AI RCM Platform Buyer's Guide

Make the shortlist comparable. Make the next decision testable.

For revenue-cycle, IT, finance and procurement teams evaluating software for a hospital, physician group or billing company. Start with one workflow and expand only after its evidence supports the next step.

A practical evaluation guide, not a product capability attestation, price quote, legal opinion or customer-results report. Worksheet blanks are for your own evaluation. Use synthetic or appropriately approved test data; do not put patient information in public contact forms or ordinary inquiry emails.

Use this guide with your buying team

Page	Decision	Output
2	What are we buying?	One scoped workflow and accountable owners
3	What must a vendor demonstrate?	Comparable requirements and evidence
4	Can the workflow read, act and recover?	Data and destination-readiness record
5	Who can approve the work?	Review, security and contracting prerequisites
6	What does the proposed scope cost?	Itemized quote and scenario worksheet
7	What passes the pilot?	Routine and exception test pack
8	What decision does the evidence support?	Decision, limitations and next action

Keep the same scope across vendors. A polished demo, an EHR logo and a proposal price answer different questions; none substitutes for the other two.

Companion resources: quickintell.com/resources/ai-rcm-evaluation-toolkit

1. Define the work you are buying

Choose a start event and a completed business action. For a posting evaluation, receiving a file and confirming the resulting billing-system update are different milestones. For authorization, submitting a request and receiving a payer determination are different milestones.

Scope statement

We are evaluating [workflow] for [teams and entities], covering [eligible population] during [period]. The source is [system or transaction]. The required destination action is [action]. Exceptions belong to [role], and expansion requires [approver].

Boundary	Define before requesting quotes
Included work	Routine cases, exceptions, users, locations, payer/service population and operating hours
Excluded work	Unsupported populations, cash-pay or other out-of-scope work, future modules and dependencies
Responsibilities	Who supplies data, reviews proposals, performs remaining manual work and owns the receiving system
Completion	What changed, where it changed and the evidence that confirms it

Keep software and managed services separate. A staffed service and software used by your employees have different responsibility and cost schedules.

Our first workflow and completion definition

Business owner / technical owner / decision approver

2. Ask for comparable evidence

Give every vendor the same requirements. Ask for a response for your actual scope, the demonstrated environment, a date and an evidence reference. Separate a current capability from configuration, development or a third-party dependency.

Requirement	Evidence to request	Buyer owner
Complete routine work	Input, proposed action, approval, receiving-system response and final record	RCM operations
Handle exceptions	Missing information, ambiguous matches, visible queues and recovery behavior	Workflow lead
Read and write	Required fields, permitted actions, account scope and destination test	IT / EHR lead
Preserve oversight	Roles, overrides, approved releases and accessible action history	Quality / operations
Support operations	Support hours, escalation, dependencies and change responsibilities	Operations / IT
Support exit	Data export, open work, access removal, handover and applicable charges	Procurement / IT

Use clear response categories

Available for the stated scope; requires configuration; requires development; requires a third party; not included. A documented feature is not automatically a passed test in your environment.

> A screenshot illustrates an interface. It does not establish that the correct claim changed in the receiving system. A proposed behavior is not observed completion.

Most important unresolved requirements / evidence references / owners

3. Verify the data and destination

List each necessary read and each permitted write separately. An EHR logo or a successful read does not verify the workflow's required write, a different tenant or an unavailable payer connection.

Record	Questions for the accountable team
Source and environment	Which system, entity, tenant and test environment supply each input?
Identifiers and history	How are claim, line, encounter and correction references related? What happens when matching is ambiguous?
Access and timing	Which fields and actions are permitted? Who grants access? How old may the information be for this workflow?
Receiving action	What can be created, updated, attached or routed? Which response and resulting record prove completion?
Recovery	Who notices late input, resolves a permissions failure, approves a replay and reconciles an uncertain update?

Run one source-to-destination trace

Input reference > proposed action > authorized decision > destination response > reconciled result. Keep the evidence for each stage. If a destination update is interrupted, verify actual destination state before deciding how to recover.

Label readiness explicitly: verified for this scope, available but untested, blocked, or outside scope. An access-blocked case is not a passed test and is not evidence that the software produced a wrong result.

Read / write / destination confirmation / remaining dependency

4. Set review and diligence gates

Name the people who can approve each class of action. Decide which findings pause a workflow, require correction before expansion or may remain in a managed backlog. These decisions belong to your accountable teams, not a generic vendor score.

