



MISSISSIPPI DIVISION OF
MEDICAID

OFFICE OF PROCUREMENT

**QUOTE REQUEST
PHARMACY BENEFIT ADMINISTRATOR
CLAIMS AND PERFORMANCE
AUDIT SERVICES
QR # 20260331
RFX # 3150006793**

Issue Date: Friday, March 31, 2026

Question Deadline: Tuesday, April 14, 2026, by 2:00 p.m. CST

Response Deadline: Friday, April 24, 2026, by 2:00 p.m. CST

Procurement Contact:

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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, seeks a qualified, experienced entity to provide professional accountants and/or auditors to conduct pharmacy payment claims integrity review and performance audit services in support of the agency's Medicaid claims management functions. The selected Offeror must employ duly licensed accounting and/or auditing professionals, and possess demonstrated expertise in pharmacy payment claims auditing, integrity review, and performance review, with a proven track record of delivering services directly aligned with the scope outlined in this procurement.

DOM requires a comprehensive analysis of 100% of pharmacy paid claims data for a specified timeframe, with the objective of identifying potentially incorrect payments on a case-by-case basis. In addition, the contractor must conduct global data analyses and produce reports that highlight payment integrity trends across both current and historical claims.

It is understood that any resultant contract awarded pursuant to this Quote Request (QR) #20260331 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 preliminary review and issuing a recommendation 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, awarding and/or contract execution process.

1.2 Authority

Medicaid Program

This solicitation is issued under the authority of Title XIX 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 presumed to be familiar with the requirements of the aforementioned legal authorities as set forth in this quote request. By submitting a valid, executed quote, each prospective contractor affirms awareness and understanding of these requirements. DOM reserves the right to reject, without further consideration, any quote that fails to comply with applicable statutory or regulatory provisions.

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 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.

Pharmacy Medicaid Program

DOM administers the Pharmacy Medicaid Program under a State Plan approved by the Centers for Medicare & Medicaid Services (CMS).

The MS Medicaid Pharmacy Program offers prescription drug benefits to approximately 710,000 members and utilizes a contracted Pharmacy Benefit Administrator (PBA) to streamline and enhance the processing and management of pharmacy claims for all Medicaid members, including those enrolled in managed care. In addition to the processing of pharmacy point of sale (POS) claims, the PBA is responsible for various functions, including pharmacy prior authorization (electronic and manual), call center administration, and federal drug rebate administration (invoicing and collections).

While these services are outsourced, DOM retains ultimate responsibility for ensuring compliance and accuracy in accordance with the following oversight mechanisms: the PBA's contract with DOM, applicable Mississippi Medicaid State Plan requirements, including the impacts of State Plan Amendments effective during the audit time period, state rules and regulations, and CMS federal guidance.

This Quote Request (QR) has been issued to procure the services of a licensed and technically qualified Auditor to audit the performance and compliance of the PBA in relation to the Mississippi Pharmacy Program. The primary objective of this engagement is to verify that the PBA is accurately executing key functions, including claims processing, rebate management, call center operations, and both member and provider appeals processes. Additional areas subject to audit include pharmacy reimbursement appeals and Third-Party Liability (TPL) management, as applicable to the pharmacy program.

The audit will validate financial terms, and rebate invoicing, as outlined in the PBA contract, are properly applied and supported by adequate quality controls. DOM seeks to review and audit pharmacy claims submitted to DOM, rebate revenues received, call center performance metrics, and appeals procedures involving members and providers across all program offerings.

1.3 Term of Contract

The term for the services required herein shall commence on May 15, 2026, and expire on May 14, 2031. The contract shall remain subject to the quoted pricing and the agreed-upon terms and conditions for the duration of the contract term.

Quotes for the required services must be received by the DOM Office of Procurement no later than the deadline indicated. Contracts for services may not exceed five (5) years unless otherwise permitted by law. Payment and performance obligations for future fiscal years will be subject to the availability and appropriation of funds by the Mississippi Legislature.

