Request for Proposal (RFP)

Medical Debt and Presumptive Eligibility RFP: Portal Solution

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Event	Date
RFP Issue Date	November 7, 2025
Questions & Requests for Clarification (Please submit via email)	November 14, 2025
Response to Questions & Requests for Clarification	November 21, 2025
RFP Proposal Due Date	December 12, 2025
Notification of Finalists for Interview	December 19, 2025
Finalist Presentation/Interviews	January 5-January 7 2026
Notification of Apparent Winner/Provisional Award*	January 19, 2026
Estimated Contract Execution Date	February 20, 2026
Commencement of Engagement	February 20, 2026
*Designated Points of Contact	Evan King: eking@copehealthsolutions.com

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1. Introduction

The Los Angeles County Department of Public Health (DPH), in partnership with L.A. Care Health Plan and the Hospital Association of Southern California (HASC), is soliciting proposals from qualified vendors to design, develop, and implement a centralized financial assistance and presumptive eligibility portal to support enhanced presumptive eligibility screening across area hospitals within Los Angeles County. The identified partner will configure and operate a HIPAA compliant, multi tenant portal that brokers single and batch presumptive eligibility screenings between participating hospitals and one or more third party data vendors. The solution will use an integration platform and a low code admin user interface and must support SMART on FHIR launch with patient in context. The system performs Tier 1 write back by default using FHIR Document Reference, with an optional Tier 2 path for discrete write back.

This bi-directional portal will allow Los Angeles County hospitals to securely query and access individual, demographic, financial, and enrollment data from credit vendors and eventually state income databases (future state). The purpose is to streamline financial assistance and presumptive eligibility screening processes, reduce administrative burden, and improve consistency and equity across hospitals in the County.

Through this coalition effort, DPH, L.A. Care, 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 utilizing the centralized portal is still being determined, RFP Respondents are encouraged to offer ranges of pricing options based on the number of credit queries and platform users.

<u>**Scope Clarification & Rules Ownership**</u>

Vendors return eligibility signals only, including FPL percent bands, confidence, and evidence payloads. The portal applies hospital policy rules and issues the final determination, and performs Tier 1 or Tier 2 write back as configured. Any vendor determinations are advisory and must include the underlying evidence.

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Optional State Program Checks

An optional module enables checks against state programs such as CalFresh and Medi Cal when legal authority and agreements are in place. AB 1312 or successor legislation is enacted, the vendor will provide an impact memo within thirty days and a change order proposal that covers scope, interfaces, service levels, and privacy implications.

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.

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.

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- 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

- Establish a secure, centralized portal for hospitals to submit credit queries and display the result back to the user.
- Ingest and temporarily store credit bureau data per the hospital queries and display relevant results through portal for user.
- Generate exportable/printable file regarding credit query for users to download or print.
- Pull relevant information from the state income database to provide additional information for financial assistance determinations (future state).
- Enable batch file upload and automated results return as a minimum capability.
- Ensure that all uninsured patients and insured patients with high out-of-pocket costs are screened for financial assistance before billing.
- Provide standardized reporting and analytics for hospitals and County oversight.
- Assist hospitals in aligning with the new requirements in AB1312.

4. Scope of Work

4.1 Functional Requirements

1. Portal Development

- Web-based, HIPAA-compliant portal accessible via standard browsers (Chrome, Edge, Safari).
- Role-based access control for different hospital users (administrators, financial counselors, IT support).
- Configurable dashboards with user-friendly navigation and search functionality.
- Ability to support multiple concurrent users across different hospitals without performance degradation.
- Full audit trails of all actions (queries, uploads, eligibility determinations) for compliance and monitoring.

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2. File Upload & Batch Processing

- Can your portal provide single patient lookup and high volume batch processing using CSV over SFTP with resumable jobs.
- Describe how your system's processes work to ensure automated matching and deduplication of patient records during processing.
- Explain how your system can support multiple file formats: CSV, Excel, HL7, FHIR batch files.
- Provide an explanation for how your platform allows for real-time validation of uploaded files with error reports (missing data, formatting issues, invalid identifiers).
- Does your system provide automated batch runs with real-time query capability for individual patient lookups? If so, please provide additional details regarding how this works.
- How are the results displayed? Please include an explanation of human and machine-readable formats.
- Does your system have an audit trail or log for the eligibility determinations that can be viewed by hospitals?