Review area	Ask your team to establish
Human approval	Who reviews recommendations, approves financial or clinical actions, overrides a proposal and verifies the approved change?
Action history	What evidence is recorded, who can access/export it, and what retention requirements apply?
Security evidence	Which controls and assurance documents are relevant to this service and scope? What is covered, excluded or still unverified?
Data relationships	Who receives or processes data, under which permissions and agreements, including relevant third-party dependencies?
Operations	Who handles incidents, lost access, changes, manual fallback and a safe return to normal work?

Reference boundaries

NIST's AI RMF 1.0 and Playbook are voluntary references covering Govern, Map, Measure and Manage. They are not a vendor certificate or an ordered acceptance checklist. NIST Playbook.

HHS explains written assurances for applicable covered-entity/business-associate relationships. Ask your privacy and contracting teams to determine the arrangements for the actual service before sharing production data. This guide does not approve an agreement or provide legal advice. HHS Business Associates.

Unresolved prerequisites / accountable reviewers / next actions

5. Normalize the complete cost

Send the same workload and evaluation period to each bidder. Keep incoming work, eligible work and demonstrated completed work separate. Ask what creates a billable unit and how retries, corrected items, minimums and allowances are treated.

Cost row	Include or resolve	Quote / assumption
One-time	Implementation, configuration, training and acceptance support	
Recurring	Platform/modules, minimum commitments and environments	
Usage	Billable units, allowances, tiers, overages and measurement period	
Dependencies	Interfaces, third-party access and support charges	
Internal effort	Data preparation, testing, reviewers, exceptions and ongoing ownership	
Transition / exit	Export, handover, remaining work and applicable termination assistance	

Evaluated cost = one-time fees + recurring fees + modeled usage + identified third-party charges + estimated internal effort cost. Apply the quoted rules for tiers and minimums. Keep internal effort separate from vendor invoices and record taxes or other applicable items with finance.

Test lower, expected and higher workloads, a delayed implementation and a narrower first scope. These are purchasing scenarios, not evidence of future revenue or savings. This guide supplies no vendor prices or market benchmark.

Lower workload	Expected workload	Higher workload
Workload / total:	Workload / total:	Workload / total:

Quote version / period / billable unit / finance owner

6. Build a pilot that can fail

Define expected outcomes independently of the software's proposals. Use synthetic or approved test records. Choose the population, observation window, pass criteria, reviewers and stop conditions before seeing results; no universal sample size or accuracy target is prescribed here.

Scenario	Behavior to agree and observe
Routine complete input	Correct permitted action and source-to-destination confirmation
Missing or conflicting input	Visible hold, no unsupported match, assigned review owner
Duplicate or correction	Agreed replay/correction behavior, visible history and destination state
Stale information	Current context checked or review requested, with versions and times
Reviewer changes proposal	Approved correction preserved through the executed action
Unavailable dependency	Visible recoverable exception and workable manual handoff
Interrupted update	Destination reconciled before another action is attempted

For every case, record: case ID; input evidence; expected result; authorized actor; observed result; reviewer assessment; financial confirmation where relevant; defect owner; retest and date.

Measure proposal quality, reviewer effort, execution and reconciled completion separately. A submitted appeal is not a recovered payment. A blocked test has not passed. Keep later financial outcomes separate until their evidence matures.

Priority exceptions to test / expected behavior / evidence owners

7. Make the decision explicit

Compare vendors against the same requirements and evidence standard. Resolve mandatory prerequisites before interpreting any weighted score. A high total must not hide an unresolved security, access or approval gate.

Decision record	Complete with your team
Scope and evidence	Tested workflow, entities, users/actions, environment, dates and evidence location
Results and limits	Passed, failed and blocked cases; excluded scope; unresolved dependencies and owners
Decision	Limited acceptance, correction and retest, or no release for this scope
Accountability	Operations, IT, clinical/coding and finance approvers as applicable; next review date

Our decision / limitations / approvers / next review date

Your next step

Bring the completed scope statement and one representative synthetic scenario to a workflow discussion. Keep patient information out of public inquiry channels. Book a QuickIntell demonstration or contact the team.

Owned companion worksheets and source material

RFP requirements | Pilot acceptance | Pricing models | Data readiness

Printable companion resource hub: quickintell.com/resources/ai-rcm-evaluation-toolkit

External references (checked September 6, 2026 local): NIST AI RMF Playbook and AI RMF 1.0 Core; HHS Business Associates. NIST notes that a revised RMF is in progress. Apply current requirements with your accountable reviewers.

This guide adapts QuickIntell's published evaluation material. It does not establish any vendor's capability, certification, integration availability, price, customer outcome or contractual commitment.