



Solicitation Addendum

**Solicitation Number:** 30-2024-004-DHB

**Solicitation Description:** Healthcare Claims Visibility Solution (HCVS) RFI

**Purpose of Addendum:** Agency Response to Vendor Questions

**Proposal Due Date & Time:** February 23, 2024, by 2:00PM ET

**Addendum Number:** 1

**Addendum Date:** February 1, 2024

1. INSTRUCTIONS: RETURN ONE PROPERLY EXECUTED COPY OF THIS ADDENDUM WITH RFI RESPONSE OR PRIOR TO THE RFI DUE DATE/TIME LISTED ABOVE.
2. FOLLOWING ARE QUESTIONS RECEIVED FOR THE RFI AND THE DEPARTMENT'S RESPONSES TO THE QUESTIONS. THE RFI SECTIONS, PAGE NUMBERS AND QUESTIONS ARE PRESENTED IN THE TABLE AS PROVIDED BY THE VENDORS WITH NO EDITS.

Question #	RFI Section	RFI Page Number(s)	Vendor Question	Answer
1	Section IV.C.1.b	10	Are the clearinghouses that we need to integrate with known?	Not at this time.
2	Section IV.C.1.b	10	Can you provide an approximate number of clearinghouses that require integration?	The State currently has five distinct plans with separate contracts; the assumption is there will be five clearinghouses.
3	Section IV.C.1.b	10	Can you provide the list of Clearinghouses required to integrate with?	Not at this time.

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Question #	RFI Section	RFI Page Number(s)	Vendor Question	Answer
4	Section IV.C.2	10	Will the state require/mandate MCOs, providers, and clearinghouses to share copies of original transaction data with our solution to ensure accurate capture and parsing?	Yes.
5	Section IV.C.2	10	If we find compliance or formatting issues in live transaction data, will the state mandate a standard process for reporting and receiving corrected data?	The State will rely on the Vendor to describe the process to validate and correct data in their proposal. The Vendor will be responsible for data validation.

End of Agency Response to Vendor Questions

Failure to acknowledge receipt of this addendum may result in rejection of the response.

Execute Addendum 1:

Offeror:

Authorized Signature:

Name and Title (Typed):

Date: