External Quality Review Organization (EQRO) Services
Amendment #3 – Notice Clarification
RFP # 20260731 / RFx # 3160008164
September 3, 2026

Purpose

The Notice provision of the RFP is hereby amended to remove all references to facsimile transmission and to clarify the permissible methods and addresses for providing notice.

Section 4.29 - Notice

All notices required or permitted to be given under this agreement shall be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Whenever, under this RFP, one party is required to give notice to the other, except for purposes of the Notice of Termination (Section 4.22) of this RFP, such notice shall be deemed given upon actual receipt or when refused. ~~delivery, if delivered by hand, electronic mail, or upon the date of receipt or refusal, if sent by registered or certified mail, return receipt requested or by other carriers that require signature upon receipt. Notice may be delivered by facsimile transmission, with original to follow by certified mail, return receipt requested, or by other carriers that require signature upon receipt, and shall be deemed given upon transmission and facsimile confirmation that it has been received. Notice shall be deemed given when actually received or when refused.~~ The parties agree to promptly notify each other in writing of any change of address.

Notices shall be addressed as follows:

In case of notice to the Contractor:
Project Manager
Street Address
City, State Zip Code
Email:_____

In case of notice to DOM:
MAILING ADDRESS
Executive Director
Division of Medicaid
Post Office Box 2222
Jackson, MS 39225

PHYSICAL ADDRESS
Executive Director
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

EMAIL ADDRESS
contracts@medicaid.ms.gov

Except as amended herein, all other terms and conditions of the RFP remain unchanged. Vendors are responsible for ensuring that their submissions reflect the corrections outlined in this amendment.

_____	_____
Authorized Signature	Date
_____	_____
Printed Name	Vendor Name