1.4 Contract Type and Compensation

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

1.5 Travel

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 Quotes (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 **(2)** above will result in the Offeror being deemed non-responsive.

1.7.2 Minimum Qualifications (Attachment B: Addendum 1) (No Page Limit)

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**”. Failure to meet or exceed any of the minimum qualifications, or failure to provide the necessary documentation, will result in the Offeror being deemed non-responsive and 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.

For the purposes of meeting these minimum requirements, unless otherwise specified, the term “Auditor” refers solely to the primary contracting Offeror and does not include any proposed subcontractors.

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 plans, 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) complex audit projects of similar size and scope from the previous five (5) years 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 pharmacy claims audits, including high volume or up to full population (100%) electronic claims re-adjudication. Experience must include evaluation of pricing methodologies (e.g., NADAC, WAC, AAC, MAC), benefit plan design validation, rebate analysis, and compliance with Medicaid State Plans and applicable federal and state regulations. *(Offeror to provide two to three projects involving high-volume and/or*

full population pharmacy claims audits. Should include client name, contractual time period and list of activities associated with each project).

3. The Offeror must demonstrate prior experience auditing Medicaid Fee-for-Service (FFS) and/or managed care pharmacy programs, including oversight of Pharmacy Benefit Administrators (PBAs). This must include experience reviewing pharmacy network agreements, rebate contracts (including federal and supplemental rebates), and operational processes such as claims adjudication systems, fraud, waste, and abuse detection, and HIPAA/HITECH compliance. *(Offeror to provide at least two to three completed and/or ongoing projects from the previous five (5) years involving Medicaid Fee-for-Service (FFS) and/or managed care pharmacy program audits. Should include client name, contractual time period and list of activities associated with each project).*
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) – (3)**. 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 track down 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 Insurance Department. 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 (no page limit)

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) 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 independent pharmacy 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. The Offerors must provide detailed resumes for all identified key personnel. Resumes should be tailored to highlight 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 pharmacy 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 Narrative - Capability to Provide Services (Attachment B: Addendum 2) (not to exceed 20 pages)

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.

1.7.3.1 Offeror Experience and Capabilities

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

1. Years in Industry: How long has the Offeror been operating in the industry?
2. Provide a general overview of the organization's experience and expertise related to auditing pharmacy claims or similar projects. Include examples of specific projects which include Medicaid Fee for Service (FFS) claims. (*You can refer to minimum qualifications if already listed there but it must be plain and clear that it responds to this prompt*)
3. Provide a detailed description of your experience in developing and executing comprehensive project management plans, including timelines, milestones and deliverables.

4. Provide examples of your ability to coordinate with internal DOM staff and external stakeholders effectively.
5. Provide a detailed description of your familiarity with CMS requirements and state Medicaid regulations.
6. Describe your understanding of the MS Medicaid Program and its unique requirements and challenges.
7. Describe your ability to adjust deliverables and timelines based on project needs, stakeholder feedback, and evolving project plans.
8. Provide examples of your flexibility in managing changes and providing innovative solutions to emerging challenges.
9. 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.
10. Has your company ever been involved in a lawsuit involving any area covered by this RFP? If the answer is yes, please provide details including dates and outcomes.
11. 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.
12. 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.
13. 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.
14. 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 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, medical claims administrators, or pharmacy benefit 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.

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.

2.0 SCOPE OF SERVICES

This section defines the core services and procedural obligations that the selected Auditor must fulfill for 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 must perform the following services:

2.1 Account Management

Adhere to all staffing minimums as specified in this procurement.

2.2 Pharmacy Claims and Performance Audit Services

The Auditor shall conduct a comprehensive, objective annual audit of all pharmacy claims processed by DOM's Pharmacy Benefit Administrator (PBA). The audit must evaluate compliance with DOM benefits, contractual obligations, industry best practices, and applicable state and federal laws.