3. Data Integration

- 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 API, an app or another method?
- How is member identification managed and what data elements are utilized to verify and validate identities?
- Does your portal have the ability to ingest bulk data from a third party vendor?
- Does your portal support connectivity with Medi-Cal, Covered California, SNAP, WIC, SSI, and other program databases?
- Does your portal have future-proofed architecture supporting FHIR R4 and EDI 270/271 transactions?
- Can your system comply with the following:
  - Inbound to Portal: HL7 v2 ADT and DFT, FHIR R4 Patient, Encounter, and Account, X12 270 via clearinghouse, CSV via SFTP for batch uploads.
  - Outbound from Portal: FHIR R4 DocumentReference as the Tier 1 default, FHIR Observation or HL7 v2 ORU R01 for optional Tier 2, X12 271 relay via clearinghouse, and nightly CSV export for revenue cycle.
  - Acceptance: provide sample ORU and DocumentReference artifacts and demonstrate ingest and display in Epic, Oracle Health, Meditech, and Altera non production tenants.

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4. Screening & Decisioning

- Can your system provide explicit FPL results?
- Does your system have automated eligibility determinations using household income thresholds (≤400% FPL, >400% sliding scale)?
- Does your system have the ability to configure rules engine for hospital-specific financial assistance policies?
- Does your system have a rules engine (e.g., Drools, Camunda) for defining:
  - Credit score thresholds
  - Income range inference
  - Zip-code-based socioeconomic indicators
- 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.

5. Patient Experience Features

- Patient-facing portal (future phase) for eligibility self-check and application tracking.
- Upload of supporting documents by patients (income verification, ID).
- Notifications of determinations via email/SMS.
- Multilingual interface (English, Spanish, and threshold LA County languages).
- Accessibility features meeting ADA standards (screen reader compatibility, keyboard navigation).

6. Reporting & 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 to generate ad hoc reports?
- Explain how compliance reports are generated and what information is included.
- Provide details around how benchmarking and performance can be tracked across hospitals without revealing patient information.

4.2. Technical Requirements

- Describe your turnaround time for query response?
- Does your system provide SMART on FHIR launch from Epic, Oracle Health, Meditech, and Altera with patient context prefilled.

- Default write back using FHIR DocumentReference with a PDF that contains an embedded JSON summary to a standard document bucket.
- Optional discrete write back using FHIR Observation or HL7 v2 ORU; optional nightly return files over SFTP for revenue cycle using CSV.
- Vendor latency isolation; performance SLAs are measured on the application side with correlation identifiers to report vendor latency separately.
- Can there be multiple platform users with one hospital not being able to access the queries of another hospital, e.g., site specific access rules?
- 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.

4.3 Security & Compliance Requirements

- Is your platform hosted on a secure cloud platform (e.g., AWS, Azure, GCP) with HIPAA-compliant configurations?
- 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, CPRA, 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 your ability to provide a security baseline including BAAs, PHI minimization, encryption in transit and at rest, secrets rotation, vulnerability scans, and an annual penetration test.
- 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.
- Confirmation that the following criteria can be upheld:
    - Purpose limitation: data is used solely for PE verification, audit, and legally required reporting; no secondary use without written approval.
    - Retention: vendor raw personally identifiable information retained no more than thirty days; evidence retained up to three hundred sixty five days; on demand purge within seven days.

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    - Controls: TLS 1.2 or higher, mutual TLS, IP allow lists, key rotation at most every ninety days, and SOC 2 Type II; remediate critical and high within thirty days and medium within sixty days.

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 credit bureau).
    - 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 & non-emergency and different support levels.
- Provide details on your fault tolerance/ability to restore service if the platform 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 platform is updated.

