Request for Proposal (RFP)

Medical Debt and Presumptive Eligibility RFP: Bulk Pricing

RFP Timeline

Medical Debt and Presumptive Eligibility RFP: Bulk Pricing

Event	Date
RFP Issue Date	October 24, 2025
Questions and Requests for Clarification (Please submit via email)	October 31, 2025
Response to Questions and Requests for Clarification	November 7, 2025
RFP Proposal Due Date	November 14, 2025
Notification of Finalists for Interview	November 21, 2025
Finalist Presentation/Interviews	December 1-December 3, 2025
Notification of Apparent Winner/Provisional Award*	December 15, 2025
Estimated Contract Execution Date	February 20, 2026
Commencement of Engagement	February 20, 2026
*Designated Points of Contact	Evan King: eking@copehealthsolutions.com Gracie Walters: gwalters@copehealthsolutions.com

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1. Introduction

L.A. Care is supporting the Los Angeles County Department of Public Health (DPH) and the Hospital Association of Southern California (HASC), to solicit proposals from qualified vendors to provide bulk purchasing options for income estimation/verification to support enhanced presumptive eligibility screening across area hospitals within Los Angeles County. In addition to offering a bulk pricing model, the vendor may also integrate with (or feed bulk data to) a centralized portal to provide hospitals with access to income estimation and verification information. The centralized portal build will be outlined in a separate RFP to be released at a later date. Respondents are welcome to submit for one or both RFPs.

The purpose of this solution is to streamline financial assistance and presumptive eligibility screening processes, reduce administrative burden, and improve consistency and equity across hospitals in the County with the intent of improving the rates of coverage for eligible individuals and decreasing rate and total volume of medical debt year over year.

Through this coalition effort, L.A. Care, DPH and HASC seek to implement a solution that:
- Strengthens hospital capacity to identify patients eligible for financial assistance.
- Standardizes screening practices across Los Angeles County.
- Reduces medical debt by ensuring financial assistance determinations are made prior to billing.
- Enhances compliance, transparency, and patient experience.

While the number of hospitals that will be participating in this bulk pricing engagement is still being determined, RFP Respondents are encouraged to offer ranges of pricing options based on the number of credit queries. Hospitals may choose to participate in the bulk-pricing arrangement only or they may choose to access the centralized portal where the credit query results will be submitted and returned.

2. Background

Medical debt in Los Angeles County affects nearly one in nine adults, totaling billions of dollars annually. While most hospitals include some form of presumptive eligibility (PE) in their financial assistance policies, approaches are inconsistent, vary by institution, accuracy is questionable, and the screening is often completed by manual processes.

Best practices from other states and counties show that electronic screening at or before the time of service and integrating the process into hospital workflows reduces administrative burden and improves patient financial outcomes. By providing hospitals with a quick solution to run income estimation/verification, presumptive eligibility can be completed sooner, rely on less manual resources and provide patients with decisions faster.

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To streamline these efforts across the county, HASC will house a shared services platform accessible by a select number of hospitals that includes the income verification data provided by a credit bureau vendor. This will ensure uniform eligibility determination, reduce inequities, and support hospitals in meeting financial assistance obligations.

In addition to the need for better standardization in processes and tools across hospitals, a new Bill effective July 1, 2027, AB1312, aims to add additional requirements for hospitals for presumptive eligibility screenings such as the following:

- Presumptive Eligibility: Hospitals must automatically assume patients are eligible for charity care or discounted payments if they meet certain criteria, such as enrollment in CalFresh or CalWORKs.
- Mandatory Screening: Hospitals must screen uninsured patients and others meeting specific criteria for eligibility.
- No Prior Application Requirement: Hospitals cannot require patients to apply for Medicare, Medi-Cal, or other coverage before determining presumptive eligibility or providing financial assistance.
- Opt-Out Option: Patients must be given the option to opt out of the screening process using a designated form.
- Hospital Discretion: Hospitals may also choose to screen or determine eligibility for patients who don't meet the specified criteria, based on their policies
- Notification Requirement: Patients found eligible must receive written notice before any billing statements are sent.
- Billing Transparency: Billing statements must clearly show the adjustments made under the hospital's charity care or discount policies.

A proposed workflow of the connection between the credit bureau vendor, centralized portal and hospitals can be seen in Attachment A.

