

Clinical Data Acquisition and Aggregation Services Questions & Responses

September 10, 2026

- 1. Are there any existing clinical data acquisition, chart retrieval, HIE, interoperability, quality reporting, or data aggregation vendors currently supporting Alliance that will remain in place during this engagement? If so, please identify which data sources, provider organizations, or functions are expected to remain out of scope.**
 - AHP does have some existing relationships for clinical data acquisition but intends to transition those sources to the chosen vendor for aggregation and integration. Consider all sources to be in scope for the purpose of the RFP response.
- 2. Are there any existing direct provider, health system, laboratory, registry, or HIE connections that Alliance expects the selected vendor to leverage rather than establish independently?**
 - AHP does have some existing relationships for clinical data acquisition but intends to transition those sources to the chosen vendor for aggregation and integration. Following execution of a final agreement, AHP will assist in the transition.
- 3. Does Alliance intend to submit the full membership population (approximately 145,000 members) for monthly matching and retrieval activities, or will submissions be limited to specific populations, programs, quality initiatives, or targeted member cohorts?**
 - The initial population will be a subset of the full population that is currently identified for quality measurement or related clinical activities. The cohort may be expanded as needed. The initial population is estimated to be roughly 1/3 to 1/2 of the full population.
- 4. Will Alliance provide only active membership, or should the proposed solution also support historical eligibility and retrospective retrieval activities?**
 - AHP intends to include active membership only.
- 5. Is it correct to assume that all clinical records retrieved from EMR systems may be used for quality and audit purposes, or are there provider types, specialties, encounter types, locations, or data sources that should be excluded from retrieval activities?**
 - Certain records, such as those related to sensitive diagnoses, may not be retrieved based on North Carolina privacy regulations. AHP does not intend further restrictions.
- 6. Does Alliance currently maintain contractual language, incentive programs, participation requirements, or other mechanisms intended to encourage provider adoption of electronic data exchange?**
 - AHP provider contracts do not contain specific language related to electronic data exchange.

7. If provider outreach is required, what level of support will Alliance provide for provider engagement, escalation, contracting assistance, and project sponsorship?

- The intent of this RFP is to leverage agreements the vendor currently has or is negotiating with providers within the AHP network. Some limited assistance may be available. Please indicate the level of assistance required or desired in the narrative response.

8. How will Alliance measure the success of this engagement during the first 12 months (e.g., provider coverage, member coverage, chart retrieval volume, supplemental data volume, audit outcomes, quality measure performance, or other KPIs)?

- AHP is seeking a data acquisition and aggregation vendor to improve accuracy in quality measurement. Initial KPIs will be related to data completeness and overall quality measure performance.