4.6 Pricing

- Please provide an overview of your pricing module including:
    - Fixed fee implementation itemized to the Deliverables listed in section 6 with milestone payments.
    - Minimum usage requirements, if any.
    - Per hospital onboarding menu: Option A is SMART plus Tier 1. DocumentReference and CSV; Option B adds Tier 2 discrete write back.
    - Annual managed services include named SLAs, monitoring, patching, security scanning, penetration test amortization and a bucket of enhancement hours.

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    - Set-up and integration fees for future state API connection to state income database (if available).
    - Support or training costs.
- 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-Hospital Cost

Number of Hospitals	Cost per Hospital	Notes (discounts, limitations, special terms)
1-10		
11-25		
26-50		
51+		

B. Additional Fees

Fee Type	Cost ($)	Notes
Set-up/Integration with API feed to state income database		
Fixed fee implementation itemized to the Deliverables listed in section with milestone payments		
Per Hospital onboarding menu: Option A is SMART plus Tier 1 DocumentReference and CSV; Option B adds Tier 2 discrete write back		
Per Query Fee		
Per User Fee, (if any)		
Annual service fee		

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Minimum Usage Requirements		
Support or training costs		

C. Total Cost of Ownership (Scenario)

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

- 5 hospitals using the platform.
- Bi-directional data feed with credit vendor.
- 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. Vendor Qualifications

- 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 cybersecurity and compliance practices, including encryption, multi-factor authentication, secure file storage, and HIPAA, CPRA 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?
- Please provide evidence that you are HITRUST and SOC 2 Type 2 certified.
- Please confirm your willingness to participate in third party pen-test.

6. Deliverables & Acceptance Criteria

- Implementation and configuration questionnaire & requirements.
- 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.
- Architecture and Runbook — Deliver approved data flow diagrams, RBAC, a retention plan, and an incident runbook spanning SMART launch, batch processing, and write back; include a Data Contract Summary Table for all interfaces; include security zones, error taxonomies, retry and backoff strategies, and correlation identifier design.
- Environments and Hosting — HIPAA ready production and non production with logging, backups, secrets management, and single sign on; environments online; backups verified; least privileged access enforced.
- Identity and Access — SAML or OIDC SSO and roles for viewer, uploader, reviewer, and admin; admin audit trail showing user, time, IP address, and before and after values; role tests pass.
- Integration Platform Setup — Configure one screening vendor with API and SFTP fallback; retries with backoff and a DLQ; synthetic tests show retry and backoff; DLQ visible and supports reprocess.
- SMART on FHIR App — Registration kit, OIDC or JWKS endpoints, scopes, and EMR launch config; p95 patient in context prefill two seconds or better app side; provide Epic, Oracle Health, Meditech, and Altera configuration guides and screenshots.

- Portal — Single Lookup — Review and submit screen and response view; export PDF and JSON; submit to parsed response p95 five seconds or better app side; exportable result required.
- Portal — Batch Upload — CSV template and upload wizard with queuing and resumable jobs; 100k rows complete; job resumable after a simulated outage.
- Result Write Back — Tier 1 — FHIR DocumentReference with PDF and embedded JSON summary written to the agreed EMR document bucket; nightly CSV return file validated end to end with revenue cycle.
- Result Write Back — Tier 2 (Optional) — Site specific mapping packs for FHIR Observation or HL7 ORU, or discrete CSV import specification; test messages file correctly into each EMR target location.
- Monitoring and Alerts — Dashboards for throughput, latency, and errors; P1 to P3 alerting; test alerts delivered within service levels; vendor latency reported independently using correlation identifiers.
- Audit Artifacts — Immutable audit with monthly exports for job, row, and access ledgers including hashes and signature fields; integrity checks verified during acceptance.
- Security and Testing — PHI minimization, TLS, at rest encryption, vulnerability scans, and a penetration test; remediate high and critical findings within thirty days; deliver evidence.
- Documentation, Training, Go Live, and Hypercare — Admin and user guides; two recorded trainings; cutover and thirty days of hypercare; all SLAs met and issues closed within SLAs.