3. Objectives

- Phase 1: Allow hospitals to quickly and accurately submit income verification and credit queries on patients that will aid them in presumptive eligibility verification preservice offering and streamline processes across hospitals.
- Phase 2: Supply the income verification and credit queries into a centralized portal that hospitals will use to access the requested information.
- Provide standardized reporting and analytics for hospitals and county oversight.
- Assist hospitals in aligning with the new requirements in AB1312 by providing critical patient income and eligibility information.

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4. Scope of Work

4.1 Functional Requirements

1. File Upload and Batch Processing

    - Explain how your system can support multiple file formats: CSV, Excel, HL7, FHIR batch files.
    - Describe how your system's processes work to ensure automated matching and deduplication of patient records during processing.
    - Provide an explanation for how your platform allows for real-time validation of uploaded files with error reports (missing data, formatting issues, invalid identifiers).
    - How are the results displayed? Please include an explanation of human and machine-readable formats.
    - How does downloading the processed files work with eligibility determinations?
    - What workflow audit trails exist?

2. Data Integration

    - Describe if and how your system has supplied bulk data to a central portal or platform, including how queries were batched and managed.
        - What specific data elements can be provided on an automated basis?
        - How was member identification managed? What data elements were utilized to verify and validate identities?
        - Summarize potential limitations or configuration requirements that will impact feeding data or query extracts to an interface with a centralized portal or database, which will ingest vendor data on the back-end and allow user queries/look-ups on the front-end.
    - Does your system provide automated nightly batch runs with real-time query capability for individual patient lookups? If so, please provide additional details regarding how this works.
    - Describe if and how your system has interoperability with hospital EHR and billing systems (Epic, Cerner, Meditech, etc.) via API or secure batch.
    - Describe if and how your system supports integration **without an EHR**. Is it through a web-based APL, an app or another method?
    - Does your solution have connectivity with Medi-Cal, Covered California, SNAP, WIC, SSI and other program databases?
    - Future-proofed architecture supporting FHIR R4 and EDI 270/271 transactions.

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3. Screening and Decisioning

- Can your system provide explicit FPL results?
- Does your system provide automated eligibility determinations using household income thresholds (≤400% FPL, >400% sliding scale).
- Does your system have configurable rules engine for hospital-specific financial assistance policies?
- Can your system flag cases requiring manual review due to conflicting or incomplete data?
- Optional incorporation of propensity-to-pay scoring and risk segmentation models that can be customized per hospital.

4. Reporting and Analytics

- Does your platform provide dashboards for patient counts screened, approved, denied, pending, and error rates? If so, please describe and provide examples.
- Can custom reporting be built for hospitals, or a central platform, to generate ad hoc reports?
- Is the household size logic and eligibility algorithm configurable? If so, which elements can be modified (household composition rules, income thresholds, presumptive eligibility criteria), who can make changes, and how are changes versioned and audited?
- How are explicit FPL results generated? Please also describe how this information is displayed to hospital staff.

4.2 Technical Requirements

- Describe your turnaround time for query response.
- Are batch queries allowed? What is the process? What, if any, are the volume limitations for batch queries?
- Can there be multiple platform users with one hospital not being able to access the queries of another hospital?
- Are there any technical requirements that need to be considered for submitting data to or integrating with potential centralized portal to ensure seamless integration with your system for providing income estimation and verification data?
- How will member data be stored in a secure manner (at-rest and in transit)?
    - Synchronous API calls for real-time screening (low-latency path for ED/front-desk workflows).
    - Asynchronous/batch for scheduled bulk checks (daily/overnight batch jobs).
    - Message bus/queue (e.g., Kafka, RabbitMQ) between services to decouple and buffer spikes.

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4.3 Security and Compliance Requirements

- Describe your ability to support secure, role-based administration to govern different tasks and data access levels.
- Please describe in detail your system security and compliance standards including but not limited to role-based user security, HIPAA, HITRUST, CFRA, SOC-II Type 2, encryption for data in transit and at rest and secure record access output files. Please include any diagrams or descriptions that you feel will help us understand your system security and compliance.
- Please describe in detail your system redundancy, reliability and survivability.
- Users must be made aware of errors, fault conditions, data breaches and other security issues as quickly as possible. Describe the capabilities for notifications to the hospitals in compliance with Federal standards using your system.

