions will be returned, with sufficient documentation by DOM to justify the rejection.

Offerors are solely responsible for ensuring timely submission. DOM is not liable for and will not assume responsibility for any delay in electronic delivery due to technical issues or user error.

#### 4.4 Quote Submission Format

All quotes must be submitted as a single, searchable PDF file. If submitting both redacted and unredacted versions, two separate searchable PDF files must be provided - with the redacted version clearly labeled "Public Copy." PDF files must not contain any embedded web links. The PDF should be in the following format:

Quote Submission Format				
	Reference	Description	Completed	Signed
1	Attachment A	Quote Form	X	X
2	Attachment B	Addendum 1 - Minimum Qualifications	X	
3	Attachment B	Addendum 2 - Capability to Provide Services	X	
4	Attachment B	Addendum 3 - Additional Support <i>(not required)</i>		
5	Attachment C	Disclosure of Subcontractor Information	X	
6	Attachment D	DHHS Certification Drug-Free Workplace	X	X
7	Attachment E	Certification Debarment, Suspension, and Other Responsibility Matters	X	X
8	Attachment F	Acknowledgement of Amendments	X	X
9	Attachment G	Proprietary Information Form	X	X
10	Attachment H	Business Associate Agreement	X	X
11	Attachment I	Quote Checklist	X	X