

SNF Billing Vendor Comparison Workbook

Compare Billing Companies Before You Sign

A practical comparison workbook for U.S. skilled nursing operators evaluating outsourced billing and revenue cycle partners.

Use this workbook to compare up to three billing companies using the same questions, evidence requirements, scenario tests, reference checks and contract criteria.

Before you start

Record who is running the evaluation and which vendors are in the comparison. Every field in this workbook can be typed into and saved.

Facility or group	
Facilities in scope	
Prepared by	
Date started	
Vendor 1	
Vendor 2	
Vendor 3	

How to Use This Workbook

1. Pull the five reports listed in Section 1 before you meet with vendors.
2. Complete the vendor summary in Section 2 and the red-flag check in Section 3.
3. Ask every finalist the same 25 questions in Section 4.
4. Request evidence for every answer. Do not score a vendor highly based only on a verbal assurance.
5. Run the three scenario tests in Section 5.
6. Complete the reference-check worksheet in Section 6.
7. Compare proposal and contract terms in Section 7.
8. Complete the weighted decision summary in Section 8 before selecting a vendor.

Scoring Method

SCORE	MEANING
1	No clear answer, no proof or a material concern
2	General answer with limited long-term care evidence
3	Adequate answer with some relevant evidence
4	Strong answer with current examples and a documented process
5	Strong documented process, relevant references, clear accountability and contract support

Important: Score the evidence, not the sales presentation.

1 FIVE REPORTS TO PULL BEFORE VENDOR CALLS

Tick each report once it has been pulled.

PULLED	REPORT	WHAT TO INCLUDE	WHY IT MATTERS
☐	AR aging	By payer and facility, with 90-plus-day balances identified	Reveals where old AR is concentrated
☐	Medicaid pending	Admission date, application date, status, owner and next action	Shows whether pending balances are actively managed
☐	Denials	Payer, reason, dollar value and appeal status	Identifies root causes and preventable denial patterns
☐	Held claims	Reason, dollar value, date held and owner	Reveals workflow bottlenecks before AR grows
☐	Responsibility map	Owner for eligibility, authorizations, MDS, billing, posting, denials and statements	Clarifies facility versus vendor responsibility

2 VENDOR SUMMARY

Complete one summary for each vendor before scoring the detailed questions.

ITEM	VENDOR 1	VENDOR 2	VENDOR 3
Vendor name			
Proposal date			
Primary contact			
States and facilities in scope			
Pricing model			
Monthly minimum or base fee			
Additional fees			
Contract term			
Auto-renewal terms			
Termination notice requirement			
Old AR scope			
Old AR fee or pricing			
Expected implementation timeline			
Primary operating system			
PointClickCare capability confirmed			
Secure data-sharing approach			
Relevant client references received			

3 TEN-POINT RED-FLAG CHECK

Mark each item Yes, No or Needs Clarification.

RED FLAG	VENDOR 1	VENDOR 2	VENDOR 3	NOTES
Cannot name the Medicaid programs or managed-care plans it actively bills in our states				
Has no documented Medicare Advantage authorization or concurrent-review workflow				
Cannot provide AR aging and denial reporting by facility and payer				
Cannot show current, independent security evidence				
Uses shared logins or cannot explain user-access controls				
Cannot identify subcontractors or locations with access to data				
Has no written transition plan or cutover checklist				
Data ownership, export rights or termination handoff is unclear				
Will not provide relevant current client references				
Excludes core work, including denials, appeals or old AR, from the quoted fee without clear pricing				

4 VENDOR SCORECARD: 25 QUESTIONS

Score each vendor 1 to 5 using the scoring method, record the evidence you received, and note any follow-up or contract point. Totals calculate automatically at the end of this section.

1 What share of your clients are SNFs and assisted living facilities?

What good looks like: A real percentage, relevant states and clients similar to your size and payer mix

VENDOR 1 SCORE		VENDOR 2 SCORE		VENDOR 3 SCORE	
EVIDENCE		EVIDENCE		EVIDENCE	
FOLLOW-UP OR CONTRACT POINT					

2 How do you make sure each Medicare Part A claim aligns with the MDS and supporting information before submission?

What good looks like: A documented pre-bill review that validates assessment data, coverage, authorizations, HIPPS and claim details

VENDOR 1 SCORE		VENDOR 2 SCORE		VENDOR 3 SCORE	
EVIDENCE		EVIDENCE		EVIDENCE	
FOLLOW-UP OR CONTRACT POINT					

3 Walk us through a Medicaid-pending resident from admission to approval.

What good looks like: A pending log, named ownership, next actions, escalation and prompt action after eligibility is confirmed