4.4 Implementation

- Describe how implementation will be managed. Please include:
    - Project stages, milestones and user acceptance testing (UAT) at each stage or milestone.
    - Resources required (hospital and centralized portal builder).
    - Responsibilities of each of the parties.
    - Roles, resources and skills required of hospitals for implementation.
    - Integrations needed with other systems and the nature of the integrations needed.
    - Communication processes for reporting the project's progress.
    - Typical training schedule by type of audience.
    - Summary of best practices from prior experience, including potential pitfalls and mitigation strategies.
- Describe the top two roadblocks encountered during a typical implementation and how you resolved them.
- Do any hospitals in LA County currently utilize your services? If so, how many?

4.5 Maintenance

- Please describe in detail your help line and customer support, including emergency and non-emergency and different support levels.
- Provide details on your fault tolerance/ability to restore service if it is rendered inoperative because of a major malfunction or catastrophe. What is the maximum time to restore full services and capabilities?
- Provide standard Service Level Agreement (SLA) terms and conditions.
- Summarize three of your most frequently tracked complaints.
- Please describe how frequently your system is updated.

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4.6 Pricing

- Please provide an overview of your bulk-pricing module including:
  - Per-query cost (tiered by volume).
  - Minimum usage requirements, if any.
  - Set-up and integration fees for data feed to central portal.
  - Annual or monthly platform fees.
  - Support or training costs.
  - Total cost of bulk pricing arrangement.
- Please also include information on your minimum contract terms and conditions.
- Pricing information can be included in a separate excel document if needed

Pricing Response Template

A. Per-Query Cost

Query Volume Range	**Cost per Query ($)**	**Notes (discounts, limitations, special terms)**
0-1,000		
1,001-2,500		
2,501-5,000		
5,001-10,000		
10,001-20,000		
20,001+		

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B. Additional Fees

Fee Type	Cost ($)	Notes
Set-up and Integration		
Annual Base Fee		
User/account fees (e.g., number of seats of concurrent users)		
Monthly Fee (if applicable)		
Support/Training Costs		
Minimum Usage Requirements		
Contract Length/Minimum Term		

C. Total Cost of Ownership (Scenario)

Please provide a 3-year cost estimate for the following scenario:

- 50,000 queries per year.
- Bi-directional data feed to centralized portal.
- Standard support and training included.

Year	Cost ($)	Assumptions (discounts, escalators, etc.)
Year 1		
Year 2		
Year 3		
Total (3 Years)		

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5. Success Metrics/SLAs

Queries

- Real-time query submission response time of less than 5 seconds
- Batch query submission response time of less than two hours

Data Quality and Accuracy

- Duplicate record rate of less than 1% of total records per month
- False positive income matches less than 3% monthly
- Manually review flagging accuracy of greater than 95%
- FPL calculation accuracy of greater than 99.9%

6. Vendor Qualifications

- What is your experience deploying hospital financial assistance or eligibility screening technology?
- Have you deployed a bulk pricing solution before? If so, please describe.
- Have you deployed a bulk pricing option for multiple, unaffiliated hospitals in a similar group purchasing model? If so, please describe.
- Describe your experience with hospital EHR and revenue cycle systems integration. Is integration completed in-house or through a third-party solution or vendor, please describe.
- Describe your experience in establishing bidirectional data sharing/feed with a centralized portal that allows multiple user accounts on the front-end.
- Describe your cybersecurity and compliance practices, including encryption, multi-factor authentication, secure file storage, and HIPAA, CFRA and HITRUST compliance.
- Please provide references from at least three hospital or health system clients, preferably based in Los Angeles County.
- What is your experience working with California hospitals?
- Are you an Epic partner and do you have experience working with Cerner?
- Do you have experience integrating with shared services platforms?

7. Deliverables

- Implementation and configuration questionnaire and requirements.
- Data integration workflows and technical specifications.
- User role configuration document.

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- Project plan with phased implementation timeline including estimation of hospital's required lift.
- Project plan needs to have specific monthly milestones and established deliverables to measure progress.
- Training and Documentation: user guides, compliance workflows, reporting templates.