7. Data Contract Summary (High Level)

Direction	Field group	Examples	Required	Notes
To Vendor	Identity	name, DOB, address, phone, optional SSN, MRN/account	name, DOB	USPS CASS address; E.164 phone
To Vendor	Context	encounter/account id, facility id, consent flag	conditional	consent boolean logged
From Vendor	Signals	FPL band, income indicators, address tenure, stability	yes	include confidence 0–1
From Vendor	Evidence	feature list, provenance, timestamps	yes	supports appeals and audit
From Vendor	Errors	typed codes, retryable flag	yes	standard taxonomy
From Portal	Determination	tier, reason, timestamp, DocumentReference id	yes	Portal is source of truth

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8. Success Metrics & SLAs

Availability & Support

- Uptime at least 99.9 percent monthly for production.
- P1 response within fifteen minutes, workaround within four hours, resolution within one business day.
- P2 response within one hour, resolution within two business days.

Performance

- SMART prefill p95 is two seconds or better on the application side.
- Single lookup submit to parsed response p95 is five seconds or better on the application side with a monthly server error rate under 0.5 percent.
- Batch sustained throughput is at least twenty five thousand records per hour on the application side with p95 less than or equal to four hours for one hundred thousand rows; automatic backoff and resume.

Quality & Accuracy Monitoring

- Quarterly blind review of a stratified sample of at least one percent or five hundred cases, whichever is greater.
- Metrics include precision, recall, false negative rate, false positive rate, and disparate impact checks where data is available.
- Targets for MVP: precision at least ninety percent and recall at least seventy percent; remediation plan if below; alert on month over month drop of at least five percentage points.

Disaster Recovery

- Recovery time objective at most four hours and recovery point objective at most fifteen minutes.
- Quarterly restore drill with report.

9. EMR App-Store Packing

- Epic Connection Hub or Showroom listing maintained by vendor.
- Oracle Health App Gallery participation.
- Meditech and Altera equivalents.
- Publish a security and PHI minimization whitepaper and an implementation guide with screenshots and install steps.

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10. Responsibilities

Vendor Provides

- SMART app registration kit with app name, redirect URIs, JWKS endpoint, token endpoints, scopes, and launch modes.
- FHIR compatibility matrix with supported versions and resources used; sample payloads and code systems.
- Write back options including DocumentReference default, optional Observation or HL7 ORU, and CSV return file specifications.
- Batch templates: export and return CSV schemas; SFTP endpoints and keys; test files.
- Test plan: SMART launch test cases, sample patients, negative tests, acceptance checklist.
- Support runbook: contacts, change windows, outage definitions, rollback procedures.

Hospital Provides

- Register the SMART app, place the launch button, approve scopes, and provide network allow lists.
- Select a document bucket and type for Tier 1 DocumentReference filing.
- Provide a scheduled batch export with optional import or enable an endpoint for discrete write back if chosen.
- Designate an owner for testing, acceptance, and change control windows.

11. Dependencies & Assumptions

- Vendor must have access to a non production EHR for SMART testing.
- Client provides data vendor credentials and test data.
- Data vendor rate limits permit the stated throughput; all SLAs exclude third party data vendor latency; vendor latency measured and reported separately.

12. 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 & References: vendor track record with hospitals and public assistance integrations as well as project team bios.
- Data Security & Privacy: HIPAA compliance and strong cyber safeguards.
- User Experience: ease of use for hospitals and multilingual, patient-friendly communication tools.

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- Implementation Plan & 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.

13. Scoring & 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.	**40**
Implementation	**15**
User Experience	**10**
Data Security	**5**
Experience & References	**5**
Fees/Pricing	**20**
Sub-Total	**100**
Total	

14. Submission Process

Interested Respondents must submit the following:

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

The electronic copy should be submitted as a single file organized in accordance with Section 12 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.

