

Clinical Data Acquisition and Aggregation Services Questions & Responses

September 15, 2026

1. Does Alliance expect the selected vendor to deliver an existing, production-ready North Carolina clinical data service at contract start, or does Alliance view the engagement as a technology partnership in which the vendor establishes and expands connectivity - with providers, practices, HIEs, and other data sources - over the contract term?

- Alliance Health Plan has asked about existing connections to the North Carolina provider network listed in the RFP as it is one important factor in our vendor evaluation. For providers not already connected, we do expect that the selected vendor will establish connectivity during the contract term.

2. Certain responses will include proprietary information. Will any information be shared publicly?

- AHP will keep all proposals and supporting documentation confidential. They will not be posted publicly. This Q&A is being posted publicly to ensure that all organizations wishing to respond have the same information.

3. Can you provide more details on the preferred QSI-XL format?

- AHP uses Inovalon's QSI-XL software for quality measurement and intends to integrate the data supplied by the winning vendor into the QSI-XL data feed. Inovalon's copyright does not allow AHP to share their documentation. Questions about QSI-XL support are included in the RFP to allow AHP to learn about what mapping steps might be required during implementation.

4. In reference to E3. Onshore Processing, Storage, Support, and Subcontractor Disclosure Required clause language: Contractor shall not permit Alliance data to be accessed, viewed, processed, stored, transmitted, supported, or maintained from any offshore location.

To verify, is there any leniency or a scenario in which some offshore processing would be permitted?

- AHP is not able to provide any leeway in the Security, Privacy, and Procurement Requirements.

5. Section 1.2 identifies a goal to “reduce reliance on manual medical-record retrieval and abstraction when structured electronic data are available.” Can Alliance please clarify the anticipated scope of clinical data acquisition, including whether the selected vendor is expected to focus primarily on structured/electronic clinical data or also support retrieval and/or processing of unstructured medical-record content where structured data are not available?

- AHP is interested in learning the scope of services available from the vendor in clinical data acquisition and aggregation, including both structured and unstructured data.

- 6. Can Alliance describe the intended role of Inovalon QSI XL/QMRM within the future-state quality measurement architecture? Specifically, does Alliance anticipate continuing to use Inovalon as its HEDIS calculation and measure-production engine, with the selected vendor providing clinical data acquisition, aggregation, normalization, and delivery into that environment, or is Alliance open to alternative approaches as part of this procurement?**
 - Within the scope of the RFP, AHP is interested in learning what support the vendor can provide for its existing quality measurement platform, Inovalon QSI XL. Proposals may include additional information on alternative approaches.
- 7. Can Alliance clarify the intended downstream uses and destinations for the clinical data acquired and normalized through this engagement? For example, should vendors plan primarily for delivery into Inovalon QSI XL/QMRM, or should the proposed architecture also support other Alliance systems and use cases, such as enterprise data warehousing, analytics, care management, provider workflows, or other applications?**
 - The initial primary purpose for the clinical data acquired is quality measurement. AHP plans to integrate the data into additional systems as appropriate for quality improvement purposes during the contract period.
- 8. Can Alliance clarify the expected division of responsibilities for regulatory and quality-program submissions? Specifically, should the selected vendor's scope include direct submission of data or results to entities such as NCQA, CMS, or state agencies, or does Alliance anticipate retaining responsibility for final submission through its existing systems and processes?**
 - AHP will retain responsibility for regulatory and quality-program submissions.
- 9. Please describe the payer and administrative data Alliance expects to provide as part of this engagement, including the anticipated data sources, file types/formats, delivery methods, and frequency of delivery.**
 - Please indicate the preferred data sources, formats, and frequencies in the proposal. AHP plans to provide member and provider information on a regular basis along with applicable encounter information.
- 10. Please describe the EHR landscape across Alliance's participating practices, including the primary EHR vendors, approximate number of EHR instances or practice connections, and any existing interfaces or data exchange mechanisms available for clinical data acquisition. Where possible, please also indicate the types of clinical data and expected methods and frequency of delivery.**
 - A listing of the AHP provider network and patient volume is included in Appendix A. AHP does not have direct knowledge of which EMR(s) are installed at each of the provider offices. Please indicate the types of clinical data that can be expected to be retrieved and proposed frequency in the proposal.

