



Vendor Selection: Important Factors in Choosing a New Eligibility System

The table below summarizes the evaluation of seven vendor systems for Ryan White HIV/AIDS Program (RWHAP) client eligibility and care management. Designed for procurement and executive review, this summary consolidates evaluation data into ten key areas for consideration. These areas are essential for determining the technical and operational viability of each platform, enabling teams to quickly assess each vendor's ability to integrate with state systems, manage client life cycles efficiently, and maintain control over program data should a future transition be required.

Note: HRSA HAB does not promote RWHAP recipient usage of any specific vendor system; this document presents a summary of information from RWHAP recipients. As a reminder, the CAREWare electronic health and social support services information system is available for free to HRSA's RWHAP recipients and providers.

Key Consideration	Case Study*: Iowa (CAREWare/ jProg)	Case Study: Washington State (Provide Enterprise/ Groupware Technologies)	Case Study: LA County, CA (eCOM-PAS RDE Systems)	Case Study: Rhode Island (Lifia eligibility portal AJ Boggs)	Case Study: Louisiana & Colorado (Ramsell)	Case Study: Arizona (TriYoung)	Case Study: Kansas/ Missouri (SCOUT)
Requires Payment	No. This electronic health and social support services information system is available for free to RWHAP recipients and providers. No license or user fees. Costs only for the agency's own IT or optional services.	Yes. SaaS Subscription. Upfront implementation fee & annual usage fee. Pricing scales by scope/clients (e.g., care management & RWHAP Part B ADAP). No per-user fees. Annual fee typically \$150k - \$600k+.	Yes. Turnkey SaaS subscription. Upfront implementation fee & ongoing subscription/ maintenance. Cost is tailored to client budget; commits cost is "never a barrier." Required system changes are included in fees.	Yes. Project-based and scalable. Costs depend on complexity/size (\$100k up to \$10M+). Two models: Unlimited (Commercial off-the-shelf/custom contract with annual maintenance) and Prime (newer SaaS, per user/module license).	Yes. One-time setup & subscription. Upfront implementation fee & flat monthly fee. No charge per user or per client. Fee covers maintenance/support/ updates. Custom enhancements billed separately (hourly).	Yes. Hourly-based. Hourly charge for implementation and support. No license, user, or subscription fees. Implementation typically requires ~720 hours at a rate of \$150/hour. Annual support and maintenance are billed as used (avg. 350 hours in year one).	Yes. Subscription-based. Requires an upfront server setup fee (\$10,000 to \$20,000) and an annual per-user subscription ranging from \$200 to \$2,400. Additional fees apply if vendor's administrative staff are utilized for program management.
HIPAA Compliant	Partial. HIPAA-Designed. Client responsible for compliance. The software is built for compliance but lacks formal SOC 2/HITRUST certifications because it is typically locally hosted (Client IT is responsible for final security and HIPAA adherence).	Yes. HIPAA Compliant. Hosted in FedRAMP- certified cloud environments. Undergoes security reviews aligning with SOC 2-type controls and NIST 800-53.	Yes. HIPAA Compliant. Hosted in a FedRAMP-certified cloud. Passed SOC 2 Type 2 audit (no exceptions). Complies with HUD HOPWA guidelines.	Yes. HIPAA Compliant. The hosting environment adheres to SOC 1 Type 2 and SOC 2 Type 2. No formal FedRAMP or HITRUST certification noted.	Yes. HIPAA Compliant. Security validated through state contracting processes and audits. No formal SOC 2 or HITRUST publicly documented.	Yes. HIPAA Compliant. Secure web-based platform supporting Two-Factor Authentication (2FA). The system typically resides behind a VPN for database access to ensure security.	Yes. HIPAA Compliant. Adheres to federal security standards for Protected Health Information (PHI). The system utilizes Two-Factor Authentication (2FA) for all user logins. Security is managed through scalable security groups and permissions tailored to jurisdictional and HRSA requirements.

* Case studies are available online.

