



SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

REQUEST FOR INFORMATION (RFI) FOR Health Care Advocacy and Navigation Services PY2028 RFPQHSS2026.E1

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Purpose of this RFP: SFHSS is conducting a brief market scan to understand available health care advocacy and navigation services. This is not an RFP and will not result directly in an award. Responses may be brief. **Please respond within one (1) week.**

Nature of Request: This is a Request for Information only. This RFI is not a Request for Proposals, does not constitute a solicitation for award, and will not result in the selection of a vendor or execution of an agreement. Responses will not be considered in any future Request for Proposals or procurement.

Potential Populations: Active employees, retirees, Medicare retirees, eligible dependents, and other covered populations served by SFHSS and the four participating employers.

See <https://data.sfgov.org/>; and/or SFHSS Demographics Reports, *i.e.*,
<https://data.sfgov.org/stories/s/SFHSS-Demographics-Report/ppyt-2mqw/>;
<https://sfhss.org/resource/march-12-2026-sfhss-2026-demographics-summary/download>,
<https://sfhss.org/sites/default/files/2025-02/February%2013%2C%202025%20SFHSS%202025%20Demographics%20Report%20Summary.pdf>.

Potential Plans: Self-funded and fully insured medical, dental, vision, Medicare, and related benefit arrangements. SFHSS is specifically seeking information on models that can function where full claims, authorization, clinical, or provider data may not be available to SFHSS or the advocacy vendor (flex funded/fully funded models). Currently only less than 3% of SFHSS population is in a self-funded ASO-PPO plan. See **SFHSS BENEFITS** at <https://sfhss.org/>.

Estimated Population: Over 139,000 covered individuals, including active and retired employees



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and their eligible dependents.

Pricing: Respondents are requested to provide non-binding PEPM pricing ranges, including fully insured, self-funded, eligibility-only, implementation, reporting, and optional module assumptions. Pricing may be marked confidential/proprietary and will be treated as confidential/proprietary to the extent permitted by law.

Deadline for RFI Responses: Friday May 29, 2026, 12:00 PM PT via email to patrick.chang@sfgov.org; cc: william.kudenov@sfgov.org and michael.visconti@sfgov.org.

1. INTRODUCTION

1.1 Overview

The San Francisco Health Service System (SFHSS) is issuing this Request for Information (RFI) to gather information from firms that provide independent health care advocacy, navigation, and complex case-resolution services. SFHSS is interested in understanding current market capabilities, implementation models, data requirements, limitations, pricing ranges, and practical approaches for supporting members in a multi-carrier, public-sector benefits environment.

SFHSS is particularly interested in services that can help members resolve complex claims, billing, prior authorization, provider access, care navigation, transition-of-care, retiree/Medicare, out-of-area, and carrier-service issues before they escalate externally. SFHSS is not seeking general wellness-only services, app-only engagement tools, or narrow second-opinion-only services unless they are part of a broader, live, case-resolution advocacy model.

1.2 The San Francisco Health Service System (SFHSS)

SFHSS administers non-pension health and welfare benefits for more than 139,000 covered individuals, including active and retired employees of the City and County of San Francisco, San Francisco Unified School District, City College of San Francisco, San Francisco Superior Court, and their eligible dependents. These entities are commonly referred to as SFHSS participating employers.

SFHSS reports to the Health Service Board (HSB), the governing and policy-making body for SFHSS benefits. SFHSS conducts an annual rates and benefits process and works with health plans, administrators, consultants, City departments, labor, retirees, and other stakeholders to preserve and improve sustainable, quality health benefits.

1.3 SFHSS Plan Environment

SFHSS offers benefits through a mix of self-funded and fully insured arrangements, including medical, dental, vision, Medicare, and related benefit programs. The plan environment includes health maintenance organizations (HMOs), preferred provider organizations (PPOs), Medicare Advantage arrangements, and other benefit programs. The availability of claims, authorization,



provider, clinical, and utilization data may vary by plan type, funding arrangement, carrier, and applicable law or contract.