8. Response Outline

- Executive Proposal Summary: a brief overview of your ability to meet the requirements.
- Scope of Work: in-depth explanation of your capabilities to meet the requirements stated above and any additional enhancements that were not indicated as required.
- Experience and References: vendor track record with hospitals and public assistance integrations.
- Data Security and Privacy: HIPAA compliance and strong cyber safeguards.
- User Experience: ease of use for hospitals.
- Implementation Plan and Timeline: how quickly can we get the hospitals up and running on your platform.
- Cost Proposal: transparent pricing for implementation, licensing, and support.
- Copy of standard agreement terms and SLAs.
- Overview of how data security will be maintained and monitored.

9. Scoring and Evaluation

The evaluation process is a multi-step process, and may occur in a different order than reflected below:

Step 1: Qualification responses will be evaluated for completeness and ranked according to compliance with the stated specifications.

Step 2: Proposal evaluation by the Evaluation Committee.

Step 3: Interviews with qualified Respondents. One or more finalists may be interviewed prior to final selection.

Step 4: Final Considerations. A final decision will be made based on all quantitative and qualitative information available.

Scoring Matrix

Category	Score
Executive Proposal Summary	**5**
Scope of Work.	**30**
Implementation	**15**
User Experience	**10**

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Data Security	**5**
Experience and References	**5**
Fees/Pricing	**30**
Sub-Total	**100**
Total	

10. Submission Process

Interested Respondents must submit the following:

One (1) electronic copy of each proposal (Word document). The proposal can be emailed to Gracie Walters at gwalters@copehealthsolutions.com and Evan King at eking@copehealthsolutions.com.

The electronic copy should be submitted as a single file organized in accordance with Section 8 above. Additional documents submitted electronically, which do not directly respond to the RFP, e.g., brochures etc., will not be considered. RFP responses are limited to 20 pages, and an additional 10 pages are allowed for attachments and appendices. Please do not embed files within your proposal.

11. Terms and Conditions

- Disclaimers or Notices on Proposal Submissions: Proposals will not be accepted that have a notice or disclaimer binding the hospitals to conditions contrary to what is included in the RFP.
- Clarification: Any respondent considering submitting a proposal that has concerns or questions about any part of the RFP, including comments on any specifications which they believe will limit competition, or wishes clarification on any point, must submit them via email to the points of contact by October 31st, 2025.
- Modifications: Modifications or corrections of a previously submitted proposal are to be addressed in the same manner as the original proposal and will be considered if received prior to the scheduled closing time for receipt of proposals.
- Withdrawals: Proposals may be withdrawn at any time prior to the scheduled closing time for the receipt of proposals.
- Revisions/Postponement/Cancellation: At any time, the RFP can be revised/postponed and/or cancelled until further notice. In such instances, reasonable notice shall be provided interested vendors that such revisions/postponement and/or cancellation have been elected. Such notice shall not obligate the underlying RFP process to continue, nor shall it subject the RFP owners to damages, of whatever nature, related to such postponement and/or cancellation.

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- Award: The issuance of this RFP does not obligate that a contract be awarded to any participating vendor or vendors responding thereto.
- If any part of a proposal is considered a trade secret, the Respondent must clearly designate that portion as confidential to protect it from disclosure. Simply marking a section "confidential" will not ensure protection. Respondents must be prepared to advance the reasons why the material is a trade secret. The information indicated to be a trade secret will be kept confidentially to the extent permitted by law.
- Completeness: Proposals must include all information required herein to be evaluated and considered for an award. Failure to do so may be deemed sufficient cause for disqualification.
- Eligible Proposals: All proposals will be reviewed for completeness by the Evaluation Committee to determine those that are eligible. "Eligible" is defined as a proposal that meets the requirements specified in this RFP.
- Evaluation Committee: Committee member names will not be released prior to evaluation committee interviews. Respondents will be advised of how many evaluation committee members will be in attendance for planning purposes. Respondents are strongly cautioned not to contact committee members. Doing so may be grounds for dismissal, and in the event such contact could be construed as solicitation.
- Compliance with Law: It is expected that all Respondents are thoroughly conversant with and will perform work or provide goods in accordance with all applicable federal and state laws and regulatory requirements.
- Contract Termination: If a hospital chooses to terminate its contract with the Respondent, a data export should be completed prior to the end of the contract to ensure business continuity.
- Data Ownership: All patient data remains the property of the hospitals/County and must not be sold, shared, or used for other purposes.
- Execution: The successful respondent will negotiate in good faith and enter a written contract, as indicated in the Timeline on page 1 of this RFP. If a contract cannot be executed with the awarded respondent, the remaining proposals will be considered, and an award may be made from those Respondents.