2.2.1 Audit Components

A detailed operational audit of DOM's Pharmacy Benefit Administrator should include, but not be limited to, the following audit components.

2.2.1.1 Pharmacy Claims Payment and Pricing

The Auditor shall at least annually perform a comprehensive and objective audit of all the claims processed by the Plan's pharmacy benefit manager to determine if the pharmacy claims were adjudicated according to appropriate MS Medicaid State Plan benefits, Administrative Code, contractual standards, industry standards, and State and federal regulations. A detailed operational audit of the Plan's pharmacy benefit manager shall include, but is not limited to, the following:

1. Re-adjudicate 100% of all claim transactions electronically to verify benefit plan design accuracy, application of deductibles and co-payments, and pricing in accordance with the MS Medicaid State Plan and Administrative Code;
2. Conduct a comprehensive review of applicable contract, Administrative Code and State Plan terms;
3. Evaluate 100% of paid claims transactions for accuracy;

4. Benchmark contract provisions against best practices, market standards, and comparable plans;
5. Confirm that claims have been paid in accordance with contract terms and identify discrepancies;
6. Compare claim's file drug pricing and classification data to MediSpan or other clinical drug knowledge base; and
7. Ensure claims align with PBA pricing commitments and the actual charges.

2.2.1.2 Pricing Audit

The pricing component of the audit is designed to thoroughly examine the PBMs financial performance by validating the following parameters against contractual requirements

1. Application of DOM pricing logic (e.g. NADAC, WAC, AAC, MAC);
2. Application of 340B pricing logic (e.g. 340B Ceiling Price, Claims Modifiers);
3. Administrative fees;
4. Single-source generic pricing; and
5. Dispensing fees.

2.2.1.3 Pharmacy Network Agreements Audit

Auditor shall verify that actual network discounts, fees, and related requirements align with contract terms, conditions, and charges to DOM. This includes the following:

1. Examine pharmacy provider agreements;
2. Validate fee structures and discounts received; and
3. Analyze both high-volume pharmacy chains and independents.

2.2.1.4 Rebate Audit

Auditor shall analyze rebates to determine the level of rebates due to DOM by performing the following:

1. Audit manufacturer rebate agreements for both federal rebates and supplemental rebates;
2. Match invoiced and received rebate amounts;

3. Validate total per-claim rebates against contractual guarantees; and
4. Validate appropriate avoidance of duplicate discounts on 340B claims.

2.2.1.5 Cost Containment Evaluation

Auditor shall evaluate and provide recommendations for cost containment procedures. This review shall include, but is not limited to, the following:

1. Assess step therapy and contingency therapy compliance; and
2. Evaluate formulary adherence.

2.2.1.6 Operational Review of PBA

Auditor shall review, including but not be limited to:

1. Analyze systems and processes for claims payments;
2. Assess audit protocols, exceptions handling, and paper claims processing;
3. Review training, QA processes, data security, override approval procedures, internal audit practices, HIPAA/HITECH compliance, and customer service performance guarantees; and
4. Review operational reports and suggest changes/additions to allow for effective management and oversight of operations.

2.2.1.7 Fraud, Waste, and Abuse Review

Auditor shall assess systems and practices to detect and mitigate fraud, waste, and abuse.

2.2.1.8 Reporting Requirements

Auditor shall provide a comprehensive audit report detailing methodology, findings, and recommendations. Audit report to be presented orally upon DOM's request.

2.2.1.9 Records Management

Auditor shall maintain complete and accurate electronic records, accessible to DOM at all times; data shall not be released or destroyed without DOM's written authorization or legal requirement.

2.2.1.10 Project Documentation

Auditor shall provide all spreadsheets, assumptions, and calculations in a DOM-approved format upon request.

2.2.1.11 Recommendations and Advisory Support

Based on the audits performed, auditor will proactively present recommendations and ideas to DOM on State Plan improvements and/or the performance evaluation of the PBA based on audit outcomes.