15. 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 November 14, 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.
- 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

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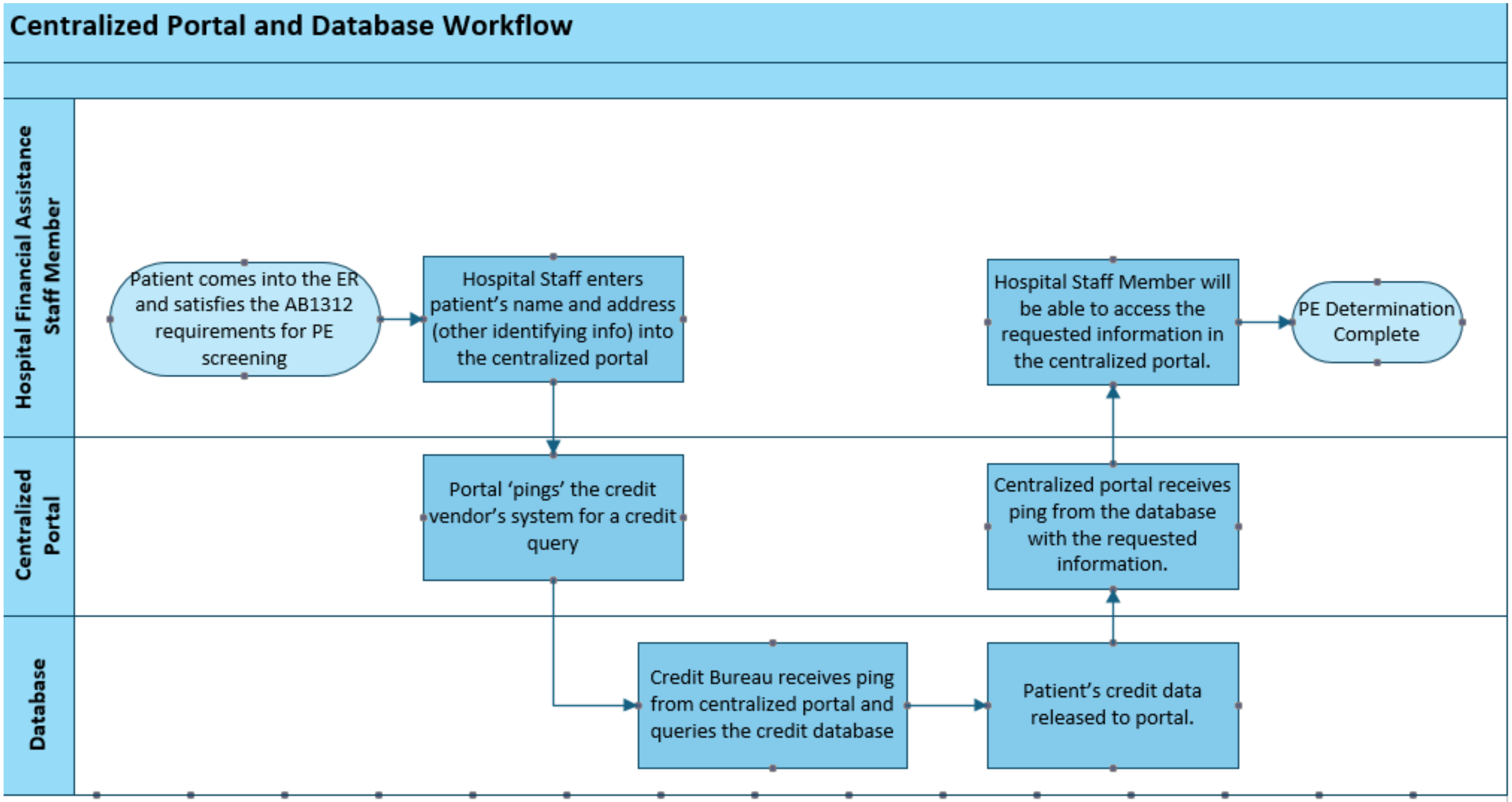
may be grounds for dismissal, and in the event such contact could be construed as solicitation.

- 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.

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.