



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**Division of Health Benefits**

Solicitation Addendum

**Solicitation Number:** 30-2024-004-DHB  
**Solicitation Description:** Healthcare Claims Visibility Solution (HCVS) RFI  
**Purpose of Addendum:** Update Anticipated Schedule  
**Proposal Due Date & Time:** March 4, 2024, by 2:00PM ET  
**Addendum Number:** 3  
**Addendum Date:** February 28, 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. **The subject RFI is amended as follows:**

- The table in Section 1.B Anticipated Schedule is revised as follows:

Action	Responsibility	Date	Time (EST)
RFI Issued	Department	01/17/2024	
Written Questions Deadline	Respondent(s)	01/24/2024	2:00 pm
Department's Response to Written Questions / RFI Addendum Issued	Department	02/01/2024	
Responses Due	Respondent(s)	03/04/2024	2:00 pm

**End of RFI Changes.**

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

**Execute Addendum 2:**

**Offeror:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name and Title (Typed):** \_\_\_\_\_

**Date:** \_\_\_\_\_