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Timely eligibility confirmation scheduler & bulk outreach	No. No internal scheduler or bulk reminder tool. Staff must run reports (by last eligibility date) and manage all client and staff notifications manually/externally.	Yes. The system calculates due dates and provides staff alerts/tickers. Supports bulk outreach (generating reminder letters/emails in batch). Prevents eligibility lapses.	Yes. Provides proactive staff alerts for eligibility due dates. Generates data/lists for bulk client outreach (can integrate with external email/text services).	Yes. Automatically tracks due dates. Staff see upcoming eligibility due dates on the dashboard. Supports automated bulk outreach (email, SMS, or mail-merge letters) at set intervals.	Yes. Automatically identifies clients due for timely eligibility confirmation. Schedules client reminders (via app/channels) and provides staff dashboard view of upcoming/overdue clients.	Yes. Features automated dashboards and queues that track eligibility timelines. Supports a built-in letter module for individual or bulk generation of renewal reminders and notifications.	No. No automated client-facing bulk outreach. Staff utilize custom reports and an internal service referral ticketing system to track eligibility and identify missing information.
Ability to ingest 3rd party agency data feeds	Yes. Via imports/API. Robust import of flat files (CSV, XML). Version 6 offers an API. Requires custom setup; not plug-and-play.	Yes. Built-in utility for batch file imports (Medicaid, SNAP, labs, PBM). Custom interfaces are often built. Supports real-time APIs.	Yes. Interoperable. Can import via batch files or real-time APIs (HL7/FHIR supported). Used for Medicaid, labs, PBMs.	Yes. Uses an engine for batch or real-time import/export. Proven integration with Medicaid, labs, PBMs, and EMRs.	Yes. Built with interoperability in mind. Imports via secure flat files or real-time APIs (HL7/FHIR supported). Used for Medicaid, labs, PBMs.	Yes. Uses a Data Integration System (DIS) for batch or real-time imports. Ingests data from EMRs, PBMs, and state Medicaid systems.	Yes. Supports batch data imports, including state surveillance labs (CD4 and viral loads), clinical data, and daily Medicaid active/inactive status updates.
Client /provider portal	No. Entirely web-based for staff/providers. Supports remote use via browser (not optimized for small mobile screens).	Yes. Web-based portal for both clients and providers. Mobile-responsive web portal, though no dedicated app. Supports staff use in the field.	Yes. Client portal is a mobile-accessible web app for clients to view data. The system is web-based for providers.	Yes. Inherently a web portal for providers. Client-facing portal capability is supported and can be enabled (optional deployment).	Yes. Mobile app and web browser access for clients. Secure web interface for all authorized staff/providers.	No. Web-based platform for staff and providers. Includes a specialized portal for pharmacies to manage shipping and treatment adherence.	No. Provider portal only. Real-time, completely web-based system for authorized staff and providers.
Self-service pre-screening offered	No. Data must be entered by staff. Custom external solutions are possible but not part of the core system.	Yes. Offers a client portal with pre-screen/full intake. Allows account creation, pre-populates existing data for renewals, and supports a paperless process.	Yes. The system provides real-time eligibility calculation and guides users to upload documents via the client portal.	Yes. Supported (Optional). Can be configured for client-facing online applications (simple forms or full portals). Capability exists, but not all customers choose to deploy the feature.	Yes. Offers a browser-based portal or mobile app for clients' direct submission/upload of required documents (e.g., photo of pay stub).	No. A client communications portal is planned for a future phase. Supports staff-led web intake and document uploads.	No. All eligibility documentation (income, residency, HIV status) must be collected and entered manually by staff.
API / flat-file interoperability	Partial. Primarily flat-file import/export. Version 6 introduced a REST API with OAuth2, but no native FHIR/HL7 built in. Requires custom development.	Yes. Supports flat-file transfers and modern APIs (FHIR/HL7/REST). FHIR integration example cited with Medicaid data service.	Yes. Supports flat files, HL7, and FHIR interfaces. Adaptable to partner system capabilities (can use SFTP drops or advanced web services).	Yes. Supports flat files, HL7, and REST APIs. Can consume/expose data via custom connectors using its data engine.	Yes. FHIR/HL7 Capable. Supports secure flat-file transfers and modern APIs (FHIR, HL7, REST). Interoperable with various external systems	Yes. Supports APIs, secure flat-file transfers (CSV/XML), and administrative access to the SQL server. Data transformation tools are used to ensure compatibility with core RWHAP reporting requirements.	Partial. Primarily uses flat-file imports, XML exports for federal reporting, and secure SFTP data transfers. The vendor states technical capability for modern live APIs (e.g., HL7, FHIR), but none are currently deployed.