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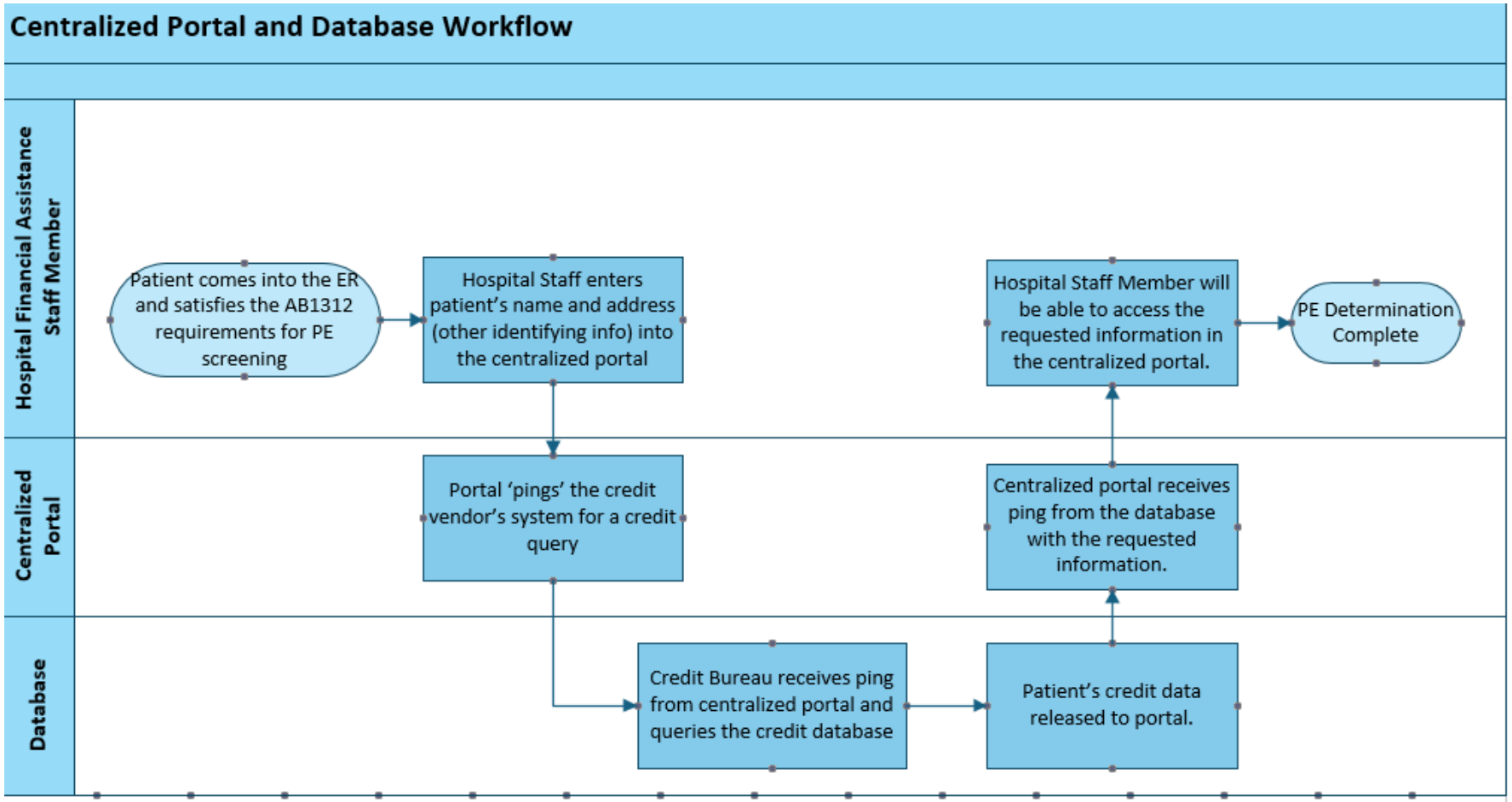
Attachment A: Proposed Solution Workflow



Assumptions:
-Workflow is for an additional portal that would house the credit information and then send it over to the centralized portal.

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