2.2.1.12 Quality Improvement and State Plan Design Support

Auditor will partner with DOM on the development and evaluation of quality improvement and innovative State Plan/Administrative Code design initiatives; Auditors are encouraged to suggest enhancements.

2.2.1.13 Legislative or Legal Support

Auditor will provide testimony before the legislative or regulatory bodies and assist with legal or audit proceedings related to contract services, if requested.

2.2.1.14 Non-Exclusivity Acknowledgement

Auditor will acknowledge that DOM may engage additional Auditors for similar services.

2.2.1.15 Cooperation with Other Contracted Auditors

Auditor will collaborate with DOM's other contracted Auditors to ensure continuity and coordinated service delivery.

2.3 Administrative Training Requirements

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

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

2.4 Staffing Requirements

2.4.1 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 above 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 in the Key Personnel 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 for any Key Personnel vacancies, regardless of the reason for the vacancy. 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 permanent resource will have the required qualifications listed in the Key Personnel.
6. Failure to meet staffing commitments may result in the imposition of Liquidated Damages, as specified in the contract.

2.4.2 Accessible Staffing

DOM reserves the right to approve, disapprove, or request reassignment of any Key Personnel or Subcontractor staff. The Contractor shall maintain and report per-project resource costs (personnel and technical) to satisfy DOM reporting requirements.

Upon request, the Contractor shall provide DOM with resource cost details on all active projects. DOM and the Contractor will agree upon an invoice format to meet both DOM and CMS requirements.

2.4.3 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 SBS 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.

2.4.4 Key Personnel

Key Personnel are Contractor staff essential to contract performance and must demonstrate experience in Pharmacy Benefit Administration (PBA) auditing, including electronic claims re-adjudication, clinical drug pricing (e.g., NADAC and 340B), manufacturer rebate reconciliation, and evaluation of Medicaid-compliant cost-containment strategies. The Contractor must submit current resumes for all proposed Key Personnel with its quote response, or at least thirty (30) calendar days prior to the start date for DOM's written approval; if submitted later, the Contractor must describe each individual's intended roles and responsibilities. DOM reserves the right to interview 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.

2.5 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 pharmacy 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.

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3.0 PROCUREMENT PROCESS

3.1 Approach

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

3.2 Contact and Questions / Requests for Clarification

Questions shall be submitted no later than **2:00 p.m. CST on Tuesday, April 14, 2026**, using the Questions and Answers template.

Question and Answer Template: <https://medicaid.ms.gov/resources/procurement/>

Email Template to: procurement@medicaid.ms.gov

Email Subject Line: **QR # 20260331 – PBA Claims and Perf Audit Services – Questions**

DOM anticipates written responses in the form of an amendment by **5:00 p.m. CST on Monday, April 20, 2026**. If an 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 proposal.

Only information formally issued by DOM in writing 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.

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 contact.

3.3 Quote Submission Requirements

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

"[Offeror Name] – QR # 20260331 – PBA Claims and Performance Audit Services"

Email responses should be directed to:

Procurement@medicaid.ms.gov

Submission must be received no later than **2:00 p.m. CST on Friday, April 24, 2026**. Any response received after this deadline will be considered **late**, documented as such, and included in the procurement file. Late submissions are deemed non-responsive and will not be considered for further evaluation. DOM will issue written notification to any Respondent whose submission is deemed non-responsive due to a missed deadline. Exceptions to the submission deadline or

delivery method will only be permitted through a written amendment issued by the DOM Office of Procurement.

Respondents 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.

DOM has determined that the scope of work or services to be performed under the resulting contract require access to Protected Health Information (PHI). Therefore, the selected Offeror will be required to execute DOM's Business Associate Agreement (BAA). A copy of the BAA is provided in **Attachment H**.

3.4 Quote Submission Format

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

Quote Submission Format				
	Reference	Description	Completed	Signed
1	Attachment A	Cost Proposal 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 Documentation (not required)		
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 (BAA)	X	X
11	Attachment I	Proposal Checklist	X	X