11. Please clarify the vendor's expected role in Primary Source Verification (PSV) for HEDIS purposes. Is the vendor expected to perform or independently support PSV activities, or is the vendor's responsibility limited to acquiring, normalizing, and delivering source-attributed clinical data, with Alliance and/or its HEDIS vendor retaining responsibility for PSV and associated audit activities?

- AHP is looking for information on how a vendor is able support PSV activities with the questions in section 5.5. Please include in the proposal what support is available along with expected level of responsibility.

12. The RFP states that the selected vendor will be responsible for provider, health system, laboratory, and registry outreach and for establishing or expanding access. Would Alliance accept a delivery model in which Alliance is responsible for all provider/source outreach, negotiation and execution of data use agreements and other authorizations, and the vendor's responsibility begins once Alliance has secured the necessary data rights and technical access, at which point the vendor would develop the required connectors, mappings, normalization, validation, and delivery processes?

- 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.

13. For each priority source—including LabCorp, Quest, Mako, the North Carolina Immunization Registry, Duke, Atrium, UNC, WakeMed, Novant, and other high-volume provider organizations—please identify which data feeds or access agreements Alliance already has in place today, which Alliance expects to obtain, and which it expects the selected vendor to obtain. For sources where Alliance will obtain the necessary rights, will Alliance provide the vendor with the data, credentials, endpoint access, or other technical authorization necessary to establish the connection?

- AHP does have some existing relationships for clinical data acquisition but intends to transition those sources to the chosen vendor for aggregation and integration. Details will be shared with the chosen vendor. It is intended that sufficient information be provided to allow the vendor to obtain data directly.

14. Can Alliance please provide the associated TIN for each PCP group in Appendix A?

- TIN's and related details for AHP's provider network, including individual clinicians' names and NPI's, will be provided to the chosen vendor.

15. Appendix E states that Alliance data may not be reused, benchmarked, aggregated for external purposes, mined, or otherwise used outside the contracted services without prior written approval. Is Alliance willing to negotiate and provide written approval for the selected vendor's standard rights to use appropriately de-identified and aggregated data for benchmarking, analytics, platform operations, and related permitted purposes, subject to agreed privacy, security, and contractual safeguards? Please identify which secondary-use rights, if any, Alliance is willing to permit.

- On a case-by-case basis, AHP will thoroughly review each request for data use as each may have differing implications for the privacy and security of AHP's members. Due to the vulnerable nature of AHP's population, privacy and security is of primary concern.

16. The RFP specifies a renewable one-year contract term. Is the one-year term mandatory, or would Alliance consider an initial multi-year agreement, such as a three-year term, particularly where the vendor will incur substantial upfront implementation, connector-development, security, and custom-development costs? If Alliance's budgeting or procurement rules require annual funding authorization, would Alliance consider a multi-year agreement subject to annual appropriation rather than a one-year commercial commitment?

- AHP asks standard one-year pricing of all proposals to allow proper comparison and for budgeting purposes. Vendors may submit alternative pricing for a multi-year agreement in addition to the requested one-year pricing.

17. The RFP permits Alliance to terminate for convenience on 30 days' notice and states that the vendor would be paid only for work performed through termination. Is this provision negotiable?

- If any terms and conditions are unacceptable, please indicate which terms and alternative language. Ability to accept the terms and conditions as listed in the RFP is considered as part of vendor evaluation.

