VENDOR EVALUATION TOOLKIT

The Medical Coding Vendor Evaluation Scorecard

42 questions across 6 categories to score any coding outsourcing partner, in-house team, or vendor you are currently reviewing.

Most vendor selection mistakes are not caused by picking a bad option among clearly ranked choices. They happen because the evaluation never asked the right question in the first place, and a gap in accuracy, security, or scope only shows up months into the relationship. Score each section from 0 to the point total shown, using what the vendor can actually demonstrate, not what their sales material claims. A section you cannot score with confidence is itself a finding.

1. Accuracy & Quality Assurance (7 items)

[ ] The vendor states a specific coding accuracy rate and can show how it is measured, not just a marketing number.

[ ] A second-level, independent QA review is standard on every chart, not sampled occasionally.

[ ] You can request a sample audit before signing, coded on your own charts.

[ ] Coders hold current AAPC (CPC) or AHIMA (CCS) credentials relevant to your specialty and setting.

[ ] The vendor has documented experience in your specific specialty mix, not just general coding.

[ ] There is a defined process for correcting and re-auditing errors once found.

[ ] Accuracy is reported to you on a recurring schedule, not only when you ask.

Section score: ____ / 7 (count boxes checked)

2. Security & Compliance (7 items)

[ ] A signed Business Associate Agreement is standard before any PHI is shared.

[ ] Coder access to your charts or systems is role-based and individually logged, not shared credentials.

[ ] The vendor discloses where coding work is actually performed before you sign, not after.

[ ] Data in transit and at rest is encrypted, and retention terms are defined in writing.

[ ] There is a documented incident response and breach notification process.

[ ] The vendor can describe their process without vague reassurance ("we take security seriously" is not an answer).

[ ] You know exactly who at the vendor is accountable if a security question comes up later.

Section score: ____ / 7 (count boxes checked)

3. Pricing & Contract Terms (7 items)

[ ] The pricing model (per-chart, FTE, percentage of collections) is clearly matched to your volume pattern.

[ ] You understand exactly what is included in the price and what counts as a billable add-on.

[ ] There is no long lock-in term disproportionate to how new the relationship is.

[ ] Termination and transition-out terms are defined in the contract, not left informal.

[ ] Pricing is not so far below market that it raises a quality or sustainability question.

[ ] Volume changes (up or down) have a clearly defined pricing impact, not a renegotiation from scratch.

[ ] You have seen a sample invoice or billing report format before signing.

Section score: ____ / 7 (count boxes checked)

4. Specialty & Scope Fit (7 items)

[ ] The vendor can name specific coding rules or edge cases relevant to your specialty without prompting.

[ ] Scope is clearly defined: coding only, coding plus CDI, or full revenue cycle, matching what you actually need.

[ ] The vendor has handled your care setting before (inpatient, outpatient, ASC, home health, etc.), not just adjacent ones.

[ ] If you operate in multiple specialties or locations, the vendor has a credible plan to staff all of them.

[ ] The vendor is honest about what they do not specialize in, rather than claiming universal expertise.

[ ] You have talked to (or can talk to) a coder or QA lead, not only a sales contact.

[ ] The vendor understands your current denial patterns before proposing a solution.

Section score: ____ / 7 (count boxes checked)

5. Onboarding & Transition (7 items)

[ ] There is a written onboarding plan with a realistic timeline, not a vague "a few weeks."

[ ] A pilot or trial period exists before full volume transitions over.

[ ] The vendor has a specific plan for handling your backlog or existing queue, if one exists.

[ ] System access and integration requirements are documented and mutually agreed before day one.

[ ] There is a named point of contact for the transition period specifically.

[ ] The vendor has done this exact type of transition before (from in-house, or from another vendor).

[ ] A rollback or contingency plan exists if the transition does not go as expected.

Section score: ____ / 7 (count boxes checked)

6. Reporting & Ongoing Communication (7 items)

[ ] You will receive regular, specific reporting (accuracy, turnaround, denial impact), not just an invoice.

[ ] There is a named account manager who is reachable, not a shared inbox with unpredictable response time.

[ ] The vendor proactively flags issues (a coder out, a volume spike, a denial pattern) rather than waiting to be asked.

[ ] Reporting formats can be adapted to what your team actually needs to see.

[ ] There is a defined escalation path if service quality slips.

[ ] The vendor is open to a periodic business review, not just day-to-day ticket handling.

[ ] You have a clear answer for how disputes over a specific chart or code get resolved.

Section score: ____ / 7 (count boxes checked)

How to read your total score

Total score	What it means
36-42	Strong candidate. Move to a paid pilot on real charts before final commitment.
24-35	Workable, but get written answers on every unchecked item before signing.
Below 24	Significant gaps. Treat this as a reason to keep evaluating other options.

See where your own coding stands

Run this scorecard against MedCodex Health, no obligation. We will answer every question above in writing, and you can start with a free pilot on your own charts before any commitment. Visit medcodexhealth.com/free-pilot or medcodexhealth.com/security for our full security and compliance detail.