VENDOR 1 SCORE		VENDOR 2 SCORE		VENDOR 3 SCORE	
EVIDENCE		EVIDENCE		EVIDENCE	
FOLLOW-UP OR CONTRACT POINT					

4

How do you handle patient liability when the state changes it after the fact?**What good looks like:** Regular reconciliation, coordinated claim and resident-statement correction, documented approvals

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

5

Where does your responsibility stop on resident trust funds?**What good looks like:** The facility retains custody and control; the vendor's limited support role is clear and documented

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

6

How do you handle consolidated billing and Part B?**What good looks like:** Distinguishes covered Part A stays, non-covered stays and exclusions; validates outside-provider invoices

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

7

Which state Medicaid programs and plans do you bill today?**What good looks like:** Names the relevant state programs and plans, with comparable references

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

8

How do you track Medicare Advantage authorizations?**What good looks like:** Tracker includes authorization number, dates or days, review deadlines, contacts and escalations

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

9

How do you follow up on coinsurance and crossover claims?**What good looks like:** Identifies responsible payer or resident balance, tracks crossover and secondary coverage, documents follow-up

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

10

How do you keep up with rule and rate changes?**What good looks like:** Named owner, documented monitoring process, client communications and timely workflow updates

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

11

How quickly can you bill for a new facility in a new state?**What good looks like:** Written plan covering enrollment, payer setup, EDI, ERA, EFT, systems and implementation dependencies

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

12

Who works our account, and who covers when that person is unavailable or leaves?**What good looks like:** Named lead, trained backup, facility procedures and clear escalation paths

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

13

Which service levels will go into the contract?**What good looks like:** Written commitments for claims, denials, cash posting, reporting and escalation response

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

14

Which SNF billing KPIs will a CFO see each month?**What good looks like:** Facility and payer AR, days in AR, denials by root cause, pending, held claims, credits and appeals

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

15

How do you handle credit balances and overpayments?**What good looks like:** Routine review, approval controls, documentation and prompt escalation of potential overpayments

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

16 Can you work inside PointClickCare or our current system?**What good looks like:** Clear system-access plan, controlled user access, client administration and data-export rights

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

17 What is included in the price, and what costs extra?**What good looks like:** Detailed scope for denials, appeals, old AR, Medicaid support, reporting, implementation and termination

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

18 Will you and your subcontractors sign our BAA?**What good looks like:** Signed BAA, clear subcontractor controls, breach terms and data-return requirements

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

19 Who can access our data, and from where?**What good looks like:** Named users, MFA, role-based access, audit logs, offboarding and access-location disclosure

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

20 What independent evidence of security can you show?

What good looks like: Current SOC 2 Type II, HITRUST, third-party risk assessment or comparable evidence

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

21 Do you screen staff and subcontractors against exclusion lists?

What good looks like: Documented ongoing screening process and applicable state Medicaid controls

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

22 Who owns our old AR?

What good looks like: Explicit cut-off, work scope, payment posting, reporting and fee structure

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

23 How will you protect cash during the transition?

What good looks like: Day-one baseline, open-claims inventory, ownership map, weekly readiness review and cutover plan

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

24

If we leave, what do we get back?**What good looks like:** Dated data-return plan, export formats, open-work handoff, access terms and transparent fees

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

25

Can we speak with two clients like us and one client who left?**What good looks like:** Comparable current references and openness about former-client experience where available

VENDOR 1 SCORE

VENDOR 2 SCORE

VENDOR 3 SCORE

EVIDENCE

EVIDENCE

EVIDENCE

FOLLOW-UP OR CONTRACT POINT

SCORECARD TOTAL

VENDOR 1

VENDOR 2

VENDOR 3

Total score (maximum 125)**Average score** (1 to 5)

5 SCENARIO TESTS

Read each scenario to every finalist, then score each evaluation point 1 to 5.

Scenario 1: Medicaid-Pending Resident

A resident was admitted 74 days ago. The Medicaid application was submitted 43 days ago. The family has not provided one of the required documents. The resident has no viable private-pay source.

Ask the vendor: What does your team do this week? Who owns each next step? What appears on the pending log? How do you handle the claim once eligibility is approved?

