

Hospital RCM Outsourcing Toolkit 2025

This toolkit provides three ready-to-use resources to help hospitals plan, solicit, and govern a revenue-cycle-management (RCM) outsourcing relationship:

1. **RFP Template** – Request for Proposal language that you can drop into your procurement portal.
2. **Vendor Scorecard** – a weighted evaluation matrix to compare bidders objectively.
3. **Compliance Checklist** – a due diligence list to confirm every shortlisted vendor meets all regulatory and patient experience requirements.

1 RCM Outsourcing RFP Template

Use the following headings verbatim so proposals arrive in a consistent format. Text in *italics* should be customised for your organisation.

1.1 Cover Letter

Insert a one-page letter on hospital letterhead inviting proposals and naming the main contact.

1.2 Background & Objectives

Briefly describe your organisation (bed count, locations, EHR/HIS platform, annual net patient revenue) and why you are exploring outsourcing (e.g., staffing gaps, denial pressure, technology modernisation).

1.3 Scope of Services

Vendors should propose solutions for all workstreams below. Indicate whether each is **mandatory** or **optional/phase 2**.

#	Workstream	High-Level Tasks
1	Insurance billing & follow-up	Charge capture verification, claim submission, payer follow-up, and underpayment resolution
2	Denials management	Denial analytics, root-cause feedback, and appeals
3	Patient pay / early-out	Friendly outreach, payment plans, self-service portals
4	Old A/R cleanup	Aged insurance & self-pay > 180 days

- 5 Analytics & reporting Daily dashboards, monthly KPI packs, and on-demand drill-down

1.4 Vendor Qualifications & Experience

- Years providing acute-care RCM services
- Number of hospital clients & average bed size
- Case studies with metrics (e.g., DSO reduction, cash uplift)
- Key leadership résumés; % staff with AAHAM/HFMA, CPC, CRCR, or equivalent credentials

1.5 Technology & Integration Requirements

- Compatible with *Epic 2022*, *Meditech Expanse*, etc.
- Secure, real-time data exchange (SFTP/API/HL7/FHIR)
- Workflow & BI platform demo links

1.6 Compliance & Regulatory Obligations

Vendors must provide documented policies for:

- HIPAA & HITECH (includes annual workforce training)
- 501(r) Extraordinary Collection Action controls
- No Surprises Act workflows (good-faith estimates, balance-billing suppression)
- FDCPA, TCPA, and state collection statutes
- SOC 2 Type II or ISO 27001 certification (preferred)

1.7 Service-Level Expectations

KPI	Minimum Target	Stretch	Measurement Method
Net Collection Rate	≥ 96 %	97 %	Monthly remittance data
Days in A/R	≤ 55 days	≤ 50	An aged trial balance

First-pass claim acceptance	≥ 98 %	99 %	Clearinghouse reports
Denial overturns success	≥ 50 %	60 %	Denial log analytics
Patient call abandonment	≤ 5 %	≤ 3 %	Telephony system

Vendors should propose credits for KPI shortfalls and at-risk fees for sustained underperformance.

1.8 Patient-Experience Standards

- All patient communications must reference hospital branding.
- Offer multi-language IVR and statements (English & Spanish minimum).
- Minimum four patient-friendly payment options (web, IVR, text-to-pay, in-person, auto-draft).
- No legal action or credit reporting without written hospital approval.

1.9 Pricing & Compensation Model

Request both:

- **Percentage-of-collections** (specify bands by balance age/payer)
- **Fixed-fee or hybrid** alternatives (e.g., PMPM for eligibility + % for collections)

1.10 Implementation & Transition Plan

Provide a 90-day implementation Gantt covering: discovery, data mapping, parallel run, go-live, and knowledge transfer.

1.11 Proposal Formatting & Submission

- Limit response to **40 pages of PDF**, excluding appendices.
- Use section numbering above.
- Submit via **[Procurement Portal URL]** by **[Date – e.g., 21 August 2025 17:00 CT]**.