18. Please provide Alliance's approved or anticipated budget range for this procurement, including the expected range for one-time implementation costs and annual recurring costs. Is there a not-to-exceed amount, board- or finance-approved ceiling, target PMPM, or other pricing threshold vendors should understand when developing their proposals? Please also clarify whether Alliance has budgeted separately for new source interfaces, custom output development, and U.S.-only support/operations. The RFP requests itemized pricing but does not state an available budget.

- AHP is unable to share budget publicly. Proposals will be evaluated based on the full expected cost, including any required add-on services.

19. Appendix E requires that Alliance data not be accessed, viewed, processed, stored, transmitted, supported, or maintained from any offshore location. Is this an absolute requirement for all personnel supporting the engagement?

- Duplicate of Q12.

20. Alliance asks whether vendors support Inovalon's QSI-XL format. Would Alliance accept a vendor-developed custom extract mapped to the applicable QSI-XL specification, rather than requiring QSI-XL to be a pre-existing standard product interface? If yes, will Alliance/Inovalon provide the complete current specification, sample files, validation rules, testing support, and future specification updates required to build and maintain that extract?

- Should a vendor not support the Inovalon QSI-XL format within an existing product interface, AHP does expect that the vendor's standard or a custom extract will be mapped into the QSI-XL format. Inovalon's copyright does not allow AHP to share their documentation. Questions about QSI-XL support are included in the RFP to allow AHP to learn about what mapping steps might be required during implementation. If a vendor is selected that does not support the QSI-XL formats, AHP will work with the vendor to ensure mapping is done appropriately.

21. The RFP requests a list of "NCQA DAV certified connections and data feeds within North Carolina." Please clarify whether Alliance requires each individual North Carolina source/feed to have its own existing DAV validation status, or whether a vendor that is an NCQA-certified/validated data partner with DAV capabilities and can apply its validated processes to Alliance's feeds will satisfy this requirement. Please also clarify whether source-specific NC DAV status is a pass/fail requirement or a scored preference.

- NCQA DAV status is not a pass/fail requirement, nor is organizational NCQA certification or validation. AHP is looking for a listing of current data feeds and whether any/all are NCQA DAV certified. For those not DAV certified, AHP has also asked about the vendor's ability to support PSV.

22. Please define the minimum successful Year-1 scope Alliance expects the selected vendor to achieve. Specifically, which provider organizations and data domains must be live in Year 1; what percentage of Alliance membership/provider volume must be covered; what constitutes acceptable coverage for evaluation and contractual acceptance; and by what date must laboratory, blood pressure, immunization, behavioral-health screening, prenatal/postpartum, and other priority data be production-ready? Is a phased implementation based on the timing of Alliance-secured DUAs and source access acceptable?

- 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. Exact performance requirements will be discussed during the contracting phase with the selected vendor. The request for a high-level implementation plan is to allow prospective vendors to provide information on what they believe they may achieve during the year-1 scope.

23. Please confirm the anticipated sources of data?

- AHP is interested in a vendor that can acquire and integrate clinical data from sources such as EMR's and laboratories. The provider network and priority clinical data domains are included in Appendices A and B. AHP expects the selected vendor to acquire clinical data from applicable providers, health systems, laboratories, registries, and other available sources. Some existing data sources are listed in section 2.3, which are intended to be integrated by the chosen vendor.

24. 346 Provider Organizations?

- Yes. Appendix A identifies 346 provider organizations in AHP's PCP panel, representing 52,216 members seen. AHP's primary interest is in the largest of the provider groups listed by name.

25. Are any lab vendors confirmed?

- LabCorp, Quest Diagnostics, and Mako are the primary laboratory providers identified to date, as noted in section 2.3.

26. Are there additional data sources for Immunizations, Depression or Behavioral Health screening, Vision, or EPSDT?

- Additional sources for immunizations and other priority data domains beyond those noted in section 2.3 are available but have not been fully explored. AHP is interested in learning what data the vendor can obtain through its existing or planned provider and clinical data connections.