WHAT TO EVALUATE	VENDOR 1	VENDOR 2	VENDOR 3	NOTES
Named owner and dated next action				
Escalation process for missing documentation				
Coordination with admissions, eligibility or social services				
Plan for resident responsibility while pending				
Retroactive eligibility and rebilling process				
Weekly reporting through resolution				

Scenario 2: Medicare Advantage Authorization About to Expire

A Medicare Advantage resident has approved days through Friday. The clinical team expects the resident to remain through the following week, but the payer has not responded to the concurrent-review submission.

Ask the vendor: What do you do before Friday? What do you document? When do you escalate?

WHAT TO EVALUATE	VENDOR 1	VENDOR 2	VENDOR 3	NOTES
Authorization tracker and deadline alerts				
Proof of submission and payer-contact documentation				
Escalation before approved days expire				
Coordination with utilization review and clinical documentation				
Payer-specific notification, review and appeal process				
Communication of unresolved financial risk				

Scenario 3: Consolidated-Billing Dispute

An outside provider invoices the facility for a high-cost service delivered during a resident's Medicare Part A SNF stay. The provider says the service is separately billable.

Ask the vendor: How do you determine responsibility before payment?

WHAT TO EVALUATE	VENDOR 1	VENDOR 2	VENDOR 3	NOTES
Coverage-status and stay-date validation				
Confirmation of the exact service provided				
Review of applicable consolidated-billing rules and exclusions				
HCPCS-level or service-level validation where appropriate				
Documentation of the decision and provider-dispute process				
Preventive control to reduce repeat errors				

6 REFERENCE-CALL WORKSHEET

QUESTION	REFERENCE 1	REFERENCE 2	FORMER CLIENT, IF AVAILABLE	NOTES
Reference name, facility and phone or email				
How long did the transition take, and what did the vendor need from your facility?				
What went wrong in the first 90 days, and how did the vendor respond?				
How quickly do urgent questions receive a useful answer?				

QUESTION	REFERENCE 1	REFERENCE 2	FORMER CLIENT, IF AVAILABLE	NOTES
Did AR over 90 days improve, remain flat or worsen? What drove the result?				
Would you sign with the vendor again?				
If you are a former client, why did you leave and how did the exit process go?				

7 PROPOSAL AND CONTRACT CHECKLIST

Mark each item Yes, No, Partial or Unclear based on the written proposal or draft contract.

ITEM	VENDOR 1	VENDOR 2	VENDOR 3	NOTES
Defined scope of services				
Claim-submission timelines				
Denial-management and appeal scope				
Medicaid-pending support				
Resident-liability workflow				
Medicare Advantage authorization support				
Old AR ownership and pricing				
Facility-level KPI reporting				
System access and data ownership				
BAA and subcontractor terms				
Security evidence				
Implementation plan and milestones				
Data export at termination				
Termination notice and auto-renewal terms				
Termination and transition fees				
Client references				

8 FINAL DECISION SUMMARY

Weighted Scorecard

Score each factor 1 to 5. The total weighted score (maximum 5.00) calculates automatically in Adobe Acrobat Reader and most browsers; type it in by hand if your PDF reader does not calculate.

DECISION FACTOR	WEIGHT	VENDOR 1	VENDOR 2	VENDOR 3
Long-term care specialization	20%			
State and payer fit	15%			
AR and denial-management capability	15%			
Reporting and accountability	15%			
Security and data controls	10%			
Transition plan	10%			
Commercial and exit terms	10%			
Reference feedback	5%			
Total weighted score	100%			

Final Decision Questions

Which vendor best understands our payer mix, states and facility profile?

Which vendor showed evidence rather than making general claims?

Which vendor has the clearest accountability model?

Which vendor creates the least transition risk?

Which vendor gives us the strongest data-control and exit protections?

What assumptions still need to be validated before signing?

Who owns the final decision?

What is the decision date?

Before You Sign, Get a Second Set of Eyes

A billing proposal can look complete and still leave key questions unanswered. If you have completed this workbook and want an experienced long-term care team to review your comparison, LTCPPro can help you pressure-test the areas that most often create problems after transition.

Bring your completed workbook, proposals or current billing reports. We will help you identify the unanswered questions, contract points and operational risks worth resolving before you commit.

Talk Through Your Vendor Comparison With LTCPPro →

lcp.pro.us/contact-us

About LTCPPro

LTCPPro works with U.S. skilled nursing and assisted living facilities with 50 beds or more, supporting billing and accounts receivable, revenue cycle management, prior authorization, accounts payable, general ledger and payroll.

Important Note

This workbook is for operational planning and vendor evaluation. It is not legal, coding, reimbursement, compliance or payer-specific advice. Confirm contract, reimbursement, privacy and compliance requirements with qualified advisers before signing an agreement.