Because of this environment, SFHSS seeks specific information regarding how advocacy/navigation vendors function where SFHSS does not own or receive full claims data and where carriers may provide limited or no direct data access to an external advocacy vendor.

1.5 Market Context and Public-Sector Comparables

SFHSS is using this RFI to understand whether current market offerings can meet public-sector, multi-carrier, retiree, Medicare, fully insured, and limited-data needs. Recent public-sector procurements and materials show that similar services may be described as health care advocacy, health navigation, member/provider advocacy, benefits concierge, or care navigation. Appendix C includes an optional internal market-scan table that may be removed before public release.

2. RFI Questionnaire

A. Organization and Experience

1. Please briefly describe your organization and the services you provide.
2. Do you currently provide health care advocacy, navigation, concierge, or member-support services to public-sector employers, unions, trusts, or large multi-plan employers?
3. Do you have experience supporting active employees, dependents, retirees, Medicare retirees, and out-of-area members?
4. Please identify similar clients or populations you support, if available.

B. Services Provided

1. What member issues can your organization help resolve?
2. Can you assist members with claims, denied claims, billing issues, balance bills, prior authorizations, appeals, provider access, appointment scheduling, care navigation, and transitions of care?
3. Which issues can you directly help resolve, and which issues can you only advise or refer back to the carrier, provider, employer, or member?



4. How does your model differ from older advocacy, second-opinion, or concierge models such as Accolade-style navigation or Best Doctors-style expert medical opinion services?¹

C. Carrier and Plan Environment

1. Can you support members across multiple carriers and plan types, including HMO, PPO, Medicare Advantage, MAPD, and fully insured plans?
2. Can you provide meaningful support in fully insured plan environments where SFHSS may not have access to full claims, authorization, provider, or clinical data?
3. What data do you need to operate effectively?
4. What can you do with eligibility-only data?
5. What requires claims, authorization, provider, or clinical data from the carrier?
6. Can you work case-by-case using member authorization or consent if full data feeds are not available?
7. What are the main limitations of your model if a carrier does not provide data or does not agree to participate?

D. Member Access and Escalation

1. How do members access your services? Phone, web, app, email, live advocate, or other channels?
2. Do members work with live advocates, clinical staff, benefits specialists, or care coordinators?
3. What are your standard hours of operation?
4. Do you provide multilingual support?
5. Do you support low-tech, older, disabled, or limited-English-proficiency members?
6. How do you escalate unresolved carrier, provider, claims, or access issues?

¹ https://www.sfhss.org/sites/default/files/2018-12/RM_41218_Best_Doctors_Annual_Report.pdf; May 13, 2021 Regular Virtual Board Meeting available at <https://sfhss.org/board-meeting/2021-05-13t200000>



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7. Can you help prevent member issues from escalating to SFHSS leadership, elected officials, unions, or Board members?

E. Reporting and Oversight

1. What reporting would you provide to SFHSS?
2. Can you report on case volume, issue type, carrier, plan, resolution status, turnaround time, repeat issues, and member satisfaction?
3. Can you provide trend reporting without disclosing unnecessary PHI?
4. Can you identify recurring carrier, provider, claims, access, or communication problems?

F. Implementation

1. How quickly could your organization implement services after contract execution?
2. What would you need from SFHSS to implement?
3. What would you need from carriers to implement?
4. What communication support would you provide to help members understand and use the service?
5. What are common reasons implementation fails or underperforms?

G. Pricing

1. Please provide estimated PEPM pricing, at least in ranges.
2. Please identify any minimum annual fees, implementation fees, data-integration fees, reporting fees, communication fees, or optional service fees.
3. Does pricing differ for active employees, dependents, retirees, Medicare retirees, or fully insured populations?
4. Does pricing change if only eligibility data is available?
5. Are performance guarantees, fee-at-risk arrangements, or outcomes-based pricing available?
6. Please identify any assumptions that would materially change your PEPM estimate.



