

Before Your Billing Company Takes On the Next Client

A delivery-capacity checklist for U.S. medical billing and RCM owners

You have built client relationships your team works hard to protect. More work is welcome. The question is whether the delivery plan can absorb it without pushing training, cleanup and escalations back onto the same people.

Use this checklist before committing to a start date or choosing how to add capacity. You will leave with one workflow to examine, the evidence still needed and a named next action.

Start with one workflow

Choose the work most affected by the next account or volume increase, such as demographic entry, payment posting or accounts-receivable follow-up. Assess different workflows separately; their skills, systems and working hours may differ.

Record: workflow; expected start date; current workload; additional recurring workload; required turnaround; person responsible for the review. Keep patient information and client-identifying details out of this worksheet.

How to use the checklist

Mark a box only when you can point to evidence. Leave it open when the answer is unknown, assumed or still being arranged. For each open item, record the missing evidence, the person responsible and the date needed. This is a planning tool, not a validated readiness score or compliance assessment.

The common mistake

A hiring target can leave the real constraint untouched. New employees also need training, approved access, quality review and someone available to resolve exceptions. Check those requirements before treating headcount as dependable capacity.

CHECK THE WORK AND THE RAMP

1. Make the delivery obligation specific

[] We know the expected volume, work mix, required turnaround and relevant working hours, so we can assess the actual commitment.

[] We have separated recurring work from a temporary backlog, so a short-term need does not drive a permanent cost decision.

[] We know which tasks require specialty knowledge, client approval or payer contact during U.S. hours, so the staffing plan matches the work.

If something is open: Ask your operations lead to confirm the workload and service expectations before agreeing the staffing requirement.

2. Check capacity that can actually deliver

[] We have compared incoming work with completed, accepted work over a representative period, so vacancies and rework are not hidden behind a headcount total.

[] Our plan allows for leave, meetings, quality review and corrections, so it does not depend on every paid hour being production time.

[] We know whether overtime or managers working queues currently closes the gap, so temporary effort is not mistaken for sustainable capacity.

If something is open: Review recent volume, accepted output and backlog with the workflow lead. Use comparable work; avoid treating every claim or task as equal.

3. Protect training and quality

[] A named trainer has time to support new employees, so hiring does not simply transfer more work to an overloaded expert.

[] Current instructions, practice arrangements and competency sign-off are defined, so independent work starts on evidence rather than a joining date.

[] Someone owns quality checks, error feedback and corrective actions, so the existing team does not become the default cleanup team.

If something is open: Agree who trains, who checks work and what demonstrates readiness. Include their available time in the launch plan.

4. Name who handles the daily issues

[] A delivery leader owns staffing, follow-through and escalations, so issues have a first point of resolution.

[] Handoffs identify unfinished work, exceptions and the next owner, so work does not wait because each location thinks the other is handling it.

[] A regular review covers output, quality, staffing and actions with owners and dates, so problems lead to follow-through.

If something is open: Write down who can make routine decisions, what requires your approval and who provides backup. Headcount alone does not establish accountability.

5. Confirm access and patient-information requirements

[] The responsible client, IT and compliance reviewers have confirmed the proposed location and access arrangement, so hiring does not run ahead of approval.

[] Systems, permissions, storage restrictions and required training have named owners, so access is prepared for the actual workflow.

[] Monitoring, incident reporting and escalation responsibilities are agreed, so staff know who must act when something goes wrong.

If something is open: Have the responsible reviewers resolve it before access begins. These questions identify planning gaps; they do not establish HIPAA compliance. A remote-access tool alone is not evidence of compliance.

6. Compare the complete delivery cost

[] We have included wages, benefits, leadership, training, quality review, systems, workspace and administration, so the comparison goes beyond salary.

[] We have separated one-time setup from recurring costs and allowed for the ramp, so steady-state assumptions do not hide the initial cash requirement.

[] A budget holder has approved the funding and assumptions, so the operating plan can be supported through training and live delivery.

If something is open: Compare suitable options using the same workflow, volume, quality expectations and period. Use your actual figures; do not borrow another company's savings percentage.

TURN THE REVIEW INTO A DECISION

Your capacity decision sheet

Workflow and delivery obligation

Main constraint and evidence

Unresolved requirement before committing

Next action, responsible person and date

Decision to make after that action

Choose the next action

Missing workload or output evidence: establish the gap before deciding how many people to add. **Training, access or leadership unresolved:** assign and resource that requirement before relying on new hires. **A recurring gap remains:** compare additional onshore hiring, suitable outsourcing and a client-owned India team against the same requirements.

An owned India operation lets your company employ the team directly and retain operating knowledge. It also brings employer, governance and management responsibilities. It deserves assessment when recurring work and funding support it. A temporary staffing gap may need a different answer.

Discuss the constraint you found

Intellios helps U.S. medical billing and RCM owners build and lead their own India teams. Mohan Kumar Yevvari brings more than 25 years of U.S. healthcare experience, including eight years building and running the 120-person Inflocuris operation. That is healthcare operating experience, not a claim of equivalent RCM results.

In an initial delivery conversation, we'll examine the capacity or operating issue you're facing, compare the options worth considering, and identify a practical next step. You'll leave with a short written recap, whether or not we work together.

Book a delivery call

Email mohan@intelliglobal.com to arrange a no-charge, 25-minute conversation. Bring your workflow, main constraint and timing. No patient information or live-system access is needed.

[One team, onshore and offshore.](#)