

# The Weighted RCM Vendor Scorecard for Independent Practices

Score two full revenue-cycle companies on nine weighted criteria and total the numbers before you sign anything

A revenue-cycle-management (RCM) company touches every dollar you collect, so 'they seemed nice on the call' is not a basis for handing over your A/R. This scorecard forces a number. You rate each finalist 1-5 on nine criteria, multiply each rating by a weight, and total the weighted columns. The weights total 100 and lean hard toward proof -- net collection rate evidence in your specialty carries the most, because that is the one number that predicts whether you actually get paid. Set the weights before you take the sales calls so a smooth demo cannot move your priorities.

## How to score (the 1-5 x weight method)

Rate each finalist 1 to 5 on every criterion: 5 = proven with numbers in front of you (a real report, a reference call, a contract clause), 1 = could not or would not show it. A 3 means 'claimed but unverified.' Penalize claims you cannot check.

Multiply each 1-5 rating by the criterion weight, then sum the weighted scores down the column. Max possible is 500 (every criterion scored 5, weights total 100, times 5). The total is not a verdict by itself -- it is a forcing function that makes each vendor earn its rating on your numbers instead of their pitch.

Full RCM is broader than billing-only. You are scoring the whole cycle: front-end eligibility and prior authorization, coding, claim submission, denial management, A/R follow-up, patient collections, and reporting. A vendor strong at claims but weak at denials and patient balances can still leave money on the table.

*Score the two finalists side by side in one sitting, with the same questions, so the comparison is apples to apples.*

## The weighted criteria (what good looks like)

These nine criteria and their weights are a sane default for a small independent practice. Net collection rate evidence carries the most weight because it is the outcome every other step feeds into. Adjust the weights to your reality if you must -- but keep the total at 100, and set them before the demos.

Criterion	Suggested weight	What good looks like
Net collection rate evidence in your specialty	20	Shows actual net collection rate (collected vs. what was collectible after contractual adjustments) for current clients in your specialty, ideally 95 percent or higher, with reports you can see -- not a national average or a gross-charge number

Criterion	Suggested weight	What good looks like
Days in A/R	12	Reports median days in A/R, commonly targeted around 30-40 days for many specialties, and shows the trend, not a single cherry-picked month; explains how they measure it
Denial management process	14	Describes a written workflow for working denials within days, root-cause tracking so the same denial stops recurring, and an appeal process with a measured overturn rate -- not just 'we resubmit'
Transparency, reporting, and your data access	12	Gives you a live dashboard or scheduled reports you can read without asking, covering collections, A/R aging, denial rate, and patient balances; you can pull your own data anytime
Technology and EHR/PM integration	10	Integrates with your specific EHR/practice-management system with minimal double entry; names the integration method and what breaks at the seams, rather than 'we work with everyone'
Fee structure	8	States the percentage clearly (full-service RCM commonly runs 4-9 percent of collections) and exactly what it is calculated on -- net collections received, not gross charges -- plus any setup, clearinghouse, statement, or minimum-monthly fees
Implementation and transition plan	8	Provides a written go-live timeline, who handles the existing A/R during the switch, and how soon claims keep flowing so cash does not stall for weeks
References in your specialty and state	8	Hands over two or three reference practices in your specialty and state that you can actually call -- not a logo wall or a single hand-picked fan

Criterion	Suggested weight	What good looks like
Data ownership and offboarding	8	Confirms in writing that your data is yours, the export format and cost at exit, and the notice period; you can leave without a ransom or a year-long trap

*Net collection rate is collected revenue divided by collectible revenue after contractual write-offs -- not gross charges. A vendor quoting a percentage of gross charges is quoting a softer number; make them show net.*

### Your fill-in scoring table

Copy this for your top two finalists. Rate each criterion 1-5 for Vendor A and Vendor B, multiply each rating by the weight, and put the weighted result in the cell or a margin. Then sum each column into the Weighted total row. Highest weighted total is your lead candidate -- but read the red flags below before you commit.

Criterion	Weight	Vendor A (1-5)	Vendor B (1-5)
Net collection rate evidence in your specialty	20		
Days in A/R	12		
Denial management process	14		
Transparency, reporting, and your data access	12		
Technology and EHR/PM integration	10		
Fee structure	8		
Implementation and transition plan	8		
References in your specialty and state	8		
Data ownership and offboarding	8		
Weighted total (rating x weight, summed; max 500)	100		

*If you would rather not do the arithmetic in the cells, write each 1-5 rating in the column, multiply by the weight from the second column, and total the products at the bottom.*

## Scoring guide -- reading your totals

There is no universal pass line, but the spread between your two finalists usually tells you more than the absolute number. A gap of 50 or more weighted points is a clear lead; a gap under 20 means the two are close enough that references and fee structure should break the tie.

Treat any criterion where a vendor scored a 1 or 2 as a standalone question, not just a deduction. A high total built on an unproven net collection rate is a high total built on a guess. Re-weight in your head: would this vendor still win if you trusted only the criteria they actually proved with numbers?

*Two vendors can land within a few points and still be very different bets -- the one that showed real reports beats the one that promised them.*

## Red flags that should cap a score

Some answers should hold a criterion to a 1 or 2 no matter how good the rest of the pitch is. These are the patterns that show up later as stalled cash, surprise fees, or a painful exit.

- Quotes results as a percentage of gross charges instead of net collections -- the flattering number that hides write-offs
- Will not show client reports in your specialty, or only shows a national average
- Vague on denials: 'we resubmit claims' with no root-cause tracking or measured appeal overturn rate
- You cannot pull your own data and have to email them for every report
- Fee is quoted without saying what it is calculated on, or buries setup, statement, clearinghouse, or minimum-monthly fees
- No written transition plan for who works the existing A/R during the switch -- a gap where weeks of cash can disappear
- Only one reference, hand-picked, and not in your specialty or state
- Cannot answer plainly what you get back at exit, in what format, and at what cost
- A long auto-renewing contract with a long notice period and an early-termination penalty

*A vendor that dodges the data-ownership and offboarding question at the sales stage will not get more forthcoming once they hold your A/R.*

## Make each vendor prove the numbers

The criteria only work if you make vendors put numbers on the table during evaluation, while you still have leverage. Treat every 'yes, we do that' as unproven until you see the report, the clause, or the reference.

- Ask for the net collection rate for current clients in your specialty, shown in a real report, and confirm it is net of contractual adjustments
- Ask for median days in A/R with a trend line, not one month
- Have them walk one real denial end to end: how fast it is worked, how root cause is tracked, and the appeal overturn rate
- Get the fee in writing with the exact base it is calculated on (net collections received) and every add-on fee itemized
- Get the implementation timeline and the plan for the existing A/R during transition in writing
- Call two reference practices in your specialty and state that the vendor did NOT obviously hand-pick, and ask what surprised them in the first 90 days

- Get the data-ownership, export-format, exit-cost, and notice-period terms in writing before you sign  
*Anything a vendor can only 'show you later' or describe as 'on the roadmap,' score as if it does not exist yet.*

**Build your shortlist of two or three full-service RCM and medical billing companies in the GetPracticeHelp directory, then score them side by side with this grid before you sign.**

This scorecard is general guidance, not financial, billing, or contracting advice. Percentages, fee structures, A/R benchmarks, and contract terms vary widely by specialty, payer mix, state, and vendor -- confirm every number and clause directly with each vendor and your own advisors before signing. The ranges here are general market norms, not quotes, and no specific result is guaranteed. GetPracticeHelp is an independent directory and does not endorse or recommend any specific vendor.