



## Solicitation Addendum

**Solicitation Number:** 30-2019-052 DHB

**Solicitation Description:** Healthy Opportunities Lead Pilot Entity Request for Proposal (RFP)

**Solicitation Opening Date and Time:** February 14, 2020 at 2:00 PM ET

**Addendum Number:** 8

**Addendum Date:** February 11, 2020

**Purpose of Addendum:** Changes to the RFP

**Contract Contact:** Mindie Loebach, Contract Specialist

Medicaid.procurement@dhhs.nc.gov | (919) 527-7019

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### NOTICES:

1. Clarification of flash drive procedure for Section II.E.4 b. Electronic Copies
2. ATTACHMENT H: CONTRACT ADMINISTRATORS is revised and restated in its entirety.

### INSTRUCTIONS

1. Return one properly executed copy of this Addendum with response. Failure to sign and return this Addendum may result in the rejection of Offeror's proposal.
2. Carefully read, review and adhere to all notices, instructions and changes to the RFP in this Addendum.
3. Following are the Department's revisions to the RFP.

*Section II.E.4.b., Electronic Copies, of RFP 30-2019-052 DHB* requires the Offeror to submit:

- one (1) copy of the signed, originally executed Technical Proposal Response on a separate, marked flash drive;
- one (1) copy of the executed Funding and Budget Proposal Response on a separate, marked flash drive;
- one (1) copy of the signed, originally executed redacted Technical Proposal Response on a separate, marked flash drive; and
- one (1) copy of the executed redacted Funding and Budget Proposal Response.

If Offeror's response does not include information that meets the definition of Confidential Information set forth in G.S. 132-1.2 and therefore does not require redaction, the Offeror should submit:

- one (1) copy of the signed, originally executed Technical Response on a separate, marked flash drive;
- one (1) copy of the signed, originally executed Funding and Budget Proposal Response on a separate, marked flash drive; and
- a signed statement that Offeror's response does not contain Confidential Information as required in Section II.E.4.b.v.; the signed statement should be submitted on a separate, marked flash drive.

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2. ATTACHMENT H: CONTRACT ADMINISTRATORS is revised and restated in its entirety as follows:

ATTACHMENT H: CONTRACT ADMINISTRATORS

Contract Administrators are the persons to whom notices provided for in this Contract shall be given, and to whom matters relating to the administration of this Contract shall be addressed. The Department and Contractor may change its respective administrator, address, and telephone number by providing written notice.

**For the Department**

Contract Administrator for contractual issues:

Name & Title	Mindie Loebach Contract Specialist
Physical Address	820 S. Boylan Avenue Raleigh, NC 27603
Mail Service Center Address	2501 Mail Service Center Raleigh, NC 27699-1950
Telephone Number	919-527-7019
Email Address	<a href="mailto:Mindie.Loebach@dhhs.nc.gov">Mindie.Loebach@dhhs.nc.gov</a>

Contract Administrator for day to day activities:

Name & Title	
Physical Address	
Mail Service Center Address	
Telephone Number	
Email Address	

Department's Coordinator for Federal, State, and Department security matters:

Name & Title	Pyreddy Reddy, DHHS CISO
Address 1	695 Palmer Drive, Raleigh, NC 27603
Telephone Number	919-855-3090
Email Address	<a href="mailto:Pyreddy.Reddy@dhhs.nc.gov">Pyreddy.Reddy@dhhs.nc.gov</a>

Department's HIPAA and Policy Coordinator for Federal, State, and Department privacy matters:

Name & Title	Freya Hardy-Lynch, RHIA, HIPAA and Policy Coordinator
Address 1	333 E. Six Fords Road, Raleigh, NC 27699-2501
Telephone Number	919-814-0107
Email Address	<a href="mailto:Freya.hardy-lynch@dhhs.nc.gov">Freya.hardy-lynch@dhhs.nc.gov</a>

**For the Contractor**

Contract Administrator for contractual issues:

Name & Title	
Address	
Telephone Number	
Email Address	

Contract Administrator for day to day activities:

Name & Title	
Address	
Telephone Number	
Email Address	

Contractor's Coordinator for Privacy and Security matters:

Name & Title	
Address	
Telephone Number	
Email Address	

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**Execute Addendum #8:**

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

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

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

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