1.12 Evaluation Timeline

Milestone	Date
RFP issued	[T0]

Intent to bid due	T0 + 7 days
Vendor Q&A call	T0 + 14 days
Proposals due	T0 + 28 days
Finalist demos	T0 + 45 days
Contract award	T0 + 60 days
Target go-live	T0 + 120 days

2 Vendor Scorecard (Weighted Evaluation Matrix)

Enter scores 0 = Poor to 5 = Excellent. Weighted score = Score × Weight.

#	Evaluation Category	Weight (%)	Score (0-5)	Weighted Score	Notes
1	Strategic fit / cultural alignment	5			
2	Acute-care RCM experience & references	15			
3	Regulatory compliance & certifications	15			
4	Technology platform & integration capability	15			
5	Historical performance & SLA achievement	20			
6	Patient-experience approach (NPS, call quality)	10			
7	Data security & privacy safeguards	10			
8	Commercial terms & pricing transparency	10			
Total		100		/500 → Convert to %	

Recommended decision rule: shortlist vendors scoring ≥ 350 / 500 (70 %) overall **and** ≥ 70 % in categories 2, 3, 5, 7.

3 Compliance Checklist for RCM Outsourcing Vendors

Tick **Yes / No / Partial**. Require remediation notes for any **No** or **Partial** before contract signature.

3.1 Regulatory & Legal

Requirement	Y/N/P	Evidence Required
Currently, signed Business Associate Agreement (HIPAA)		Draft BAA
Annual HIPAA privacy & security training for 100 % of staff		Training logs
FDCPA & TCPA call-frequency controls in dialer		Dialer policy
501(r) extraordinary collection action policy observed		Written policy
No Surprises Act balance-billing suppression logic		System config screen
Medicare billing compliance program (incl. ABN, MSP)		Program manual

3.2 Data Security & Infrastructure

Requirement	Y/N/P	Evidence Required
SOC 2 Type II or ISO 27001 certificate within the past 12 months		Certificate
PHI encrypted in transit & at rest (TLS 1.2+, AES-256)		Architecture diagram
Quarterly external vulnerability scans & annual penetration test		Latest reports
Role-based access control with MFA		RBAC matrix
Disaster-recovery RTO ≤ 24 h, RPO ≤ 1 h documented		DR plan

3.3 Operational Controls

Requirement	Y/N/P	Evidence Required
Dedicated hospital account manager & escalation path		Org chart
Call recordings retained ≥ 90 days for QA		Sampling policy
100 % of denial reasons coded & trended monthly		Denial report sample
Background checks on all FTE/contract staff		HR policy

KPI reporting delivered by the 5th business day month

Sample dashboard

3.4 Patient-Centric Practices

Requirement	Y/N/P	Evidence Required
Patient statements at a ≤ 6th-grade reading level		Statement mock-up
At least four payment modalities incl. mobile & IVR		Payment portal link
Multilingual support (English & Spanish minimum)		IVR language menu
No outbound calls before 08:00 or after 21:00, patient local time		Dialer settings
24-hour hold & investigation on any patient complaint		Complaint log template

3.5 Governance & Continuous Improvement

Requirement	Y/N/P	Evidence Required
Quarterly business review meeting with hospital leadership		Agenda template
Annual internal audit of compliance controls		Audit schedule
Root-cause analysis process for denial spikes		RCA procedure
Continuous training program for coding/payer updates		CEU logs
Formal incident-response plan with 24-h notification SLA		IR plan

Tip: Incorporate this checklist into your contract as an exhibit; require vendor attestation annually.

How to Use This Toolkit

1. **Issue the RFP** – copy Section 1 into your procurement file, customise the highlighted fields, and publish.
2. **Score proposals** – populate Section 2 for every bidder; apply weights automatically with a spreadsheet formula.
3. **Verify compliance** – conduct desktop and on-site audits using Section 3 before signing.

With a structured RFP, objective scoring, and rigorous compliance checks, you can select an RCM partner that accelerates cash **and** protects patients.