7. Pricing information may be marked confidential/proprietary. SFHSS will treat such information as confidential/proprietary to the extent permitted by applicable law.

H. Final Market Feedback

1. Based on SFHSS's likely needs, what service model would you recommend?
2. What should SFHSS be careful about when evaluating advocacy/navigation vendors?
3. Are there services SFHSS should avoid purchasing if the goal is practical member issue resolution rather than general engagement?
4. Is there anything else SFHSS should understand before deciding whether to issue a formal RFP?

2.1. Services Not Sought Through This RFI

To avoid confusion, this RFI is intended to gather information on advocacy, navigation, member support, case ownership, and issue-resolution models. SFHSS is not seeking the following through this RFI:

- Health insurance coverage, plan underwriting, or carrier replacement services.
- Claims adjudication, ASO/TPA claims administration, or payment of plan benefits.
- A stand-alone wellness program, disease-management program, telehealth-only program, or second-opinion-only program.
- A benefits administration platform, enrollment platform, or eligibility administration replacement unless offered only as ancillary context.
- Legal representation, formal appeals representation, or activities reserved to carriers, plan fiduciaries, providers, the City Attorney, or SFHSS unless clearly identified as advisory or coordination support.

3. RFI RESPONSE REQUIREMENTS

3.1 Communications

All communications regarding this RFI should be directed to the SFHSS contact identified on the cover page. SFHSS may post responses to questions, clarifications, or updates publicly or distribute them to known interested parties. This RFI does not establish a procurement blackout or competitive solicitation process; however, Respondents should coordinate communications through the identified SFHSS contact to preserve a clear record of market information received.



3.2 Response Format

- Responses should be submitted electronically by email in searchable PDF or Microsoft Word format.
- Respondents may include supplemental materials, but should not rely solely on marketing collateral or generic brochures.

3.4 No Minimum Qualifications / No Scoring

This RFI does not include minimum qualifications, pass/fail requirements, scoring, ranking, oral-interview selection, or award recommendations. SFHSS may review responses to better understand market capabilities and may, in its discretion, request clarifications, demonstrations, or follow-up meetings with one or more Respondents. Participation in this RFI is not required for participation in any future procurement, if one is issued.

4. RFI TERMS AND CONDITIONS

4.1 Market Research Only

This RFI is issued solely for information and planning purposes. It does not constitute a Request for Proposals, Invitation for Bids, solicitation, offer to contract, or commitment by SFHSS or the City and County of San Francisco. SFHSS is not seeking binding proposals and will not select, recommend, or award a contract as a direct result of this RFI.

4.2 Costs of Responding

Respondents are responsible for all costs associated with preparing, submitting, or presenting information in response to this RFI. SFHSS will not reimburse Respondents for any such costs.

4.3 Public Records / Confidentiality

Responses may be subject to disclosure under the California Public Records Act, the San Francisco Sunshine Ordinance, and other applicable law. If a Respondent believes that any portion of its response is exempt from public disclosure, the Respondent should clearly mark that portion as CONFIDENTIAL and identify the basis for the claimed exemption. SFHSS will treat Respondent-designated confidential or proprietary information as confidential to the extent permitted by law, but SFHSS cannot guarantee nondisclosure if disclosure is required by law or court order.

4.4 No Obligation to Proceed

SFHSS may use information received through this RFI to inform internal planning, market assessment, future Board discussions, a possible pilot, or a future procurement. SFHSS reserves the right not to proceed with any further action, to issue a different or narrower request for information, to conduct additional market research, or to issue a future solicitation with different requirements.



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4.5 Vendor Follow-Up

SFHSS may, but is not required to, invite one or more Respondents to participate in follow-up conversations, written clarifications, product demonstrations, or market-assessment meetings. Any such follow-up will be for informational purposes only and will not constitute evaluation, scoring, ranking, or vendor selection.

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