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Training assets offered	Yes. Comprehensive documentation (user manual, guides, videos/webinars), support via Help Desk and community resources. No formal certification program.	Yes. Comprehensive training. Live/virtual workshops, user manuals, and training video library. No formal end-user certification.	Yes. Combination of live training and on-demand resources. Includes built-in e-learning platform with required courses and quizzes for staff certification.	Yes. Hands-on support. Live training/webinars (can be recorded). Provides comprehensive user manuals and access to the Academy online learning portal.	Yes. Provides user guides, reference manuals, and online training modules. Offers live web-based/ on-site training. No formal certification mentioned.	Yes. Provides detailed training sessions for all user levels including eligibility workers, program coordinators, and administrators during implementation. Comprehensive user manuals and technical guides available.	Yes. Provides user documentation and conducts hands-on training during system rollouts and security updates.
Data-migration services & exit-strategy support	Yes. Help Desk assists with migration into the system. Data can be exported in common formats (CSV/SQL), ensuring easy exit strategy and no vendor lock-in.	Yes. Vendor assists with migration from other systems. Supports exit strategy by providing full database or flat-file exports of all client data.	Yes. Assists with migration from legacy systems (can consolidate/clean data). Commits to assisting with data extraction for exit (MS Excel, CSV, or PDI format).	Yes. Assists with migration into the system. Supports exit strategy by providing full database or CSV exports of all client data; client retains data ownership.	Information not available.	Yes. Vendor assists with data migration and requires administrative access to the SQL server to help with data cleanup and migration. Operates as an overlay, requiring no initial migration for programs already on that backend.	Yes. Vendor assists with initial data imports during implementation to reduce manual entry. Supports data extraction via over 1,000 customizable reports, allowing data to be exported as needed.
Third-party integrations marketplace	No. No app marketplace or pre-built plugins. Integrations are done custom via file exchange or API.	Yes. Custom library. No public marketplace. Integrations are tailored to each project but leverage a library of past solutions (e.g., Lab interfaces, HIE/ EMR exchange).	No. Integrations (labs, HIE, EMRs) are handled on a custom basis by RDE. Strong track record of delivered interfaces.	No. Integrations are handled case-by-case via the engine. Willing to interface with virtually any system required.	Information not available.	No. Does not offer a public app marketplace. All integrations (EMRs, Labs, PBMs) are handled on a custom, project-by-project basis using their integration engine.	No. No formal app marketplace. System integrations are handled on a custom, case-by-case basis by the vendor's technical operations team.

Glossary

API (Application Programming Interface): A software intermediary that allows two distinct applications to interact and share information with each other seamlessly.

CSV (Comma-Separated Values): A simple text file format used to store data in a structured table or spreadsheet layout by separating each piece of information with a comma.

Data Integration System (DIS): A centralized technology setup that connects separate databases and applications, allowing them to combine, sync, and share their data automatically.

EMR (Electronic Medical Record): A digital version of a patient's paper chart used within a single clinic or doctor's office to track medical history, diagnoses, medications, and treatment notes over time.

FedRAMP (Federal Risk and Authorization Management Program): A government-wide initiative providing a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services.

FHIR (Fast Healthcare Interoperability Resources): A modern set of rules and standards designed to ease the exchange of healthcare information electronically between different systems and providers.

Health Information Exchange (HIE): A secure digital network that allows different doctors, hospitals, and other healthcare providers to easily share a patient's medical records and history electronically.

HITRUST (Health Information Trust Alliance): A comprehensive security framework and certification organization created to help healthcare entities protect sensitive data and manage data risk efficiently.

HL7 (Health Level Seven): An international set of standards used to guide how electronic health information is formatted, transferred, and shared across various medical software applications.

NIST 800-53 (National Institute of Standards and Technology Special Publication 800-53): A comprehensive catalog of security and privacy guidelines created by the federal government to help organizations protect their computer systems, manage cyber risks, and safeguard sensitive data from information security threats.

OAuth2 (Open Authorization 2.0): An industry-standard protocol that gives a website or application secure, limited access to user data without requiring the user to share their actual login password.

Pharmacy Benefit Manager (PBM): A company that manages prescription drug programs for health insurance plans, negotiating lower medicine prices with drug companies and deciding which medications are covered for patients.

PDI format (Provider Data Import format): A specialized file setup used in healthcare data management to smoothly transfer patient records and service delivery details from external agencies into a centralized database.

REST (Representational State Transfer): A popular and efficient architectural style for designing web services that allows computer systems on the internet to communicate with each other easily.

REST API (Representational State Transfer Application Programming Interface): A web-based digital bridge that relies on lightweight, fast, and secure communication rules to transfer information between different applications.

SaaS (Software as a Service): A model for delivering software programs over the internet where users access the system via a web browser instead of downloading and maintaining the program locally.

SOC 1 Type 2 (System and Organization Controls 1 Type 2): An independent evaluation report assessing how well a service provider maintains internal control safety measures over a long period regarding financial reporting.

SOC 2 Type 2 (System and Organization Controls 2 Type 2): An independent audit report documenting the long-term effectiveness of a service organization's data handling controls centered around security, confidentiality, and privacy.

SQL (Structured Query Language): A specialized programming language created to manage, search, organize, and update information kept inside large database systems.

Two-Factor Authentication (2FA): A vital safety process where a user enters their normal password and then inputs a temporary, secondary code sent to their mobile device to confirm their identity.